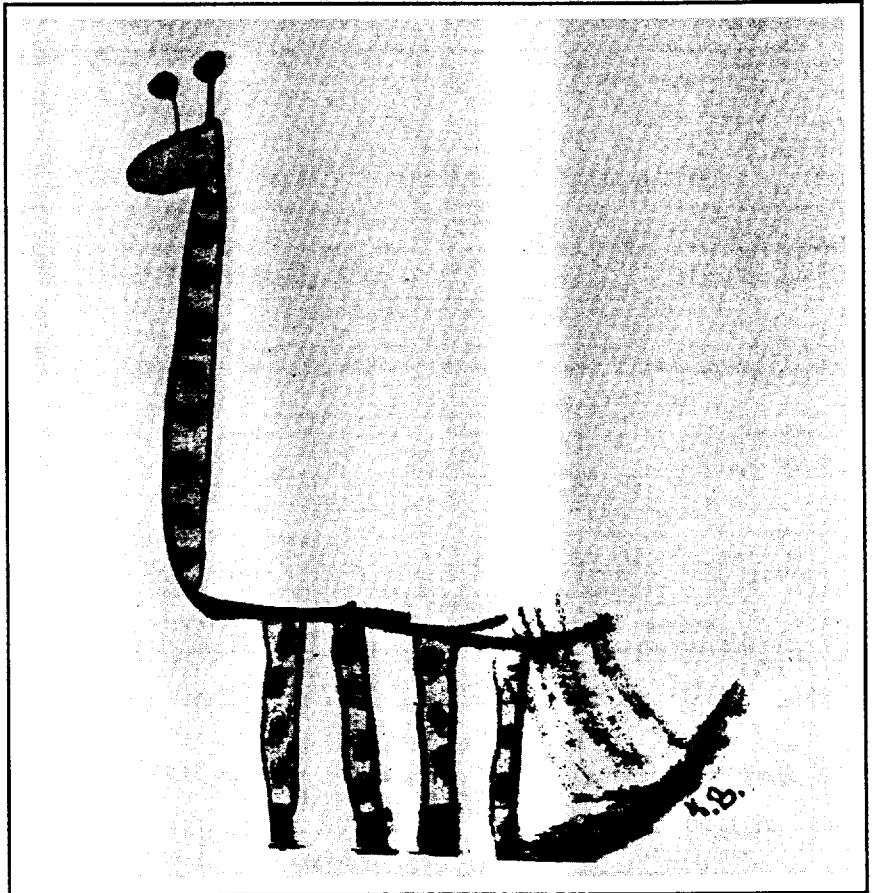


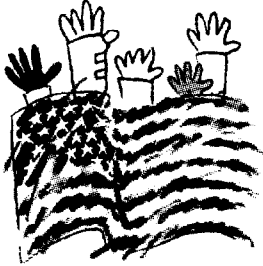
# Executive Summary



# Executive Summary

## Introduction

HEALTHY CHILDREN

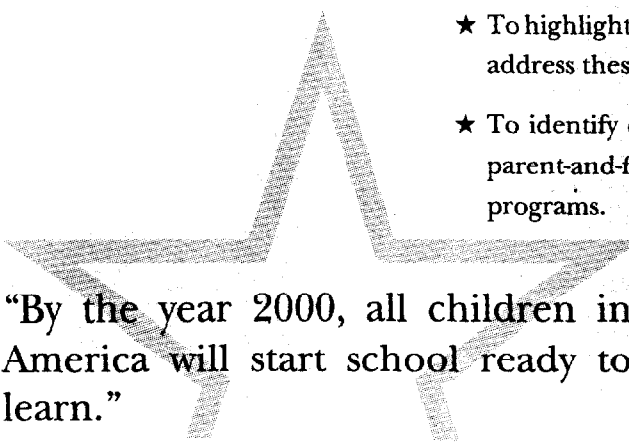


Ready to Learn

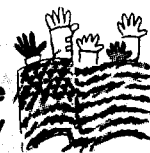
**O**n February 9-12, 1992, in Washington, DC, Surgeon General Antonia Novello hosted the “Healthy Children Ready to Learn: The Critical Role of Parents” Conference, sponsored jointly by the National Governors’ Association, the Department of Health and Human Services, the Department of Education, and the Department of Agriculture. The 3-day Conference was part of the Surgeon General’s Healthy Children Ready to Learn Initiative, developed in support of the first of six National Education Goals established by President George Bush and our Nation’s Governors in February 1990. This goal states, “By the year 2000, all children in America will start school ready to learn.”

At the Conference, approximately 225 parents, representing the 50 States, the District of Columbia, and the U.S. Territories, joined with more than 500 government officials and representatives from public and private health, education, and social service agencies to search for new ways to advance the health and education of America’s children. The parents were selected by their States and Territories to represent their area’s economic, social, and cultural diversity. Parents from diverse backgrounds and other participants directed their efforts toward these challenging goals:

- ★ To identify the strengths of parents and families in their roles in preparing children to be healthy and ready to learn.
- ★ To voice parent and family needs to the health, education, and social service professionals responsible for programs that address the goal of preparing children to be healthy and ready to learn.
- ★ To highlight Federal, State, and community-based programs that effectively address these needs.
- ★ To identify cross-cutting public/private/voluntary strategies that build a parent-and-family/professional partnership within the scope of existing programs.



“By the year 2000, all children in America will start school ready to learn.”



## Conference Structure

**D**uring the Conference, the State Parent Delegates attended Parent Work Groups to discuss three phases of involvement in health, education, and social service systems (the patchwork of health, education, and social service programs and activities throughout our Nation): awareness of and entry into the systems, participation in the systems, and transition as families move through the systems. The delegates were grouped into Parent Work Groups by regions, and special Work Groups were established for Native Americans and Migrant families to ensure that their issues were not lost. (The Native Americans and Migrant families were also represented in the Regional Work Groups.)

At the close of the Conference, three representatives from the Parent Work Groups (one for each stage discussed, i.e., awareness and entry, participation, and transition) reported their findings to the Conference at large. The issues they raised were addressed by a panel of Government officials, directors of Federal programs that administer key health, education, and social service programs.

As the State Parent Delegate Work Groups were meeting, other participants attended presentations by panels of professionals and parent advocates involved with health, education, and social service systems. The focus of these presentations was on how to make programs fit families, instead of making families fit the programs. The following topics were covered in the panel presentations: (1) Early Childhood Issues That Affect School Readiness and Health; (2) Helping Families Get Services: Some New Approaches; (3) Healthy Children Ready to Learn: What Are the Roles of Parents, Educators, Health Professionals, and the Community? (4) Special Issues That Impact Children and Families: Substance Abuse, Human Immunodeficiency Virus (HIV), and Violence; (5) Disabilities; (6) Exploring Comprehensive Health and Education Models for Young Children; (7) Children with Special Health Care Needs: Lessons Learned; (8)

Parenting: The Critical Role; (9) Childcare: Two Perspectives; and (10) Healthy Start, Head Start, Even Start, and the Supplemental Food Program for Women, Infants, and Children (WIC): Integrating Health, Education, and Social Service Programs.

Over the course of the 3 days, President George Bush and members of his Cabinet expressed their commitment to the Surgeon General's Healthy Children Ready to Learn Initiative by addressing the Conference participants. President Bush, Secretary of Health and Human Services Louis Sullivan, Secretary of Agriculture Edward Madigan, and Secretary of Education Lamar Alexander each described the efforts of the Administration in meeting the first National Education Goal.

The Conference also provided 28 workshops covering a variety of health, education, and social topics from which the participants could choose. During the breaks, a special exhibition containing information about Federal, State, and community programs concerned with the health, education, and well-being of children was open to Conference participants. Also during the breaks and before the opening session, the Conference featured entertainment provided primarily by local children's groups.

## Charge to the Participants

**A**s Surgeon General, Dr. Novello is responsible for the health of our Nation's people, and as a pediatrician, she is most passionately concerned about her responsibility to our Nation's children. Therefore, Dr. Novello has made the health of our Nation's children the cornerstone of her agenda. In her Charge to the Conference, Dr. Novello stated that the first National Education Goal holds special importance for her. "Health and education go hand in hand; one cannot exist without the other," she said. "To believe any differently is to hamper progress." She cited the three specific objectives in the comprehensive goals statement for the first National Education Goal:

- ★ All disadvantaged and disabled children will have access to high-quality and developmentally appropriate preschool programs that help children prepare for school.
- ★ Every parent in this country will be their child's first teacher and devote time each day helping his or her preschool child learn; that parents will have access to the training and support they need.
- ★ Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low-birth weight babies will be significantly reduced through enhanced prenatal health systems.

