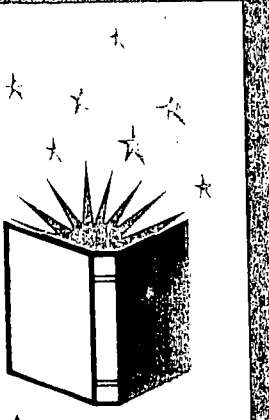


A
WORLD-CLASS
EDUCATION FOR
EVERY CHILD

from issues discussed @ mtg.

used in afternoon session

Issues concerning School Health and Medicaid for both general and special needs populations

Purely State Issues

- local matching of funds
- receipt of revenues
- consultant contracts
- school district liability

Mixed Federal/State Issues

Billing -- what services can schools bill medicaid for and under what conditions? Key issues:

- unit billing vs. other billing methods (e.g., IEPs as authorizing documents)
- documentation physician signature for speech, OT, PT
- quality assurance
- service definitions what is school doing that meets MC ~~categories~~ ?
- provider certifications/credentials
- administrative cost

Administrative Functions -- what administrative functions can be undertaken to identify eligible students? Key issues include:

- eligibility/outreach
- information exchange (Medicaid and FERPA restrictions)

Free Care -- when do the free care provisions pose barriers to school health and what flexibility do states and schools have to reduce those barriers?

- free care restrictions
- statutory exceptions related to IDEA and Title V

NEXT STEPS

What must happen at the state level?

What can/should happen at the federal level?

- models, policy guidance, technical assistance, regulations?

AGENDA FOR MEETING ON MEDICAID AND SCHOOL HEALTH

DATE: Monday, November 14, 1994

TIME: 8:30 a.m. to 4:30 p.m.

LOCATION: U.S. Department of Education
Room 2413 (Barnard Auditorium)
600 Independence Ave., S.W.
Washington, DC 20202

8:30 - 9:00 a.m. **Continental Breakfast**

9:00 - 9:30 a.m. **Welcome/Introductions/Workgroup Outcomes**

9:30 - 10:30 a.m. **Interagency Update on Key Issues Concerning Comprehensive School Health**

10:30 - 10:45 a.m. **Break**

10:45 - 12:30 p.m. **Medicaid and Schools: Issues and Implications for Financing Comprehensive School Health Services**

Moderator: Connie Garner

A problem solving session where state Medicaid directors and local superintendents can discuss issues surrounding the impact of Medicaid on school health services.

12:30 - 1:30 p.m. **Lunch (To be provided)**

1:30 - 3:00 p.m. **Medicaid: Federal Issues and Answers**

Moderator: Connie Garner

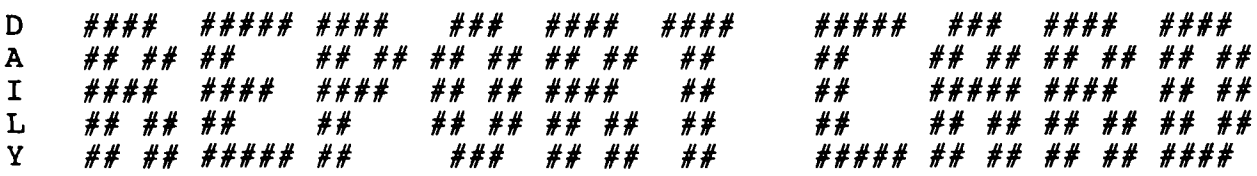
A problem solving session where state Medicaid directors and local superintendents can discuss the role of the Federal Government in promoting effective collaboration between education and Medicaid programs.

3:00 - 3:15 p.m. **Break**

3:00 - 4:30 p.m. **Summary of the day**

A synopsis of the day's events and action steps to determine where we go from here.

--- Wednesday --- September 21, 1994 --- Vol. 3 --- No. 247 ---



THE NATIONAL UPDATE ON AMERICA'S EDUCATION GOALS
A service of the National Education Goals Panel

"I KNOW WHY THE CAGED BIRD SINGS"

... probably because it is one of the books most frequently challenged by those wanting to censure certain books in public schools. (The author is Maya Angelou). A People for the American Way report documents 462 attempts last year to remove books, films and plays from schools. Fewer than half of censorship attempts are successful, notes the report.

Calif. leads the nation in the most censorship attempts, followed by Texas and Fla. Ark., W.V., and Vt. were free of censorship challenges.

The books most frequently challenged: Steinbeck's "Of Mice and Men;" Salinger's "The Catcher in the Rye;" and Cormier's "The Chocolate War."

