

National Coordinating Committee on School Health (NCCSH)
Sixth Annual Meeting
May 15-16, 2003

The Sixth Annual Meeting of the National Coordinating Committee on School Health (NCCSH), held May 15-16, 2003, at the Wyndham City Center in Washington, DC, brought together dozens of school health leaders and Federal agency representatives to strengthen collaborative efforts for advancing health status and promoting academic success for all children and adolescents.

NCCSH members include a virtual “who’s who” of nongovernmental organizations in the fields of public health, safety, and education. NCCSH’s links with Federal health and human services agencies continue to broaden and deepen as agency support grows for NCCSH and its mission. As the lively discussions and informative presentations indicated, NCCSH is needed today more than ever to provide leadership, vision, and communication and collaboration necessary to address the growing health challenges in our schools.

The agencies and organizations that were represented at the meeting included:

U.S. Government Agencies

Food and Drug Administration (FDA)

U.S. Department of Agriculture (USDA)

Food and Nutrition Service

Economic Research Service

U.S. Department of Education

Institute of Education Sciences

Office of Safe and Drug-Free Schools

Office of Special Education Programs

U.S. Environmental Protection Agency (EPA)

U.S. Department of Health and Human Services (HHS)

Administration for Children and Families (ACF)

Centers for Disease Control and Prevention (CDC)

Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)

Office of Disease Prevention (ODP)

National Cancer Institute (NCI)

National Heart, Lung, and Blood Institute (NHLBI)

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Office of Disease Prevention and Health Promotion (ODPHP)

Office of Minority Health

Office on Child Abuse and Neglect

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Justice

Office of Juvenile Justice and Delinquency

U.S. Department of Transportation

National Highway Traffic Safety Administration (NHTSA)

Nongovernmental Organizations, Foundations, and Other Participants

Academy for Educational Development (AED)

Action for Healthy Kids (AFHK)

American Association for Health Education (AAHE)

American Association of School Administrators (AASA)
American School Food Service Association (ASFSA)
American Dental Association
American Diabetes Association
American Dietetic Association
American Federation of School Administrators (AFSA)
American Medical Association (AMA)
American Occupational Therapy Association (AOTA)
American Psychological Association (APA)
American Public Human Services Association (APHSa)
American School Counselor Association (ASCA)
American School Health Association (ASHA)
Association for Supervision and Curriculum Development (ASCD)
Association of State and Territorial Chronic Disease Program Directors (CDD)
Association of State and Territorial Health Officials (ASTHO)
Center for Health and Health Care in Schools (George Washington University, School of
Public Health and Health Services)
Center for School Mental Health Assistance (Department of Psychiatry, University of
Maryland)
Comprehensive Health Education Foundation (CHEF)
Council of Chief State School Officers (CCSSO)
Education Development Center (EDC)
Federal Grants and Contracts Weekly
Food, Nutrition & Policy Consultants
Georgetown University Hospital
National Assembly on School-Based Health Care (NASBHC)
National Association for Sport and Physical Education (NASPE)
National Association of County and City Health Officials (NACCHO)
National Association of School Nurses (NASN)
National Association of School Psychologists (NASP)

National Association of State Directors of Special Education (NASDSE)
National Center for Health Education (NCHE)
National Center for School Health Nursing (NCSHN)
National Mental Health Association (NMSA)
National SAFE KIDS Campaign (NSKC)
National School Boards Association (NSBA)
Prince George's County Public Schools
Public Education Network (PEN)
The Robert Wood Johnson Foundation (RWJ)
School Health USA (University of California, San Diego)
Society for Public Health Education (SOPHE)
Society of State Directors of Health, Physical Education and Recreation (SSDHPER)
VHA Health Foundation

Meeting Chair and Organizers

Dr. Becky Smith, Vice President of the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) and Executive Director of the American Association for Health Education (AAHE), chaired the meeting. Along with Dr. Smith, meeting planners and organizers included the Steering Sub-Committee of NCCSH, Dr. Trina M. Anglin, Medical Officer, Maternal and Child Health Bureau (NCHB), Health Resources and Services Administration (HRSA), and William Potts-Datema, NCCSH Consultant and Director, Partnerships for Children's Health (PCH), Harvard School of Public Health (HSPH).