Dr. Novello spoke about some of the barriers that our country faces in developing healthy children ready to learn: failure to immunize against childhood diseases, Acquired Immunodeficiency Syndrome (AIDS), childhood injuries, and violence. She stated that, although the statistics are staggering, she is hopeful that we can make a difference. She announced her commitment to the arduous task and challenged the Conference participants: "I see our task as improving the health and welfare of our Nation's children in every way we can." She urged the participants to work together, to teach and to learn from one another. "When it comes to health and education," she said, "we need total intuitive conviction to remove every barrier and reach every child." She urged the parents and professionals present to help make the Conference "a blueprint for bonding education and health—an essential task, if our children are to succeed."

## Parent Work Groups

In their discussions of the stages of involvement with health, education, and social service systems (awareness and entry, participation, and transition), the parents examined three main questions related to the different stages:

- ★ What is my role as a parent?
- ★ What are the barriers and issues of concern?
- ★ What are some solutions and existing model programs incorporating those solutions?

Several issues and themes recurred in the parents' discussions, forming a kind of national consensus on the issues among the parents. The conclusions from this national consensus follow.

## *Awareness of and Entry into Health, Education, and Social Service Systems*

### **Roles and Responsibilities of Parents**

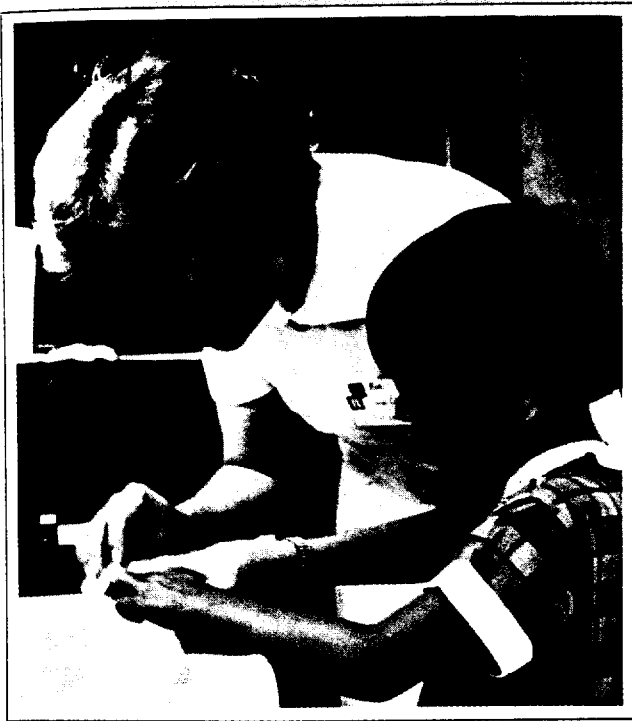
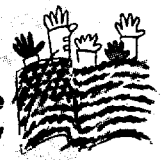
First parents must identify their children's needs. Then, they must find the programs offering services that meet those needs. They should consider themselves full partners with the professionals in making decisions for their children. Parents should be advocates and should network with other parents to share information and moral support.

### **Barriers to Awareness and Entry**

Information about the full range of programs available to families is not readily accessible. In addition, the bureaucracy devoted to administering most programs is daunting to most parents. The paperwork is overwhelming, both in volume and in language. Eligibility criteria are inflexible. Social service workers, who often suffer from employee burnout or are culturally insensitive, can be patronizing and intimidating. Inflexible office hours and difficulties with transportation add to the problem. The systems seem to suffer from a lack of accountability. Parents feel frustrated and do not know where to turn for help.

### **Solutions**

An easy-to-read, universal application form for all services was a major proposal, along with consistent, flexible eligibility criteria. Agencies should operate during hours that are more convenient to working parents. Programs should be instituted in elementary schools to



develop social competency and effective parenting skills. Funds should be made available for support groups. Parents need a way to talk back to the systems. A campaign should be conducted to increase public awareness of the importance of healthy children.

### **Participation in Health, Education, and Social Service Systems**

#### **Roles and Responsibilities of Parents**

The parents' primary role is to nurture their children. They should also serve as role models not only to their children but also to other families who need service, and they should enlist those families into programs. Parents need to be fully involved partners with the service providers—in making care decisions, communicating cultural sensitivities, and evaluating services.

#### **Barriers to Participation**

The same difficulties exist here as with gaining access to the system: paperwork, inflexible hours, transportation problems, and gaps in service. These problems seem to stem principally from a lack of coordination among programs and the absence of a family-centered

philosophy. Again, the parents saw a need for family support groups and funding to organize them.

#### **Solutions**

First, training in parent skills should begin early. Improved communications among agencies would solve many problems. "One-stop shopping" (i.e., receiving a multitude of services at a convenient location) with flexible hours and simplified paperwork would go a long way toward easing parents' burdens. A directory of services also would be helpful. Consistent funding for programs and parent involvement on the boards overseeing programs would help provide quality service. A "national psychology" that supports families should be encouraged; i.e., our society must be encouraged to value the family and support the efforts of parents in raising their children, particularly for families who need help. To that end, people should vote for candidates who espouse that view and who will work to further it when elected.

### **Transitions Through Health, Education, and Social Service Systems**

#### **Roles and Responsibilities of Parents**

Parents need to be active participants in transitions from program to program because they are the best evaluators of their children's needs. They must be prepared for and remain involved in the transition process and, in turn, prepare their children. Again, they should be advocates for the child to ensure that the child is truly getting what he or she needs. Other important aspects of the parents' role are loving their children and helping develop self-esteem for themselves and for their children. For smoother transitions, parents must also be good recordkeepers and request written reports.

#### **Barriers to Smooth Transitions**

A lack of communication among agencies regarding available services complicates the transition process for families. Reports that are not written in the language of the parents make transitions confusing. Culturally

insensitive service workers isolate parents. Unstable funding makes it difficult to predict the availability of a particular program when a transition occurs.

### **Solutions**

Improved communications was one of the most often-cited needs, along with information clearinghouses, hotlines, service directories, support groups, and community outreach. Service providers should receive sensitivity training. Once again, the parents cited the need for a streamlined system for handling paperwork, one-stop shopping, and sensible hours.

## **Characteristics of Programs Parents Grade A+**

Parents said that programs must have the following characteristics: be child centered and family friendly, be easily accessible, have broad eligibility standards, be antidiscriminatory and multilingual, be well-promoted, provide individualized service, be staffed sufficiently, and be open at convenient hours. In addition to having these characteristics, programs must coordinate with one another to facilitate entry and participation in the systems and to avoid duplication or gaps in services. Above all, programs should empower families as they serve them. The parents strongly recommended programs that involve parents directly as a way to empower them. Furthermore, they stressed that programs should involve the parents in making the decisions that affect their children, decisions ranging from policies to staffing and budgets.

## **Parent Presentations**

**O**n the final day of the conference, three representatives from the Parent Work Groups summarized their conclusions. One representative focused on the discussions of awareness of and entry into health, education, and social service systems, another on participation, and the third on transitions.

## **Awareness of and Entry into Health, Education, and Social Service Systems**

### **Sherlita Reeves**

*Parent Delegate from Arkansas*

In summarizing the reports from the groups on awareness and entry, Ms. Reeves said that the parents' roles and responsibilities should include becoming informed about their own child's needs, acting as an advocate for the child, meeting their own needs so that they can be equal partners with service providers and professionals, and networking with other parents.

The issues of concern were too much paperwork, difficulty in getting into the system, materials not written in parents' language, and providers who do not understand the culture of those that they serve. Inflexible hours of operation, lack of transportation, and environmental barriers for physically impaired people were noted as barriers. A significant problem is the lack of accountability in the systems.

Solutions to these problems focused on establishing school-based programs that develop social competencies, building support networks within the community, producing directories of resources with toll-free numbers, designing one-stop shopping for all mandated programs, creating a universal application form, and giving parents a way to talk back to the system.