BOOK PURGING, RUSSIAN STYLE

Soviet schoolchildren this year for the first time will use textbooks purged of communist propaganda. That's good news for teachers who "winced" when teaching about Leonid Brezhnev (Carpenter, AP/ Miami HERALD, 8/31).

SPOTLIGHT

HEALTH AND INTELLECT

Horace Mann wrote that "on the broad and firm foundation of health alone, can the loftiest and most enduring structures of the intellect be reared." His quote leads off a U.S. DoEd publication on innovative comprehensive school health education programs. (#1)

Many educators and health professionals nationwide are making the connection between health and learning. A recent study conducted by two M.D.s found a link between several common childhood health maladies and a child's repetition of kindergarten or first grade. (#5)

One solution: the creation of school-based health clinics that draw on community support and are housed in middle schools as well as high schools. (#2)

========== QUOTE OF THE DAY ==========

"Teachers have been out there all by themselves for too long." -- Ann Sheetz, director of the School Health Unit for the Mass. Department of Public Health, on student health care. (#2)

supported by the National Education Goals Panel
1850 M Street NW; Washington, D.C. 20036; 202/632-0952

Publisher: Barbara A. Pape

========== TABLE OF CONTENTS ==========

===== HEALTH AND EDUCATION =====

*1 SCHOOL HEALTH PROGRAMS: A NEW PARADIGM

Innovative programs, practices and information on comprehensive school health education programs are featured in a recent DoEd publication titled "Comprehensive School Health Education Programs." The report includes four papers commissioned for a Nov. 1992 Comprehensive School Health Education Program conference, which focused on strategies and practices for developing, implementing and evaluating school health programs. The papers are: "Research Base for Innovative Practices in School Health Education," by Diane Allensworth, Ph.D. R.N., Kent State U and American School Health Association; "Instituting Innovative Practices in Comprehensive School Health Eduction Programs for Elementary Schools," by Jill English, Southwest Regional Laboratory; "Developing Comprehensive School Health Education Standards for Elementary School Programs," by Lucinda Adams and Betty Holton, Dayton Public Schools; and "A Community-Based School Health System: Parameters for Developing a Comprehensive Student Health Promotion Program," by Dr. Christopher DeGraw, The George Washington U Center for Health Policy Research.

A "new paradigm" for comprehensive school health education emerged from the papers and the conference, according to the publication. For example, shifts in thinking have occurred: from school-based to school-wide, community-wide programs; from a focus on providing health information to a focus on changing health-related attitudes and behaviors; and from a health content instruction model in the classroom to a health promotion model that involves numerous strategies and interdisciplinary team members from the school and community, among others, writes the

report.

The report also notes three themes generated from the conference and papers: comprehensive school health education programs should be driven by the needs of the students; CSHEP should be a coordinated, comprehensive, school- and community-based system of service delivery; and CSHEP should focus on identifying and documenting outcomes.

*2 SCHOOLS AND HEALTH CARE: LOCAL MODELS

The March/April 1994 issue of HIGH STRIDES magazine focuses on health care for students and features several school-based models in urban middle schools.

All Atlanta public school children have available to them school-based health clinics, 87 clinics today compared with only two clinics located in schools four years ago, writes the magazine (Seline). Noble Maseru is credited with the growth of the systems school-based health clinics.

He initially tapped the Medicaid program, which "allows poor families to get an annual or bi-annual check-up for their children," to initially finance the school health programs, according to the magazine. But while families availed themselves of the services when their children were toddlers, they discontinued using the health program as their children grew. "Once the children go to school, the interest to go to a private doctor's office just dropped off," explained Maseru.

Maseru's solution was to bring health care to where the children spent most of their time -- school. "We're getting these students health care and linking the parents, teachers and nurses," he said. Students receive physical exams, blood tests to detect anemia and urine analysis. They also undergo "psycho-social" assessments "to determine how they are interacting with peers and parents," writes the magazine. Outreach workers make home visits to discuss the medical exams with parents and monitor any follow-up treatment.

Student health care in Mass. is part of the state's Department of Public Health's mission (Lewis). Ann Sheetz, director of the department's School Health Unit, works with 36 school districts to "develop model school health programs," according to the magazine. The prevention of tobacco use is a primary goal of the program, which is partly financed through a 25-cent tax on cigarette packs. Funds also are used for public service ads and to upgrade the quality of school health staff. Sheetz: "I was shocked to walk into schools and find, for example, only one person trained for CPR in a school of 2,000 students." She added that "teachers have been out there all by themselves for too long."

Sheetz also is attempting to reach out to community health providers, such as HMOs, which "traditionally have stayed away from schools." And she intends to "inform food service administrators at state and local levels about the nutrition needs of students."