Welcome and Introduction

The theme of the Sixth Annual Meeting of the NCCSH was "Working Together to Maximize Student Academic Achievement, Health and Safety." Dr. Smith kicked off this

year's meeting by highlighting NCCSH's newly launched Web site, www.healthy-students.org

The annual meeting focused on creative ways the dozens of nonprofit organizations, private sector initiatives, and government agencies working on issues of health, education, safety, nutrition, justice, and environment can work together to advance the mission of NCCSH.

Presentations

The meeting opened with a forum in which officials from the U.S. Departments of Agriculture, Education, Health and Human Services, Justice, and Transportation, and the Environmental Protection Agency addressed the theme of "Sharing Responsibility for Health and Education Outcomes for Children and Youth."

Roberto Salazar, Administrator Food and Nutrition Service, USDA

Mr. Salazar spoke from the perspective of overseeing 15 domestic nutrition programs, including the Food Stamp Program, the National School Lunch and School Breakfast Programs, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), entailing a budget of about \$40 billion a year.

"Children who aren't hungry feel better, learn better, and, for the most part, behave better," Mr. Salazar noted. Mr. Salazar highlighted efforts being made by the Food and Nutrition Service at the national and local level, including the school breakfast and school lunch programs, summer feeding programs and updated nutritional standards. He also touched on pilot programs that are now testing additional ways to broaden the message on food and nutrition. For example, a pilot program with the Dairy Council and food service groups promotes the consumption of low-fat milk among students by changing packaging and flavoring options in low-fat milk. A "Five-a-Day" pilot program in four

states has enjoyed overwhelming success among students, teachers, and parents. Congress recently passed legislation to allow the schools in the pilot program to continue.

Mr. Salazar directed participants to the “Eat Smart. Play Hard” Web site, www.fns.usda.gov/eatsmartplayhard, which gives schools, health workers, and educators at the State and local levels resources to promote healthy eating and physical activity among youth and caregivers. The site includes upcoming school visits and other information about the campaign’s spokescharacter, the Power Panther.

Mr. Salazar discussed the problem of obesity, noting that it is a “major health epidemic” in this country. He stated that obesity causes more health problems than smoking, heavy drinking, and poverty. (In the last 10 years, obesity rates have increased by more than 60 percent among adults, the CDC’s National Center for Chronic Disease Prevention and Health Promotion notes. CDC states that as many as 25 percent of the adult population is obese.

Elaborating on the problems, Mr. Salazar said that 300,000 deaths a year are related to food and nutrition and lack of physical activity, that the prevalence of type-two diabetes (the adult onset of diabetes linked to obesity) has risen 40 percent in the last 10 years. “It’s not enough to just focus on what we eat, but we have to focus on how much we eat,” he noted.

This year, Congress considers the reauthorization of child nutrition programs. Mr. Salazar highlighted a number of presidential proposals related to the reauthorization:

- A proposal that would allow 7 million children who receive Food Stamps to automatically be enrolled into the school lunch program.
- A proposal to combine school lunch, school breakfast, and summer feeding programs into one school nutrition program to streamline rules and allow for year-long operation.

- A proposal to provide rural transportation grants to help increase participation in summer school feeding programs.

***William (Bill) Modzeleski, Associate Deputy Under Secretary
Office of Safe and Drug-Free Schools, U.S. Department of Education***

Mr. Modzeleski presented his version of the “magnet” theory in schools, noting that there are two powerful magnets operating in schools today. The first magnet is the accountability magnet, which states that no matter what the program, schools are going to be held accountable, “not for process, but for outcome.” As he noted, “If we can’t demonstrate that what we’re doing works, we risk losing resources at the Federal, State, and local levels.”

The second magnet, he noted, is the new responsibility for schools to be prepared to deal with terrorism and bioterrorism. Most school districts are doing something in the area of terrorism and bioterrorism, he said, but that organizations representing health and mental health fields are often left out of the planning process.

Mr. Modzeleski referred participants to a Web site, www.ed.gov/emergencyplan, dedicated to addressing the issues of preparedness, which features a model school crisis plan, posts notices of available Federal funds, and covers other issues of concern.