## **Participation in Health, Education, and Social Service Systems**

### **Ellie Valdez-Honeyman**

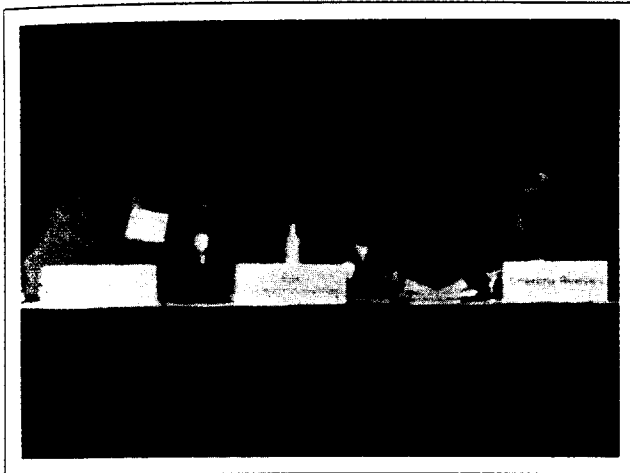
*Parent Delegate from Colorado*

Ms. Valdez-Honeyman stated that parents need to provide for the needs of their children. Food, clothing, safety, health care, and quality time are essential, but parents also need to instill a spirituality that encourages values, morals, and respect for themselves and for others.

As families begin to participate in the systems, just as when they are entering the systems, parents need to continue to be advocates—for their own children, for other families, and for components of the systems that work for them. They should be involved in their communities.



## HEALTHY CHILDREN Ready to Learn



Ms. Valdez-Honeyman related other areas of concern identified by the parents. They felt that a stigma is attached to receiving services, the stigma of being poor. Eligibility criteria can also be a problem because they are not flexible enough to include all who have need. Also, language not native to the parents and system jargon make dealing with the systems confusing. Transportation is an issue in rural areas where services are limited and parents must travel long distances. Programs often do not have convenient locations or hours for obtaining services.

The solutions identified by the parents fell into two categories: local initiatives that deal with local service delivery, and Federal initiatives that reach across all levels to create a standard in which service systems welcome and embrace families. The principles would then be embodied in the design, delivery, and evaluation of services.

### **Transitions Through Health, Education, and Social Service Systems**

#### **Larry Bell**

*Parent Delegate from Delaware*

Mr. Bell provided a laundry list of issues that the parents had discussed regarding transition. First, parents need to participate in the transition process so that they can help prepare their children for the transition. They can

be better prepared for the transitions themselves if a resource manual or some form of information about new locations or programs, including contact names, were available to them before the transitions occur.

The parents acknowledged their responsibility to maintain copies of their children's records to ensure that they are not lost during transitions. The parents also have a significant responsibility in ensuring that the roles of parents and professionals in the transition process are clarified and that the family is treated with respect. Programs and staff must be culturally sensitive and relevant, and they must help develop self-esteem not only for the children but also for their parents, who then can be good role models. Parents should not be afraid to confront the systems if necessary to ease the transition process.

The parents stressed that, to ease transitions, parental involvement in programs should be consistent. Furthermore, parental involvement should include program design and policy-making decisions.

Mr. Bell also presented concerns that were raised by the other representatives. The parents cited the need for improved communication among the various systems that serve them in the transition process. Improved communication would help avoid duplication of services and promote continuity of service as transitions occur. They recommended an interstate computer network to ease the application process as families move from State to State. They urged that school credits be accepted more readily from State to State. They repeated the plea for one-stop shopping, less paperwork, flexibility of service, and help with transportation problems. They also promoted the use of school social workers who could act as advocates for parents and children in the transition process.

Finally, Mr. Bell presented the parents' recommendation for legislative action to help improve the transition process and urged the parents to elect officials who are family advocates. He summarized his remarks by reminding the participants of the three C's of successful transitions: consistency, continuity, and coordination of services.

## Responder Panel

### **James O. Mason, M.D.**

*Assistant Secretary for Health  
U.S. Department of Health and Human Services*

Assistant Secretary Mason, head of the U.S. Public Health Service, answered the parents' challenge for action by the officials by promising to meet with the State and territorial health departments and their commissioners to discuss the issues raised by the parents. He reinforced the parents' contention that leadership must come from all levels.

Dr. Mason stated that he agreed with 98 percent of what the parents said and his agency is working toward creating a user friendly system of health care. As an example he offered a new Model Application Form, which is a simplified, unified, uniform application available for use in the States. He stated that both the Federal Government and the parents want the same features in the systems, but that each must work from opposite ends to achieve them at the middle levels where the programs are implemented.

He also outlined Healthy People 2000, a national program with 300 measurable health goals for the year 2000; 170 of these goals relate to mothers, infants, children, and adolescents. He closed by expressing the willingness to work together as partners.

### **John T. MacDonald, Ph.D.**

*Assistant Secretary for Elementary and Secondary Education  
U.S. Department of Education*

Assistant Secretary MacDonald said that schools need to return to things that parents and children need. He shared a vision of schools as the hub of one-stop shopping, where education is the central mission but where children and families can use other family services as well. This facility would operate from early in the morning until late at night, including weekends and during summer and holidays. It would virtually never close. He also said we need a massive urban intervention program using Federal resources in conjunction with State and local resources to provide for communities.

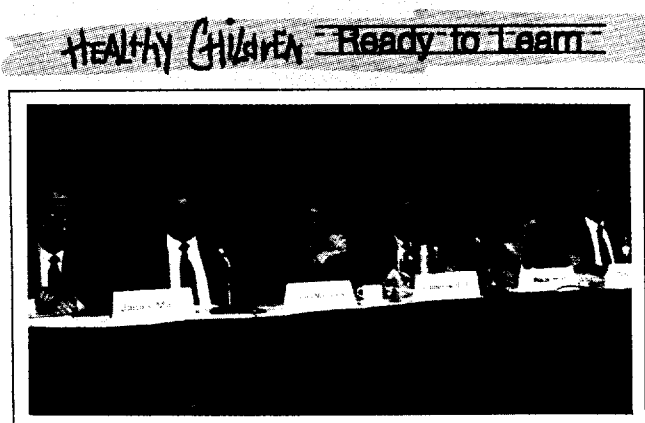
Assistant Secretary MacDonald explained that many current programs can help one another. He cited Even Start as an example. A program for children 0 through 7 years old that provides not only parenting and childcare but also job training and placement, Even Start can be used to buy or expand Head Start services or to create its own services. He emphasized that Federal agencies are working to integrate their services, and they will continue to do so with the support of America's families in persuading Congress to make needed changes.

### **Catherine Bertini**

*Assistant Secretary for Food and Consumer Services  
U.S. Department of Agriculture*

The Department of Agriculture spends more than half of its budget on food assistance programs for the poor and children. Ms. Bertini explained how the Department currently is working with directors around the country to promote joint services for immunization and WIC. She also described direct certification of school lunch and breakfast programs through a computer marriage of the school lists with files from the Aid to Families with Dependent Children (AFDC) program in an effort to simplify eligibility factors and expand access. The two-signature policy for Food Stamps has been eliminated and the agency has launched a pilot program called Electronic Benefit Transfer (EBT) using bank cards for the food stamp program.

In closing, Ms. Bertini discussed the importance of school breakfast for children coming to school ready







to learn. Half of the schools that have school lunch programs also have breakfast, but through expanded access the schools can feed more kids. She urged parents to work with and support the regional agencies that provide services and to help persuade Congress to support proposals for change in the systems.

### **Wade Horn, Ph.D.**

*Commissioner  
Administration for Children, Youth and Families  
U.S. Department of Health and Human Services*

Dr. Horn admitted that Head Start works because it is built upon parental involvement and community support. Head Start also integrates health services and social services and is one of the largest delivery systems of health services to poor children in our country. However, Head Start still has much work to do. It is undertaking three new challenges: administering more money to serve more kids; increasing services to adults with children in Head Start, particularly adult literacy and substance abuse; and providing job training for Head Start parents.

Dr. Horn also warned that Head Start is not an inoculation against everything that can possibly go wrong in a child's community. We must do a better job of creating a good environment for children when they leave Head Start. To that end, he has been working with Assistant Secretary MacDonald to establish better connections between Head Start and our Nation's public schools.