Already, 14 school clinics are open and 21 more are expected, with some in middle schools, according to the magazine.

Mass. also is the lead agency for the federal Model School Health Information System Project, which will integrate data from education and health throughout the New England States.

Other school health programs featured in HIGH STRIDES include: a collaborative effort between the U of Pennsylvania and Philadelphia's John P. Turner Middle school, which boasts a model curriculum that calls on students to "teach their peers, work in hospitals, publish brochures on health topics and lead community health programs;" and the Community Health Education Project housed in the Intermediate School 52, located in a disadvantaged section of Manhattan.

Dr. Aaron Shirley, the first black pediatrician in Miss., explained why health programs should begin in the middle schools, if not sooner. Many problems that become serious for high school students, such as anemia, poor eyesight, dental problems, obesity and teen pregnancies, could have been prevented if detected during the middle school years, he said. But he added that young adolescents mostly need "a place they trust and adults whom they can trust," which is why his clinic staff "do a lot of handholding" because they serve as "surrogate families."

*3 HEALTHY EATING: THE DEBATE OVER SCHOOL LUNCH

Critics of the U.S. Department of Agriculture's reform of its school lunch program warn that the proposal is "too much to swallow" and may cause some schools to drop out of child nutrition programs due to cost (Shogren, L.A. TIMES, 9/8). The debate centers on the approach taken by the U.S.D.A. to limit the amount of fat and sodium in school lunches. (See DRC 9-8-93)

The national Parent Teachers Association, American School Food Service Association and others argue that the U.S.D.A.'s strategy of requiring schools to "analyze the nutritional content of their foods and make sure that over a week students get no more than 30 percent of their calories from fat and no more than 10 percent from saturated fat" is too cumbersome (Greene, The TIMES-PICAYUNE, 9/8). It will force schools that want to comply to purchase expensive computers and software to undertake the nutrient analysis, according to the critics. Instead, the groups recommend that schools use a "modified version of the existing plan that would follow the 'food pyramid,' a program based on the same nutritional guidelines that require cutting fat to 30 percent of calories," writes the paper.

But U.S.D.A. officials maintain that using nutritional data is the only way to insure guidelines are met. "You have to have a mechanism," said Ellen Haas, assistant agriculture secretary for food and consumer services. She added that the department will provide model menus and other assistance to schools.

Meanwhile, Public Voice for Food and Health Policy recently released a study profiling 41 school lunch programs nationwide (multi cites). The advocacy group discovered that these schools already have begun serving healthier meals, despite a 1998 deadline imposed by the U.S.D.A. to improve school lunch programs (Herald Wire Services/Miami HERALD, 8/31). "These case studies show that the creativity, commitment, knowledge and technology to

create healthier lunches already exists from coast to coast," said Mark Epstein, the group's director.

Epstein urged the U.S.D.A. to push up the deadline to the 1996-1997 school year. A BALTO. EVENING SUN editorial agreed. The SUN: "We concur with the group's stance. In fact, this newspaper expressed the same combination of praise and criticism months ago when the U.S. Department of Agriculture went public with its revisions of the school lunch program. We still feel that the decision to allow school districts to phase in the changes over four years is a mistake."

*4 SCHOOL AND HEALTH COLLABORATION: DoEd AND HHS

The U.S. Secretaries of Education and Health and Human Services earlier this year joined forces to confront child health issues. "We know that children who come to school healthy, who have gotten their shots and participated in early childhood programs, are children who are engaged and ready to learn," said Ed Sec Richard Riley. Donna Shalala, Sec of HHS added that "good health for America's children must be a national priority. There is no question that our schools have a key role to play in helping our children begin a lifetime of good health."

Officials from both agencies intend to establish the Interagency Committee on School Health, co-chaired by the assistant secretary for elementary and secondary education and the assistant secretary for health. Also planned is a National Coordinating Committee on School Health, that will unite representatives of major national education and health organizations.

A press release that announced the joint statement of Riley and Shalala also noted that President Clinton's proposed Health Security Act also "would provide major support to children, with an emphasis on prevention as the key to helping children avoid health risks and receive care before an illness reaches an emergency state." (4/7) But health-care reform, which has devolved into a rancorous debate in Congress, is not expected to pass this year.

From the Joint Statement on School Health: "Health and education are joined in fundamental ways with each other and with the destinies of the Nation's children. ... In support of comprehensive school health programs, we affirm the following: America's children face many compelling educational and health and developmental challenges that affect their lives and their futures. ... To help children meet these challenges, education and health must be linked in partnership. ... School health programs support the education process, integrate services for disadvantaged and disabled children, and improve children's health prospects. ... Reforms in health care and in education offer opportunities to forge the partnerships needed for our children in the 1990s. ... Goals 2000 and Healthy People 2000 provide complementary visions that, together, can support our joint efforts in pursuit of a healthier, better educated Nation for the next century."