***Elizabeth Cotsworth, Director
Office of Radiation and Indoor Air, EPA***

For the first time, the NCCSH was honored to have a guest speaker from the Environmental Protection Agency (EPA), who highlighted a number of environmental concerns relating to school health and safety. There is a “link between environmentally healthy schools and overall student health and achievement,” Ms. Cotsworth noted. About 25,000 public and private schools house 50 million elementary school students and staff, she noted. However, the majority of the schools were built before the 1970s,

creating a “host of environmental problems that have a dramatic impact on students’ ability to learn.”

Asthma is the leading cause of child illness and is responsible for 14 million missed school days, Ms. Cotsworth noted. Asthma can be triggered by outdoor air pollution as well as indoor molds.

The EPA has created an indoor air quality tool for schools that is designed to help schools carry out a practical plan of action to improve air problems. Information on ordering the kit and other EPA school-related activities can be found at www.epa.gov/schools.

“None of us can improve our nation’s schools alone,” Ms. Cotsworth noted, “We’re committed to working with NCCSH to ensure environmental issues are properly integrated into coordinated school health programs.”

***Woodie Kessel, Assistant Surgeon General
Office of Public Health Science, Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services***

Dr. Kessel, whose talk focused on “promise, preparedness, and prevention,” raised a number of “preparedness” issues relating to bioterrorism, including the results of a one-year National Committee Focusing on Children and Terrorism, which will be releasing recommendations shortly. He also noted that HHS is working with Sesame Workshops to examine how children’s values have changed since 9-11.

Dr. Kessel gave a slide presentation highlighting a number of HHS prevention activities. He elaborated on the HealthierUS campaign, www.healthierus.gov, to increase physical fitness, nutrition, prevention, and healthy choices among Americans. The Web site also includes other sites of interest, such as Fitness.gov, run by the President’s Council on Physical Fitness and Sports, and VERB, an interactive Web site to help kids become physically active.

Dr. Kessel noted that the government is conducting its regular 5-year review of the dietary guidelines, which includes a look at the famous food pyramid.

He discussed two presidentially-sponsored activities, the Task Force on Environmental Health and Safety, co-chaired by the Secretary of HHS and the Administrator of the EPA, and the White House Task Force on Disadvantaged Youth. He stressed the need to shift the public health focus from “what’s wrong” with our nation’s children to “positive youth development.” We need to look at “kids and their assets,” he said.

The “promise” in his talk referred to the amount of collaboration among the Cabinet secretaries and the White House to “figure out how to make all these complicated programs work better for kids and the community.” With such promise, he noted, you can achieve the necessary levels of preparedness and prevention.

J. Robert Flores, Administrator

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

To illustrate the difficulties facing the Department of Justice concerning the health and safety of children, Mr. Flores opened his presentation by depicting a disturbing scene relayed to him from his field staff. Mr. Flores described an 8-year-old boy covered with dust, who was home alone with three other children. On the kitchen table was the source of the dust that has completely contaminated the little boy: a homemade amphetamine lab.

“One of the things that would have helped, in that case, was having the ability to intervene earlier in the lives of those children,” Mr. Flores noted. “I think we ought to consider whether we [should] ask more from our parents,” he noted. Requiring parents to identify “crisis team” members in cases of emergency if a parent is unavailable might be one possible solution. Mr. Flores noted that when children get into trouble with the law,

the presence of a family friend or “crisis team” member can prevent that child from immediately entering the juvenile justice system.

“We are the last stop for many children” before they enter the juvenile justice system, he said. However, our schools are the “first stop” for children, and they can offer the kinds of prevention that keeps children safe and healthy. In that light, Mr. Flores offered the commitment that “the Justice Department will be more, not less, involved in the issues of health in education.”

Jeff Michael, Director

Office of Impaired Driving and Occupant Protection, NHTSA

Motor vehicle crashes are the leading cause of death among teens, Mr. Michael noted. Safety belts have been found to reduce fatality rates by half. However, he noted, teens have the lowest rate of safety belt use. (For more information, go to www.nhtsa.dot.gov)

Mr. Michael said that one of the most effective ways to increase seat belt use among teens is “high visibility law enforcement.” He said that experts have found that the “threat of arrest works better than any amount of education.”