### **Christine Nye**

*Director  
Medicaid Bureau  
Health Care Financing Administration*

Ms. Nye described the massive effort that Medicaid makes to serve our people; it spends more than \$100 billion for services to 30 million Americans, 17 million of whom are children. She continued that, although Medicaid is expanding services and eligibility, it still falls short in many areas. However, she cited some bright spots: expansion of eligibility for children to the maximum in as many as 20 States and increased flexibility in providing waivers to

keep children with special health care needs at home rather than in institutions. One expanded program for children is the early Periodic Screening, Diagnostic and Treatment Program, the greatest child health reform since the enactment of Medicaid.

Ms. Nye also described efforts to make access to Medicaid easier: streamlining application forms, increasing payments to community health centers, and working to overcome barriers between physicians and Medicaid. She expressed her commitment to continuing these efforts, but cautioned the participants that Medicaid is administered by the States and that the parents should work with the State Medicaid staff and inform them of the findings of the Conference. In closing, she thanked the parents for rejuvenating her own commitment to implementing changes in the program.

### **Lou Enoff**

*Principal Deputy Administrator  
Social Security Administration*

Although most people think of Social Security as a retirement program, Mr. Enoff informed the participants that it pays more than \$1 billion to more than 3 million children under its programs every month. These children either have disabilities or they are the offspring of retired or disabled workers or deceased parents. Social Security has expanded access with a nationwide 800 number that operates 12 hours a day with bilingual help if the client needs it. In addition, Supplemental Security Income (SSI) has an outreach program to find those people who are eligible. Social Security has begun integrating services where possible with other agencies. Also, Social Security has published standards of service for its offices, which will be modified as goals in providing services are met. For instance, Social Security cards are now issued within 10 days after the application is filed; the same process formerly took up to 4 weeks.

Mr. Enoff urged the parents to call if they have a problem with or concern about Social Security. He reminded them of the 800 number and added that, if they received no satisfaction from the service providers on the toll-free line, they could call him directly at 410-965-9000.

## Keynote Speeches

### George H. Bush

*President of the United States*

The President said that, in his administration, families come first. Pointing to the critical role of parents, he said that, as a child's first teachers, they offer the love and nourishment that no government program can ever hope to provide.

Citing programs that promote the health and education of young children, President Bush stated that, since 1988, Federal dollars for immunization have more than tripled. In the last 3 years, funding for Head Start has almost doubled; this year's proposed increase of \$600 million is the largest single increase in the program's history.

President Bush also outlined the provisions of his health care reform plan: providing a \$3,750 tax credit for low-income families and an equal tax deduction for middle-income families; cutting costs to make health care more efficient; and cutting waste and abuse. The President called it a common-sense reform that will maintain high-quality care, cut costs, ensure maximum freedom of choice, and give every family access to health care.

### Louis W. Sullivan, M.D.

*Secretary of Health and Human Services*

Secretary Sullivan said we must invest in children. To support that investment, the President's 1993 budget proposes to increase funding for programs serving children to \$100 billion. Infant mortality is a national priority, and an expansion of the Healthy Start initiative will concentrate \$143 million on 15 communities with stubbornly high infant mortality rates.

We must also focus on prevention. The President has requested \$52 million for immunization activities and \$40 million for Centers for Disease Control (CDC) Lead Poisoning Prevention Grants to support 30 state-wide programs.

Finally, we must empower parents. The President's \$600 million increase in funding for Head Start will serve an estimated 157,000 additional children in 1993

HEALTHY CHILDREN Ready to Learn



and will involve their parents. In addition, the tax provisions of the President's health care reform proposal will help more than 90 million Americans and will cover 95 percent of the uninsured.

### Edward Madigan

*Secretary of Agriculture*

Secretary Madigan outlined the many Department of Agriculture programs that have direct impact on children. He cited the following examples: WIC, a gateway to other government services such as immunization; the Child and Adult Care Food Program, which serves meals to preschool-aged daycare children (including Head Start meals), a service that is expanding; the National School Lunch and Breakfast Programs, which are being cross-matched with AFDC files to ensure that entitled children are reached; various summer food assistance programs; Food Stamps, the largest food assistance program; and various other programs for distribution of commodities.

In addition to providing food, the Department of Agriculture also provides nutrition education through various programs. The Nutrition Education and Training



Program (NET) trains school food-service personnel, teachers, and students. The National Food Service Management Institute, which operates at the University of Mississippi, trains school-lunch operators. Also, WIC provides nutrition education as an integral part of its program. Secretary Madigan urged the participants to work locally to ensure the success of these programs.

### **Lamar Alexander**

*Secretary of Education*

Secretary Alexander reiterated the Administration's commitment to Federal standards for quality education. He recounted the implementation of the Healthy Children Initiative in Tennessee during his term as Governor. That program sought to expand prenatal care, identify doctors for newborns, and encourage employers to provide childcare opportunities for their employees.

Secretary Alexander stated that, although national policies and State programs are important because they affect funding, the fundamental problem is a matter of parents, families, and communities taking care of children and putting a priority on them. He said the Department of Education now has 27 different Federal programs that are available for children under 5 or 6 years old, but the challenge is to spend the money more wisely.

As an example, Secretary Alexander pointed to the Decatur, Georgia, school district, which has turned the school community around by setting and enforcing tough standards and by using the school as the organizing point to integrate community services for the children. In closing, Secretary Alexander encouraged the audience to assist their communities in becoming part of the America 2000 program.

### **Roger B. Porter, Ph.D.**

*Assistant to the President for Economic and Domestic Policy*

Dr. Porter stated that the President's commitment to the goal that all children start school ready to learn permeates his administration. The President's Education Policy Advisory Committee, which is made up of educators, business and labor leaders, and media representatives, has spent much time discussing ways to

enhance parental involvement in the health and education of our children. In addition, the President has established a partnership with the Nation's Governors in adopting the six National Education Goals.

Dr. Porter stated three convictions that synthesize the spirit of the National Education Goals. One, families come first. Two, we must never allow things that matter most to be at the mercy of things that matter least. We, as a society, must honor those activities that involve one generation transmitting to the rising generation a set of fundamental values and aspirations, which includes good health and a commitment to learning. Three, we are all in this together.

## **Closing Remarks**

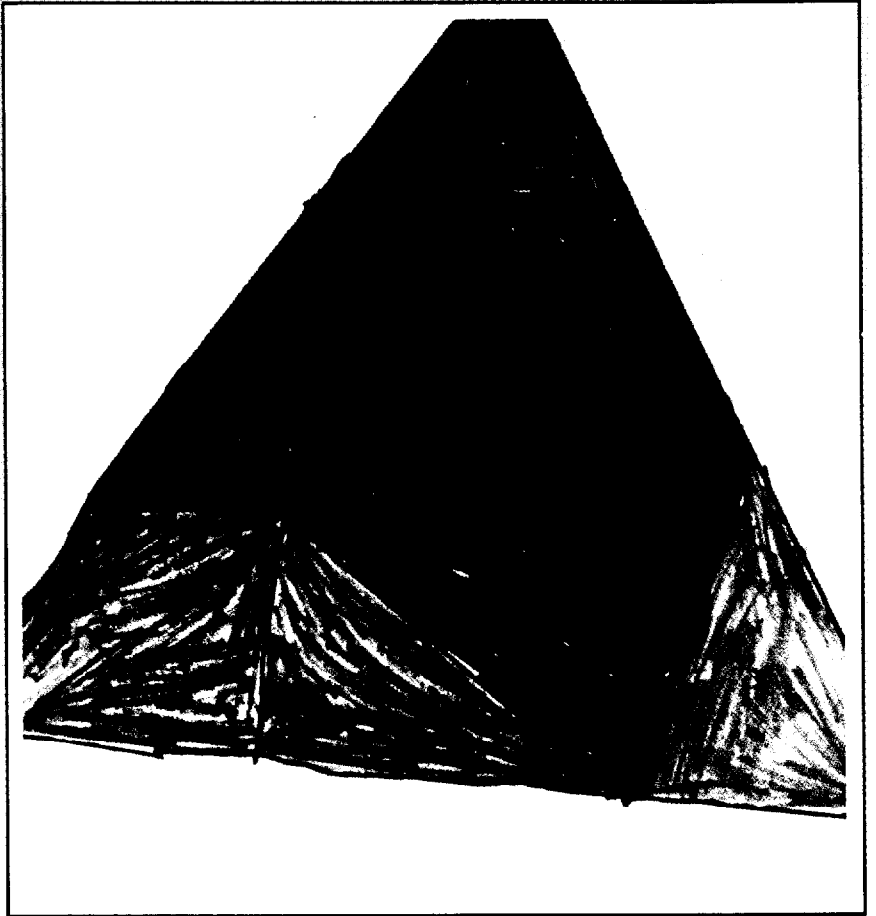
In her closing remarks, Dr. Novello observed that everyone came together at the Conference for only one purpose: to improve the lives of children and families. She said that reforms in the health, education, and social service systems of this country will be advanced through the families. It was her belief that the Conference did one thing beautifully: It vindicated parents. Parents will no longer be silent partners; they will be activists and advocates.