===== RESEARCH NOTES =====

*5 HEALTH PROBLEMS: ONE REASON CHILDREN REPEAT GRADES

Researchers detected a link between several common childhood health problems and the rising number of children required to repeat kindergarten or first grade (Medical Tribune News Service/The TENNESSEAN, 3/12). A nationwide study of nearly 10,000 children ages 7 to 17 found that 7.6% repeated kindergarten or first grade. U of Rochester in New York researchers revealed that, while a combination of factors contribute to a child's educational difficulties, bedwetting, deafness, low birthweight, exposure to household smoking, male gender and poverty each place children at a higher risk of repeating an early grade, writes the paper.

They also found a link, albeit weaker, between recurrent middle-ear infections, black race and having a young mother and a child's chances of being held back in school. Drs. Robert Byrd and Michael Weitzman, authors of the study, recommend that pediatricians be on "the lookout for such problems to help prevent children from having difficulties in school," reports the paper. Their study was published in the March issue of the journal "Pediatrics."

According to the study, more children are being held back in the early grades. The proportion of 8-year-olds who were in a lower grade than would be expected in 1974 was 17.4% of boys and 12.2% of girls. The percentage rose to 28.1% of boys and 21.7% of girls by 1989, reports the study. An increase in the number of children living in poverty and exposed to violence and pressure placed on schools to demonstrate student improvement may contribute to the escalating number of children held back, write the reports authors. But the study also pointed to health problems: deafness doubled the risk of repeating an early grade; exposure to household smoking increased the risk by 40%; and frequent ear infections made children 20% more likely to repeat an early grade, found the report, writes the paper.

Dr. Barbara Starfield, professor of health policy and pediatrics at Johns Hopkins U School of Medicine in Baltimore, remarked that the findings are not new, but do "suggest that a regular source of coordinated primary care might have an impact on children's education in the early grades," reports THE TENNESSEAN. Starfield added that if the researchers reviewed the type of care the children received, they might have discovered that children with a "more consistent source of care have less risk for repeating a grade than kids with an erratic source of care." The study also validates the argument in favor of improved community health services, noted Starfield.

*6 CHILDRENS' HEALTH: THE ENVIRONMENTAL FACTOR

Scientists must "do more research on the link between the environment and children's diseases," and lawmaker must "review proposed legislation and tolerance levels with children in mind" editorializes USA TODAY (8/22). The editorial came on the heels of the release of a study by the Children's Environmental Health Network, which found, among other things, that children are

developing asthma at a faster rate than adults (Manning, USA TODAY, 8/22).

Children also are exposed to higher pesticide levels than adults because their diets contain larger proportions of pesticide-treated produce, according to the study. And the report noted that 3-4 million preschoolers are reported to have high levels of lead in their blood.

USA TODAY: "It stretches the imagination to think that the higher rates of cancer and spina bifida suffered by children living near toxic-waste sites are just coincidence."

UNITED STATES DEPARTMENT OF EDUCATION

GOALS 2000

Goals 2000: Educate America Act
Legislative Summary

Overview

- The Goals 2000 Act provides resources to states and communities to develop and implement comprehensive education reforms aimed at helping students reach challenging academic and occupational skill standards.

Legislative Review

- On March 23, the House of Representatives approved the final Goals 2000 bill by a bipartisan vote of 306-121. On March 26, the Senate approved Goals 2000 by a bipartisan vote of 63-22.

- The President signed the bill into law March 31, 1994. (Public Law 103-227)

Timetable and Funding

- In 1994, $105 million was appropriated for Goals 2000. First-year funds became available to the states on July 1, 1994. Congress has appropriated $403 million in 1995.

- Funding will be formula-based. For first-year funding, states have been asked to submit an application that will describe how a broad-based citizen panel will develop an action plan to improve their schools. The application will also describe how subgrants will be made for local education improvement and better teacher preservice and professional development programs.

- During the first year, states will use at least 60 percent of their allotted funds to award subgrants to local school districts for the development or implementation of local and individual school improvement efforts, and for better teacher education programs and professional development activities.

- In succeeding years, at least 90 percent of each state's funds will be used to make subgrants for the implementation of the state, local and individual school improvement plans and to support teacher education and professional development.

- During the first year, local districts will use at least 75 percent of the funds they receive to support individual school improvement initiatives. After the first year, districts will pass through at least 85 percent of the funds to schools.

Components of the Goals 2000: Educate America Act

Title I: Setting High Expectations For Our Nation: the National Education Goals

- Formalizes in law the original six National Education Goals. These goals concern: readiness for school; increased school graduation rates; student academic achievement and citizenship; mathematics and science performance; adult literacy; and safe, disciplined, and drug-free schools. The Act adds two new goals that encourage parental participation and better professional development for teachers and principals.

Title II: Public Accountability for Progress Toward the Goals and Development of Challenging, Voluntary, Academic Standards

- Establishes in law the bipartisan National Education Goals Panel, which will: report on the nation's progress toward meeting the goals; build public support for taking actions to meet the goals; and review the voluntarily-submitted national standards and the criteria for certification of these standards developed by the National Education Standards and Improvement Council.

- Creates the National Education Standards and Improvement Council, made up of a bipartisan, broad base of citizens and educators, to examine and certify voluntary national and state standards submitted on a voluntary basis by states and by organizations working on particular academic subjects.

- Authorizes grants to support the development of voluntary assessment systems aligned to state standards, and for the development of <u>model</u> opportunity-to-learn standards.

Title III: Supporting Community and State Efforts to Improve Education

- The central purpose of the Goals 2000 Act is to support, accelerate, and sustain state and local improvement efforts aimed at helping students reach challenging academic and occupational standards.

- Section 318 of the Act specifically prohibits federal mandates, direction and control of education.

Broad-Based Citizen Involvement in State Improvement Efforts

- The Governor and the Chief State School Officer will each appoint half the members of a broad-based panel. This panel will be comprised of teachers, principals, administrators, parents, representatives of business, labor, and higher education, and members of the public, as well as the chair of the state board of education and the chairs of the appropriate authorizing committees of the state legislature.

- States that already have a broad-based panel in place that has made substantial progress in developing a reform plan may request that the Secretary of Education recognize the existing panel.

Comprehensive Improvement Plan Geared to High Standards of Achievement

- The State Planning Panel is responsible for developing a comprehensive reform plan.

- States with reform plans already in place that meet the Act's requirements will not have to develop new plans for Goals 2000. The U.S. Secretary of Education may approve plans, or portions of plans, already adopted by the state.

- In order to receive Goals 2000 funds after the first year, a state has to have an approved plan or have made substantial progress in developing it.

- A peer review process will be used to review the state plans and offer guidance to the State Planning Panel. The U.S. Department of Education also will offer other technical assistance and support by drawing on the expertise of successful educators and leaders from around the nation.

In general, the plans are to address:

- Strategies for the development or adoption of content standards, student performance standards, student assessments, and plans for improving teacher training.

- Strategies to involve parents and the community in helping all students meet challenging state standards and to promote grass-roots, bottom-up involvement in reform.

- Strategies for ensuring that all local educational agencies and schools in the state are involved in developing and implementing needed improvements.

- Strategies for improved management and governance, and for promoting accountability for results, flexibility, site-based management, and other principles of high-performance management.

- Strategies for providing all students an opportunity to learn at higher academic levels.

- Strategies for assisting local educational agencies and schools to meet the needs of school-age students who have dropped out of school.

- Strategies for bringing technology into the classroom to increase learning.

Funds are also available to states to support the development of a state technology plan, to be integrated with the overall reform plan.

Broad-Based Involvement in Local Education Improvement Efforts

- Each local school districts that applies for Goals 2000 funds will be asked to develop a broad consensus regarding a local improvement plan.

- Local districts will encourage and assist schools in developing and implementing reforms that best meet the particular needs of the schools. The local plan would include strategies for ensuring that students meet higher academic standards.

Waivers and Flexibility

- State educational agencies may apply to the U.S. Secretary of Education for waivers of certain requirements of Department of Education programs that impede the implementation of the state or local plans. States may also submit waiver requests on behalf of local school districts and schools.

- The Secretary may select up to six states for participation in an education flexibility demonstration program, which allows the Secretary to delegate his waiver authority to State education agencies.

- The Act specifies certain statutory and regulatory programmatic requirements that may not be waived, including parental involvement and civil rights laws.

Title IV. Support for Increased Parental Involvement

- This title creates parental information and resource centers to increase parents' knowledge and confidence in child-rearing activities and to strengthen partnerships between parents and professionals in meeting the educational needs of children. Parent resource centers will be funded by the U.S. Department of Education beginning in fiscal year 1995.