Dr. Novello asked attendees to join her in sharing the responsibility for making their families and children well. She reiterated some of the concerns raised at the Conference: the importance of fathers in the family, the need for flexible services and cultural sensitivity, the needs of teenage parents, and the desire for self-esteem for all of our children and their parents. She urged the participants to become involved and share with those at the local and at the State levels, in the public and in the private sectors. Our children's well-being is no longer one person's responsibility, and we must "get real." There is too much at stake.

This Conference, then, can be just the beginning of a coalition of parents trying to determine, through their collective actions, what this Government can do. In closing, Dr. Novello challenged the participants one last time. "I'm with you," she said. "Are you with me?"

# Chapter 1

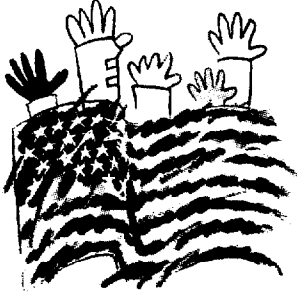
## Introduction



# Chapter 1

## Introduction

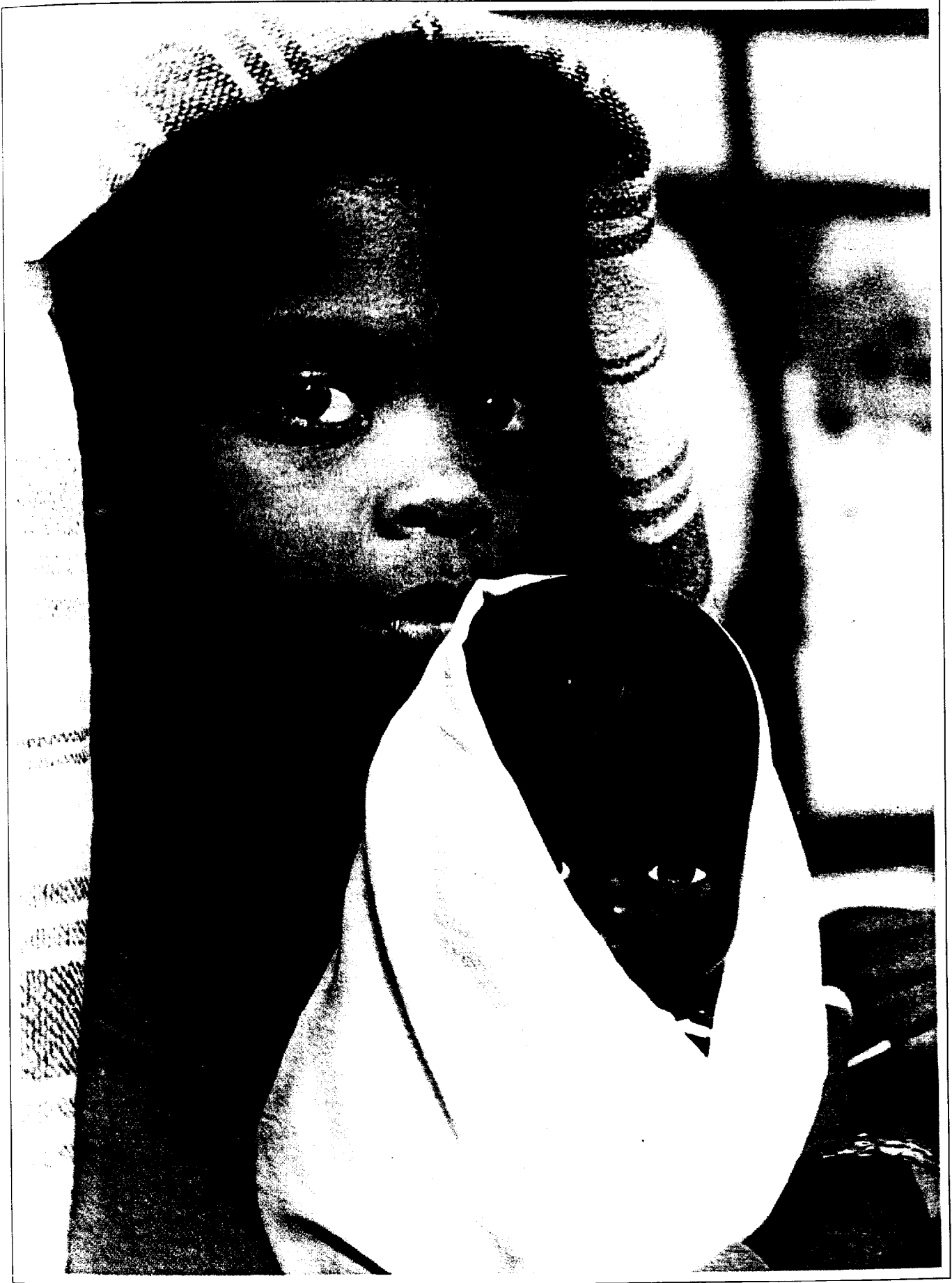
HEALTHY CHILDREN



--- Ready to Learn ---

On February 9-12, 1992, at the Ramada Renaissance Techworld in Washington, DC, the Surgeon General, Dr. Antonia Novello, hosted the “Healthy Children Ready to Learn: The Critical Role of Parents” Conference. This conference was jointly sponsored by the National Governors’ Association, the Department of Health and Human Services, the Department of Education, and the Department of Agriculture. The Conference was held as part of the Surgeon General’s Healthy Children Ready to Learn Initiative, which in turn supports the first of six National Education Goals established by President George Bush and our Nation’s Governors. This goal states, “By the year 2000, all children in America will start school ready to learn.” Recognizing the crucial role of parents in ensuring their children’s good health and preparing them for school, Dr. Novello invited them to join with Government officials and representatives from public and private health, education, and social service agencies to open the channels of communication and to explore innovative steps to support the care and education of our Nation’s children more effectively. Approximately 225 parents, representing the 50 States, the District of Columbia, and the U.S. Territories, gathered with more than 500 professionals concerned about the care of children to express the needs of families and explore ways that those needs can be addressed. Appendix A lists the more than 700 participants of the Conference.

“Providing for health, nourishment, and active parenting are basic ways of providing a suitable foundation for normal growth and emotional well-being, a foundation that fosters the ability to learn and ensures school readiness.”



## Background

The seeds for the Conference were planted in February 1990, when President Bush and the Nation's Governors made education a national priority and established the six National Education Goals. The first goal is an extremely important one because it focuses on the foundations of learning: physical, social, and emotional health and well-being, and cognitive development.

Providing for health, nourishment, and active parenting are basic ways of providing a suitable foundation for normal growth and emotional well-being, a foundation that fosters the ability to learn and ensures school readiness. However, deficits in any of these areas during the critical early period in a child's development are difficult, if not impossible, to overcome. To achieve the first National Education Goal, our Nation must provide access to health care and proper nutrition, education for parents, and educational programs for all of our children. In August 1990, through the announcement of her Healthy Children Ready to Learn Initiative, the Surgeon General accepted the challenge to support achievement of this readiness goal. Dr. Novello's initiative focuses on the health component of the first National Education Goal because children's ability to learn is dependent on their health.

To assist her in undertaking this challenge and to explore the best means to meet the goal, Dr. Novello formed an Advisory Group of highly qualified representatives from the White House staff and the Departments of Education, Agriculture, and Health and Human Services. (The Advisory Group members are listed in Appendix B.) The role of the Advisory Group is to recommend steps to improve the health and well-being of children so that they are healthy and ready to learn when they begin school. This role encompasses the following tasks: (1) determining the health needs of preschoolers and their parents; (2) identifying Federal resources that can be used to meet those needs; (3) discovering gaps where resources to meet the needs are

lacking; (4) clarifying the relationship between the Federal Government and the States in meeting these needs and the responsibilities of each; (5) developing strategies to minimize barriers to cooperation among Federal, State, and local agencies and private organizations involved in the health and education of young children; and (6) identifying ways to expand the Nation's resources through cooperation and collaboration to meet the challenges of this readiness goal. Among other recommendations, the Advisory Group advised seeking parents' perceptions of needs that must be met if our Nation is to reach the readiness objective.

The design of this Conference was based on the Advisory Group's recommendations. The Surgeon General set these challenging goals for the Conference:

- ★ To identify the strengths of parents and families in their roles in preparing children to be healthy and ready to learn.
- ★ To voice parent and family needs to the health, education, and social service professionals responsible for programs that address the goal of preparing children to be healthy and ready to learn.
- ★ To highlight Federal, State, and community-based programs that effectively address these needs.
- ★ To identify cross-cutting public/private/voluntary strategies that build a parent-and-family/professional partnership within the scope of existing programs.

In preparation for the Conference, the Surgeon General requested that the States identify parents who would make up a State Parent Delegation at the Conference. The term "parent" was broadly defined to include anyone who is guardian of a small child, i.e., parents, grandparents, adoptive parents, foster parents, etc. The individual State delegations were asked to hold pre-Conference meetings to discuss issues relating to health, education, and social service systems of importance to the parents.

## Conference Organization

The Conference, which was the result of 18 months of planning by the Surgeon General and her Advisory Group, assisted by the Planning Committee (listed in Appendix C), provided a unique opportunity for parents and families to meet with Federal, State, community, and private professionals from health, education, and social service systems. The agenda (Appendix D) was carefully planned to make the Conference an effective forum for information exchange.

The State Parent Delegates attended three Parent Work Groups to discuss their needs and issues relating to three phases of involvement in the health, education, and social service systems: awareness of and entry into the systems, participation in the systems, and transitions as families move through the systems. The delegations were grouped according to geographical regions, and special work groups were established for Native American and Migrant families (who were also represented in the regional work groups) to ensure that their special concerns were not lost. The Facilitators and Recorders for these discussions are listed in Appendix E.

In her Charge to the Participants, found in Chapter 2, the Surgeon General emphasized that these Parent Work Groups were the focus of the Conference. Chapter 3 of these proceedings summarizes the issues discussed in the Parent Work Groups. The summaries examine a broad national consensus from issues raised in several of the work groups and then explore the narrow focus of the individual work groups. Chapter 4 contains the findings as presented to the full Conference at the closing session by three State Parent Delegate representatives. It concludes with the remarks of the Responder Panel, directors of government programs that provide services, who responded to the issues presented by the parents.

During the Conference, President Bush and key members of his Administration expressed their personal commitment to Surgeon General Novello's initiative and emphasized its importance to our Nation's future by their attendance at the Conference and their remarks to the participants. The speeches delivered at the Conference by President Bush, Secretary of Health and Human Services Louis Sullivan, Secretary of Agriculture Edward Madigan, Secretary of Education Lamar Alexander, and Assistant to the President for Economic and Policy Development Roger Porter are found in Chapter 5.

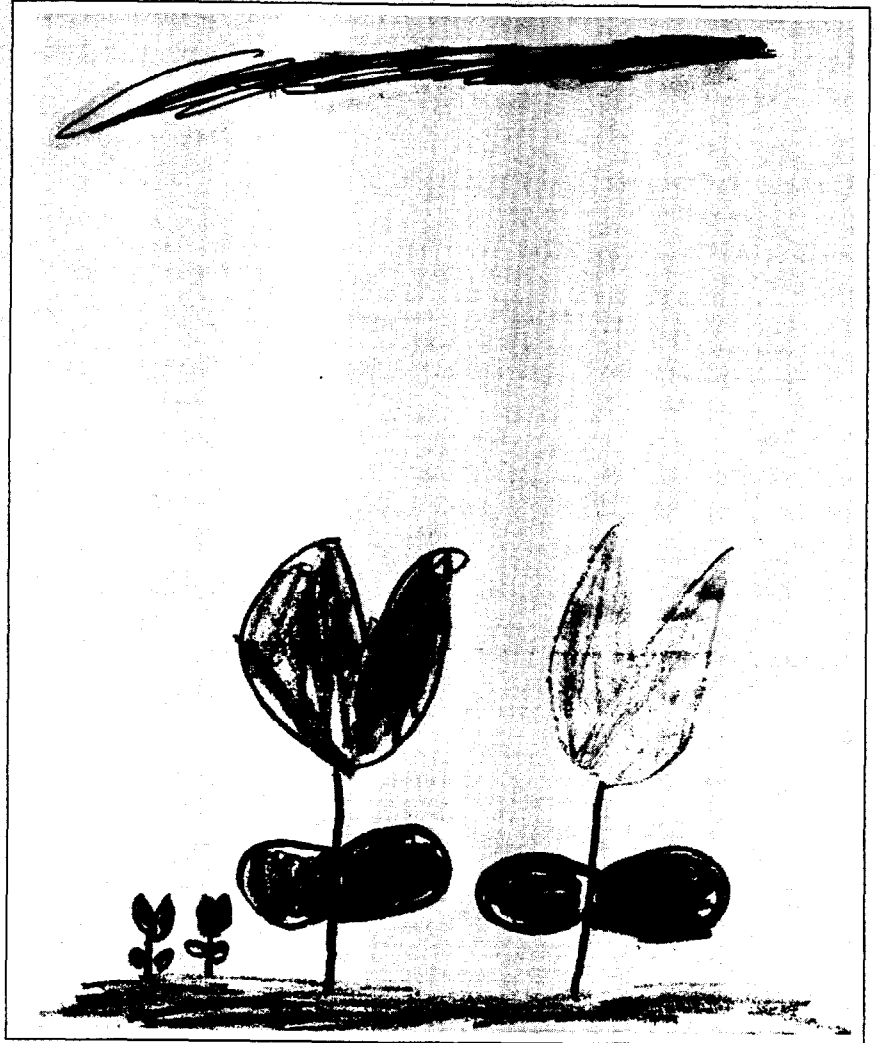
Concurrent with the Parent Work Groups, panel presentations that explored current services, both public and private, and parent support groups were conducted for General Participants (those who were not State Parent Delegates). These presentations, by panelists who were experts in their respective fields, focused on ways to customize services to fit families instead of trying to fit the families into the services. Chapter 6 contains summaries of the Panel Presentations.

All participants had a choice of 28 informative workshops covering a variety of topics from nutrition, health care, and injury prevention to violence and its impact on children. These workshops, led by professionals in the fields, are described in Appendix F. Additionally, the Conference presented a special exhibition of Federal, State, and local programs dedicated to the health and education of children. Program representatives shared information about the programs and distributed materials. Appendix G contains a listing of the exhibitors. Participants were entertained during each of the breaks by an array of performers, most of whom were children. Appendix H recognizes each group who shared their talents with the participants.



# Chapter 2

## Charge to the Conference



# Chapter 2

## Charge to the Conference

**Antonia C. Novello, M.D., M.P.H.**  
*Surgeon General*

**G**ood morning. I would like to welcome you to the "Healthy Children Ready to Learn: The Critical Role of Parents" Conference. This Conference is the culmination of 18 months of planning, outlining, and meeting with the best and brightest individuals concerned with the health and education of our Nation's children.

President George Bush has made the education of our Nation's children a major priority of his Presidency. The Department of Health and Human Services and Secretary Sullivan have made caring for children a cornerstone of the Department's agenda, and as the Surgeon General, I have made the health of our Nation's children the cornerstone of mine. Health and education go hand in hand; one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality.

Therefore, we are meeting to improve the education and health of our Nation's children and to improve these things through the eyes of parents, through the collective participation of the family. This is one of the most serious tasks for any society, and it should not be any less serious for all of us gathered here today.