Title V. National Skill Standards Board

- This title creates a National Skill Standards Board to stimulate the development and adoption of a voluntary national system of occupational skill standards and certification. This Board will serve as a cornerstone of the national strategy to enhance workforce skills. The Board will be responsible for identifying broad clusters of major occupations in the U.S. and facilitating the establishment of voluntary partnerships to develop skill standards for each cluster. The Board will endorse those skill standards

submitted by the partnerships that meet certain statutorily prescribed criteria.

Relationship of Goals 2000 to Other Federal Education Programs

- State participation in all aspects of the Goals 2000 Act is voluntary, and is not a precondition for participation in other Federal programs.

- The Goals 2000 Act is a step toward making the Federal government a better partner a supportive partner in local and state comprehensive improvement efforts aimed at helping all children reach higher standards. The proliferation of many sets of rules and regulations for different federal education programs has often interfered with local school, community or state efforts to improve schools. The Goals 2000 Act is designed to be flexible and supportive of community-based improvements in education.

- Other new and existing education and training programs will fit within the Goals 2000 framework of challenging academic and occupational standards, comprehensive reform, and flexibility at the state and local levels. The aim is to give schools, communities and states the option of coordinating, promoting, and building greater coherence among Federal programs and between Federal programs and state and local education reforms.

- For example, the School-to-Work Opportunities Act will support state and local efforts to build a school-to-work transition system that will help youth acquire the knowledge, skills, abilities, and labor-market information they need to make a smooth transition from school to career-oriented work and to further education and training. Students in these programs could be expected to meet the same academic standards established in states under Goals 2000 and will earn portable, industry-recognized skill certificates that are benchmarked to high-quality standards.

- Similarly, the reauthorization of the Elementary and Secondary Education Act (ESEA) allows states that have developed their own standards and assessments under Goals 2000 to use them for students participating in ESEA programs, thereby providing one set of standards and assessments for states and schools to use for their own reform needs and, at the same time, to meet Federal requirements.

For more information, contact 1-800-USA-Learn.

School Health
PROFESSIONAL
Volume 1, Number 14 July 27, 1994

Schools, Community Health Centers Urged to Link Up

Two federal departments are taking steps to implement a joint statement on school health issued last April by Education Secretary Richard Riley and Secretary of Health and Human Services Donna Shalala (**School Health Professional, 4/27/94**).

Looking for ways to "model" the kind of collaboration they hope to see at the local level, program specialists in the Department of Education and the Bureau of Primary Health Care in HHS are working on a plan to meld the Chapter 1 education program for disadvantaged students with federally funded community health centers located in high poverty areas.

The idea is that both programs serve the same disadvantaged children, and it seems logical that they should establish linkages aimed at improving both health care and education..

But that may be easier said than done. There's no direct geographic relationship between the approximately 15,000 school districts in this country and the approximately 1,500 community health centers currently funded by the federal government.

That makes it hard to know which schools might be able to collaborate with which health centers—a problem the feds are trying to solve by sending introductory letters about the new initiative to local and state Chapter 1 directors and chief state school officers, enclosing a list of community health centers in their states. At the same time, letters are going to clinic directors and State Primary Care Association executive directors, who may know which school districts are in their territories.

The letters will extend an invitation to Chapter I schools and BPHC Health Centers to coordinate services, explaining how schools can save money by tapping into an already existing network of health services.

Continued on Page 2

Report Shows Startling Increase in Obesity in U.S.

A report published last week in the *Journal of the American Medical Association* found a startling 31 percent increase in adult obesity since 1980. Thirty-three percent of American adults are now believed to be obese, which is defined as weighing 20 percent more than is optimal for your height and age.

A companion report on children's weight scheduled for release in the next few months is expected to show that at least one-third of American children are seriously overweight, and that lack of physical exercise in schools is one of the reasons for their obesity.

Commenting on the report, Dr. F. Xavier Pi-Sunyer of the division of endocrinology, diabetes, and nutrition at St. Luke's-Roosevelt Hospital said, "The proportion of the population that is obese is incredible. If this was about tuberculosis, it would be called an epidemic."

The rise in percentage of obesity in the adult population is especially surprising, the AMA *Journal* said, because of the emphasis given to weight loss and diet in advertising and media messages in this country.

"The problem with obesity is that once you have it, it is very difficult to treat. What you want to do is prevent it," said Dr. Pi-Sunyer.

IN THIS ISSUE

Schools and Community Centers Urged to Link Up

Continued from Page 1

At the same time, the Bureau of Primary Health Care and the Department of Education say they will develop an "idea book" describing eight or nine sites that are already collaborating in the way they have in mind.