As I welcome you and ask you to give this task your most serious attention, I am going to ask even more of you. Carl Jung, the great psychologist, said that "We should not pretend to understand the world only by intellect; we apprehend it just as much by feeling." I am going to ask you to use your experience and intellect, but also I am going to ask you to express your feelings about this challenge. I want you to bring not only your love and concern but, if necessary, even your anger to this issue. I am asking you to get involved. Adding

feeling to intellect will bring the best in each one of us out and will bring us the best of what this Conference can give to the smallest of America's citizens.

I am asking you, as a parent, official, teacher, or health care provider, to bring your honest perceptions of what can help families and children to be healthy and ready to learn. If we do not face the barriers or address the concerns, then we become a part of the problem and not a part of the solution. We know we have problems, but we also have great resources and strengths, not the least of which is America's devotion to its children. We need a commitment from each person here today and the organizations they represent so that they will bring their best knowledge and most profound human commitment to this issue. Perhaps our greatest challenge is to join hands and recover a true American spirit. This is the most caring country in the world, and today we will bring this concern to the lives of our children.

**HEALTHY CHILDREN** Ready to Learn



We are focusing on the role of parents—all of us, whether the President, Cabinet officers, Federal officials, Governors, or State officials. Some of us might be parents; others may not. But today, for the duration of this Conference, let's take the honorable position that each adult is each child's parent. Each American child belongs to each of us. No one parent or program can help each and every child, but together we can strive for the common goal of making each child as healthy and ready to learn as possible.

I would also remind you not to get discouraged about the Federal Government. This is your Government, and it is a powerful one. We are going to teach you what a powerful tool it can be. We are going to teach you how to use it. We have created, improved, and extended Head Start. We have changed immunization policies to protect children against a deadly revival of measles and other childhood illnesses. We have gotten involved in improved nutrition programs. We want you to know that we are here to work with you.

Let me expand just a moment on measles. We have had a very successful Federal/State/private campaign to increase immunizations. Granted that measles often appears in waves and that we have been in a bad wave, but let me point out that the rate of measles has dropped 65 percent between 1990 and 1991, from 27,786 cases in 1990 to 9,488 cases in 1991. We had only about 1,500 cases of measles in 1983, so you can see we still have far to go to reduce measles completely. The public and the private sectors have mobilized; everyone has responded. Dr. Sullivan, Dr. Roper, Dr. Mason, and I are finishing a six-city tour and have visited clinics in San Diego, Detroit, Philadelphia, Rapid City, Phoenix, and Dallas to encourage immunization.

This past Friday, we visited an immunization clinic in San Diego with President Bush. Hollywood celebrities took on measles immunization as their cause and formed the Children's Action Network. The Public Health Service has responded admirably, but there is still more to be done. Let me make this point. When we join together—parents, communities, and the government—when together we think and care, we can turn any epidemic around. We have both the means and the will.

**“The influence of a parent is impossible to exaggerate. A child looks up to a parent; children trust their parents to help them make their dreams become realities.”**

More than 2,000 years ago, Plato said, “The direction in which education starts a man will determine his future life.” I believe that. I know it to be true in my own life. My mother has been an educator all her life, and she believes that education is the greatest gift of all. She was the one who encouraged me to use education as a tool for success. All of us learn the dimensions of a larger world from our parents. The influence of a parent is impossible to exaggerate. A child looks up to a parent; children trust their parents to help them make their dreams become realities.

It was a long way for me from Fajardo, Puerto Rico, to the Office of the Surgeon General, but it was not an impossible way. Education made it possible. I would ask you to remember, too, that exceptional teacher who touched and inspired you as a student. Think what a teacher can do. As parents, educators, and health professionals, we must remember the influence we can have on the future of our children.

When President Bush outlined his six National Education Goals for the year 2000, he envisioned an America where our children compete on an international level. He knew that the children of today are the explorers, writers, teachers, and inventors of tomorrow. We must teach them all that we know and provide them with those tools they need to make their dreams come

true. Our children are very smart; some of them are smarter than any of us ever were. They are eager to learn, and we must not fail them.

We have some hard facts to face. Our educational system is unsurpassed at helping children excel at all levels, from diverse backgrounds, and often with English as a second language. Our public schools and our concept of an educated society are the source of America's strength and its potential. Still, we must face the truth. Scholastic Aptitude Tests (SAT) scores continue to remain low. We are not doing well in math and science. Many of our schools are overcrowded and overburdened, and many of our teachers are set up to fail by having too many children to teach.

**“We can’t become discouraged. Our teachers, children, and future depend on our dedication to turn things around. Some will tell us that it can’t be done or that it just might be beyond hope. But I know in my heart that isn’t true.”**

We can’t become discouraged. Our teachers, children, and future depend on our dedication to turn things around. Some will tell us that it can’t be done or that it just might be beyond hope. But I know in my heart that isn’t true. The President and the Nation’s Governors are working to remedy these problems—to make our schools the institutions for learning that they were meant to be and are capable of being. Collectively we must work to make that a reality.

As Surgeon General, I am responsible for the health of the people of this great country. That means all cultures, races, mothers, and fathers. And to me, as a pediatrician, it especially means children. When I was appointed Surgeon General, I resolved that my agenda would focus on the needs of our Nation’s children. It is an overwhelming task, but it is an altogether necessary one.

When the President announced his six National Education Goals, there was, and continues to be, great enthusiasm for the promise of these goals. The first National Education Goal, that “By the year 2000, all children in America will start school ready to learn,” holds special importance to me. This goal is realistic, and it is achievable. I believe those of us here in this room can be instrumental in implementing it in our own schools and communities. I know it is worth our best efforts.

As part of this first National Education Goal, we must work to satisfy three objectives:

- ★ First, that all disadvantaged and disabled children will have access to high-quality and developmentally appropriate preschool programs that help children prepare for school.
- ★ Second, that every parent in this country will be their child’s first teacher and devote time each day helping his or her preschool child learn; that parents will have access to the training and support they need.
- ★ And last, that children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low-birthweight babies will be significantly reduced through enhanced prenatal health systems.

These three objectives are the keys to our children arriving at school healthy and ready to learn, and your participation is crucial.

This Conference has been structured to give each one of you the opportunity to participate and to listen to what the esteemed panelists, Government representatives, and keynote speakers have to say. Most importantly, this Conference has been structured to give you

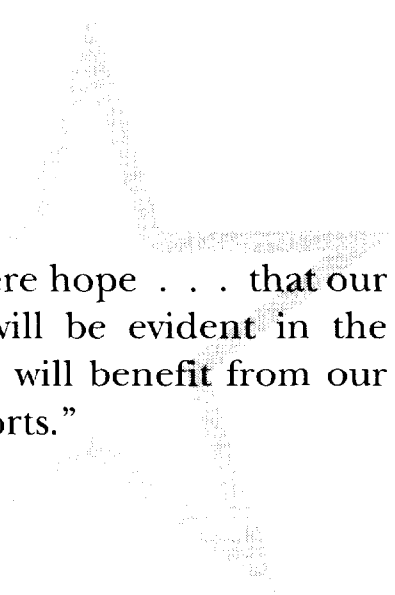
the opportunity to participate in these discussions and in the dialog that follows.

Those of you here representing the 50 States and the Territories will be able to tell the rest of us what works and what doesn't work in your States and communities. There is always room for improvement, growth, and change. We are going to talk about the good and the bad. By doing so, we will be able to avoid mistakes along the way and help, in turn, to highlight and applaud the success stories and use them as models as we move toward the year 2000.

Today, there are 64 million children in this country. We have 19 million American children under 5 years old and 4 million under 1 year. More than 20,000 children a year are killed by injuries. Some 1,677 have died from AIDS since its outbreak. Childhood diseases, due to a lack of vaccines, have disabled or killed thousands more. Although I am very hopeful, we must be honest. The statistics are staggering.

What can we, as a Nation, do? What can I, as Surgeon General, do? For one thing, I am always going to keep you informed, and I am going to tell you what you can do to help the Department [of Health and Human Services] and the Nation. To start, the goal of the Department of Health and Human Services is to have 95 percent of children immunized by 1995 and, hopefully, all of our children immunized by the year 2000. If you are a parent, see that your children are immunized, and tell other parents, too. If you are an official, check out the situation in your own area and help make immunization for all children a reality. I believe that immunization is a right, and we must all get involved to make that right a reality. To be successful, all vaccines must be used if they are going to work; they do us no good by sitting in a clinic or a doctor's office somewhere. I must make one point perfectly clear: We do not suffer from lack of vaccine; we suffer from failure to immunize. The immunizations are available; we need to get them to all of our children.

With regard to the terrible pandemic of AIDS, it is here that we must increase our vigilance to stop its spread. We must educate about AIDS, help everyone involved in the care of those with HIV disease, and send



**“It is my sincere hope . . . that our true legacy will be evident in the children who will benefit from our collective efforts.”**

the message that we must fight the disease, not the people with the disease. The number of pediatric AIDS cases continues to increase. Before 1985, 58 percent of the children reported with AIDS were from New York City, Newark, or Miami. After 1985, however, only 36 percent of children with AIDS were from these cities. AIDS in women and children is spreading beyond the large cities to smaller towns and even rural settings. The greatest increases in numbers of cases reported to the CDC [Centers for Disease Control] were in rural areas and in metropolitan areas with populations of under 100,000. From 1988 to 1989, there was a 12 percent increase in the number of pediatric AIDS cases. From 1989 to 1990, there was a 37 percent increase. As of August 1991, 3,199 children under 13 with AIDS were reported to the CDC, more than half of them in the last 2 years alone. Of these cases, 84 percent were infected perinatally, and 52.4 percent, or 1,677, have died. Based on the National Survey of Childbearing Women, the CDC estimates that 5,000 to 6,000 HIV-infected women gave birth in the past year. Based on a 30 percent transmission rate, it is estimated that 1,800 to 2,000 HIV-infected infants were born.

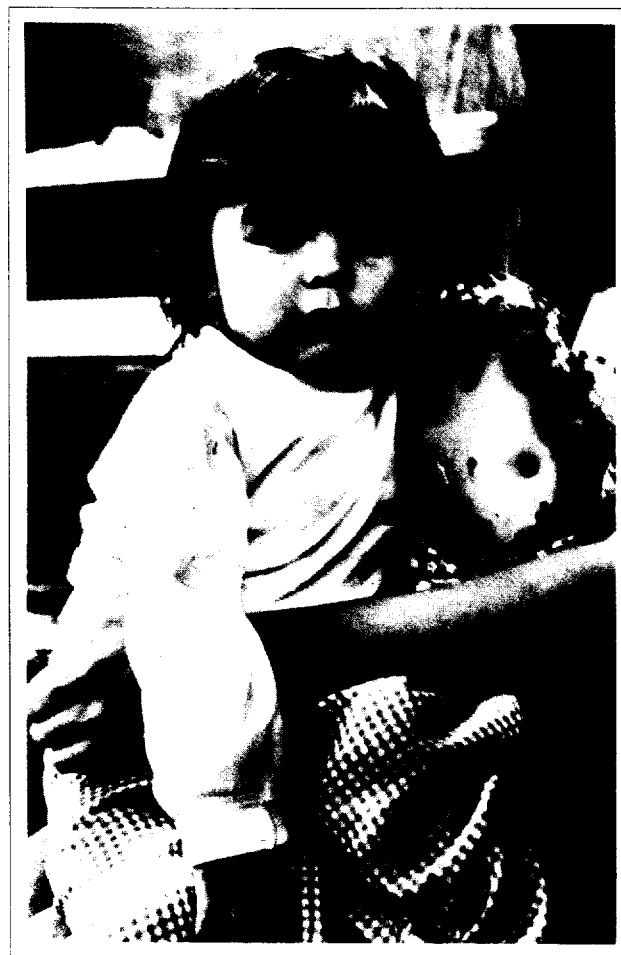
Children of minority families have had more than their share of AIDS. For example, although only 15 percent of all children in the United States are

African-American, they are known to account for 51 percent of all AIDS cases. Although only 8 percent of all children in the United States are of Hispanic descent, they account for 26 percent of AIDS cases in children. Clearly, all of us here must be prepared to deal with children and families with AIDS. But to do that, we must have culturally sensitive programs. We must know Harlem to design a program for Harlem, and we must know the barrios of Texas to be able to work there. Some programs must be in Spanish or in any language that is necessary. Parts of Appalachia can be as desolate as any inner city slum. We should not design programs for our communities unless we have walked in their shoes and in their streets. We must be humble and consult those who know those communities when we design any interventions.

The third point on which we all must continue to focus is that of childhood injuries. According to a recent health report issued by the Bureau of Maternal and Child Health, injuries are the most significant health problem affecting our Nation's children and adolescents, however we measure it—whether by numbers of deaths, dollar costs for treatment, or relative rankings with other health problems. Injury need not maim and kill so many of our children. The tide of injuries is an epidemic we can control. Childhood injury is one of the principal public health problems in America today, causing more deaths than all childhood diseases combined and contributing greatly to childhood disability.

The United States is also a Nation plagued by violence. American children are 10 times more likely than German children, 11 times more likely than French children, and 15 times more likely than English children to be victims of homicide. We could debate whether it is poverty or race that so intensifies patterns of morbidity and mortality, that so darkens the picture for violence, but now, suffice it to say that this has to stop. As Abraham Lincoln said in 1860, "Let us have faith that right makes might." Knowing we are right, let's dare to do our duty as we understand it.

I may as well admit that I see the Office of the Surgeon General as a way of reaching families, a way of reaching children. I have probably held more babies



than any Surgeon General in history. My schedule—ask my staff if you don't believe me—goes off the rails when I visit a pediatric clinic, an Indian Health Service hospital, a pediatric AIDS unit. I have talked in more high schools and in more small towns than I can remember. The Black Foot Indian Nation gave me the name "Princess Flying Woman." I believe they knew that I wanted to touch all Americans. For the time that is mine to serve as Surgeon General, I am absolutely committed to make a difference. I am making these confessions to warn you. I did not accept the responsibility for this Healthy Children Ready to Learn Initiative for reasons of status. I am as serious as you are.

I see our task as improving the health and welfare of our Nation's children in every way we can. By attending this Conference, you have made an excellent commitment on behalf of other parents and children

from your State, and for that I commend you. I urge you to participate fully in the panel sessions and discussion groups. We are here to teach and to learn from one another. We are going to, as the kids say, “get real.”

I know that any of you here would jump from your seat and take off in a dead run to grab a child from the path of a car. You would shield a child about to be hurt. You would endanger yourself to protect a child from a dangerous fall. When it comes to health and education, we need a dead run; we need total intuitive conviction to remove every barrier and to reach every child. This Conference is geared to be that “dead run.”

When I was appointed I vowed to speak for all of the children. I vowed to be the Surgeon General for all Americans, especially for all American children, whether rich or poor, African-American, white, Hispanic, Asian Pacific Islander, or Native American—whether documented or not, from the President’s grandchild to the child of a Migrant worker. All our children need this attention, but there are some who especially need my voice. One in five American children lives in poverty; I speak for them. Thirty-eight percent of Hispanic children live below the poverty line; 43 percent of all African-American children live in poverty. I speak for them, too.

In the words of the Chilean poet, Gabriela Mistral:

*Many of the things we need can wait;  
The child cannot.  
Right now is the time his bones are being formed, his  
blood is being made,  
and his senses are being developed.  
To him we cannot answer ‘Tomorrow’;  
His name is ‘Today.’*

Today, as parents, you are both the expert and the student, and I ask all experts today to think also as parents. By all means, play both roles. By the year 2000, chances are that any one of us may be only a distant memory. It is my sincere hope, however, that our true legacy will be evident in the children who will benefit from our collective efforts. They will be children who started school healthy and ready to learn, children who learned and learned well, children whose parents taught

them first and set the stage for the teachers who followed, children who were immunized and well nourished, children who have had all that America can give.

The time has come for me to turn the focus back on you and ask all of you within this room to work together. We have a precious opportunity to spend 3 days at this Conference to think, argue, forge new initiatives, prioritize, and get involved. It is my fervent hope that the goals of this Conference will become a blueprint for bonding education and health—an essential task, if our children are to succeed.

I wish you the best in your endeavor. God bless you all.