All of this is "down the line a way," they say. They also concede that some problems that have arisen at the federal level—money, for example—will probably come up at the local level, as well. New authorizing legislation for Chapter 1 now making its way through Congress would allow Chapter 1 money to be used for health services, but only as a last resort. The Bureau of Primary Care says community health centers have small budgets for development and expansion, which might make it possible to set up a clinic at a school site.

The two agencies also say they've learned some lessons they'd like to pass on to locals, about collaboration. Don't take differences personally, they advise; work out the vocabulary, so you are both talking about the same things; and try to overcome pride of turf.

The persons managing the collaboration initiative at the federal level are:

• *For the Department of Education—Susan Winingar, Education Program Specialist, U.S. Department of Education, 400 Maryland Ave. SW, Washington DC 20202-6132, telephone (202)260-0942, FAX (202)260-7764.*

• *For the Department of Health and Human Services—Sarah Baily, Public Health Analyst, Public Health Service, 4350 East-West Highway, 9th Floor, Bethesda MD 20814, telephone (301)594-4470, FAX (301)594-2470.*

What Are Chapter 1 and Community Health Centers?

Chapter 1

Most school health professionals are probably familiar with Chapter 1 of the Elementary and Secondary Education Act.

Briefly, Chapter 1 was enacted in 1965 as Title I of the original Elementary and Secondary Education Act. It provides federal funds to states, which distribute it to school districts on a formula based on poverty and other factors, to be used to help educate children who are a grade or more behind in subjects such as reading and arithmetic.

The Chapter 1 mantra is "supplement not supplant," which means the federal money is in addition to and does not replace whatever the school district would have spent on those children.

Generally, Chapter 1 funds have been used to provide "pull-out" programs in which eligible children leave their regular classrooms during specific periods of the day to receive special instruction in math or reading.

The legislation now before Congress discourages such separation and requires that Chapter 1 children be given opportunity to reach the same academic standards expected of other children.

Although Chapter 1 money is supposed to go to schools in areas of poverty, the formula has been tailored over the years in such a way that about 95 percent of school districts receive some Chapter 1 money. Efforts by the Clinton administration to focus the funds on high-poverty schools have failed so far in this session of Congress.

Unlike the other major federal program for children in poverty—Head Start—Chapter 1 programs do not usually have a direct link to health or social services, though some programs have provided them.

Community Health Centers

Like Chapter 1, community health centers had their origin in President Lyndon Johnson's "War on Poverty," in the mid-1960s. Originally managed under the Economic Opportunity Act, the neighborhood health center program was transferred to the Public Health Service in the early 1970s.

Currently, there are community health centers in all of the 50 states, the District of Columbia, and the federal territories. Sixty percent are located in rural areas and 40 percent in high-poverty urban areas.

The Bureau estimates that about 6 million people a year receive primary health care through the centers; 60 percent of the patients have incomes below poverty level. Patients who can afford to pay are charged on a sliding scale, and centers are also expected to make maximum use of revenue sources such as Medicaid, Medicare, and private insurance.

About a third of community health centers have already taken the initiative to start either school-based or school-linked health centers.

In addition, the Bureau of Primary Health Care this year is implementing a first year of a "Healthy Schools, Healthy Communities" program to help homeless children and children who are at high risk for poor health and school failure as a result of poverty. A total of $5.75 million dollars is available for grants to provide health services, health education, and staff development. Under this program, about 12 to 15 new school-based health centers will be established by community-based health care providers who have entered into partnerships with schools and community groups to provide comprehensive primary care to at-risk students.

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Implementing Schoolwide Projects: An Idea Book
Summary

Background

For children in high-poverty schools to meet high standards of performance, their entire instructional program-not just a separate Chapter 1 program-must be substantially improved. High standards, flexibility, school-based staff development, school-family partnerships, and clear accountability can help create the conditions necessary for transforming schools, particularly those that serve high concentrations of poor children. Research demonstrates how schoolwide approaches can be an effective option for high-poverty schools. When the target of change is the entire school, not just the poorest performing children, schools serving even the most disadvantaged can succeed.

Moreover, research has shown that in schools where the majority of students are poor, it makes little sense to attempt to target the program on individual students, to the exclusion of many other needy students. The average performance of all students in high-poverty schools resembles that of Chapter 1 students in low-poverty schools. Where poverty is concentrated, the poverty level of the school itself is an impediment to the performance of all children in school.

At the same time, findings from Chapter 1 studies have identified a need for more assistance in planning, operating, and evaluating schoolwide projects. Many projects initially only reduced class size without making efforts to fundamentally improve instructional practices in schools. Some projects began quickly without adequate planning. Others relied on single measures for evaluation rather than multiple measures of student achievement.

The strategies that successful projects are using--a framework of high standards, comprehensive planning and continuous professional development, flexibility in drawing upon resources, extensive parent involvement and clear accountability for results are those our reauthorization proposal would extend to all Title I (formerly Chapter 1) schoolwide program schools.

This idea book provides information on how successful schoolwide projects have achieved results in high-poverty schools, based on in-depth interviews with administrators and teachers from such projects. The schools represent an array of program options and serve diverse student populations. Profiles of successful schoolwide projects are included in the idea book as well.

On Becoming Successful

Successful schoolwide projects start with an inclusive planning process and a plan that becomes a working document to motivate and guide staff, students and parents towards common challenging goals. Planning should be based on a comprehensive, school-generated needs assessment and parents and teachers should be an integral part of developing and implementing the plan. For example, at Snively Elementary School in Winter Haven, Florida, faculty, parents, and community representatives met frequently for six months to plan the schoolwide project. Teachers rewrote the curriculum to support an interdisciplinary, thematic unit approach and visited parents at home to solicit support for the project.

Schools need to build in adequate time for school staff to learn new roles and to allow time for members of the community, including parents, to accept and support the plan. School staff also need to be involved in developing the plan and need ongoing training and technical support as the school undertakes the changes. Professional development for all staff also needs to be provided in using technology, teaching new content, working positively with parents, and using new teaching methods. The idea book highlights successful strategies schools have used to engage staff and parents.

Successful schoolwide projects reach out to parents and the community in a variety of ways. At Balderas Elementary School in Fresno, California, school-home communications are routinely translated into five languages and followed up with calls to those who cannot read in any language. Two English classes are offered at the school for parents. Each month the school offers a parent workshop given in the languages spoken by school families. Approximately 80 percent of the parents attend. At the parents' request, Balderas also has a monthly open house, during which the school's programs are explained, student guides take visitors on a tour of the building, and parents eat lunch with their children. Balderas has also built strong relationships with the business community. Engineers from several large companies meet with school staff to identify promising technologies and their applications to teaching, and plan ways to install them at the school.

By incorporating the additional resources into the entire school program, schools can change the way they offer instruction throughout the school, extend student learning time, adapt proven program innovations to their school, and provide more focused, intensive staff development. Establishing smaller classes may or may not be a good starting point but is not in and of itself sufficient to bring about far-reaching reforms in the schools. It is also critical that the schoolwide project establish a well-structured, engaging academic program based on helping many more students achieve higher standards. McNair Elementary in North Charleston, South Carolina uses a summer enhancement program for students who scored poorly on district-based tests. The program focuses on the study of energy, space, marine life, and conservation. Francis Scott Key Elementary in Philadelphia adapted Johns Hopkins University's Success for All program to offer a rich array of whole language approaches to teaching. These schools used innovative approaches to improving instruction and learning in their programs.

Successful schoolwide projects use a variety of assessment tools to focus on students' progress. They may use a combination of teacher-designed tests, standardized criterion- and norm-referenced tests, portfolios of students' work, and mastery skills checklists. Teachers also monitor students' reading, and their capacity to demonstrate in writing their understanding of the core content areas of math, science and social studies. The attention paid to academic progress, as well as to monitoring attendance and discipline, provides staff with a fuller picture of student progress. Effective programs recognize that fundamental improvement takes time. Despite high standards and strong academics, students' test scores may waver from year to year and it may take several years to improve the performance of the neediest students.

On Supporting Success

State educational agency staff and school district staff can support the development and continued success of schoolwide projects through providing strong leadership and resources for planning, implementing, and evaluating the success of projects. They can identify and share successful approaches to team building and planning, staff development and technical assistance resources and encourage the formation of networks of schools using similar approaches. Some States have developed guidance on planning for a schoolwide project, with particular attention paid to conducting thorough needs assessments and identifying early on how districts will support schools in their efforts. States have also suggested types of instructional reforms schools may wish to undertake.

Districts can assist schools in developing their schoolwide plans, deciding on components most essential to improving achievement in the school. District staff can also hold training sessions for school teams interested in developing schoolwide projects and can provide information to school teams on other sources of technical assistance and professional development. While providing much more information and assistance on successful schoolwide approaches and planning processes, States and districts need to also provide greater flexibility and make certain their auditing, accreditation, and review procedures compliment, not stifle, successful whole school projects.

Copies of Implementing Schoolwide Projects: An Idea Book are available by writing the Planning and Evaluation Service, U.S. Department of Education, 600 Independence Ave. SW, Rm. 4162, Washington, D.C. 20202.