An effort in two States, which involved roadside check points, increased safety belt use by 20 percent in just two weeks, he noted. NHTSA is now conducting a campaign that involves aggressive law enforcements and a \$25 million ad campaign. The “Click It or Ticket/Operation ABC (America Buckles Up Children)” mobilization campaign will run from May 19 to June 1, 2003, across the country. A mobilization planner distributed at the annual meeting included a fact sheet, State-by-State charts that show crash-related deaths and injuries among the targeted groups, a sample letter to the editor that can be sent to local newspapers to generate interest as well as sample letters to school officials, a resource directory, a list of State Highway Safety Offices, school announcements, and other materials. (See www.buckleupamerica.org.)

Keynote Address: Partnerships of Schools, Families and Communities

Amanda Broun, Senior Vice President

Public Education Network (PEN)

“We believe that there is an irrefutable link between good health, academic achievement, and overall child and youth development,” said keynote speaker Amanda Broun. PEN is a national organization of community-based organizations that works in high-poverty school districts across the country to build support for high-quality public education. Since 1994, groups affiliated with PEN have allocated nearly \$8 million to school health programs, HIV-STD/teenage pregnancy prevention efforts, access to health care, and safe and learning environments. Approximately two-thirds of this funding was provided to 15 local education funds in the forms of grants and technical assistance. (See www.PublicEducation.org.)

Ms. Broun noted that two Federal mandates, the No Child Left Behind Act of 2001, which requires schools to show that all groups of students are making adequate yearly progress, and the Healthy People 2010, which outlines goals for improving the quality of life for every individual and eliminating health disparities for all segments of the population, “will require State and local action to address issues that greatly impact how children and families live, thrive, and grow in their communities.” Ms. Broun noted that this is a “golden opportunity to look to linkages and partnerships as a way to maximize the potential for improving the quality of life of those who are poor and disadvantaged.”

Ms. Broun focused her comments on the role of “community-centered schools” to increase student achievement and bolster parent involvement, teacher satisfaction, community development, civic capacity, and an overall sense of security. In this scenario, she noted, “Schools go from being centers of academic endeavor to becoming centers of community life, with local residents using school facilities after school hours, accessing supports and services in the school building, and developing a sense of belonging to and ownerships of the school itself.”

Similarly, she noted that museums become not just “holders of historical artifacts,” but also “places for service learning.” Police officers not only maintain security and safety in the neighborhood, but they become mentors to children and youth.

Ms. Broun discussed PEN’s multi-year public engagement initiatives to address major factors of student success, including teacher quality, standards and accountability, and schools and community. Each of these initiatives is focused on a specific set of school reform outcomes. “They are called ‘public engagement’ initiatives because they are designed to test the proposition that if you *engage* a community in setting its own vision for what it wants its schools to look like, then the policies developed based on that vision will last—beyond the term of the current superintendent and current school board,” she noted.

One of the most important things PEN has learned in this process, Ms. Broun said, is the “important role that data plays in planning and taking action.” Not only are local education funds well positioned to gather, analyze, and report education and health data to the public, they are able to translate the data to the public in ways that are understandable to a lay audience. The same local education funds are also able to “leverage resources,” she noted, by raising additional matching funds.

Roundtable Discussion

The annual meeting featured a working roundtable luncheon, which allowed participants to learn about a variety of programs and initiatives from Federal staff. Roundtable presenters included:

Safety and Health in Schools

Stephanie Bryn, Maternal and Child Health Bureau, HRSA

Healthy and Safe School Physical Environments

Bob Axelrad, Indoor Environmental Division, EPA

Reducing Impaired Driving and Underage Drinking

Jennifer Beery, NHTSA

Delinquency Prevention

Kathi Grasso, Office of Juvenile Justice and Delinquency Prevention, Department of Justice

Prevention of Child Abuse and Neglect

Melissa Brodowski, Office of Child Abuse and Neglect, Administration for Children, Youth and Families

Mental Health

Rolando Santiago, Center for Mental Health Services, SAMHSA

Contemporary Issues for School Health Councils

The afternoon session featured a hands-on learning experience designed to enable participants to gain a deeper understanding of contemporary issues facing American schools, and how coordinated school health councils can work to find comprehensive solutions to these issues. School health councils allow diverse people within a school district to create a shared vision of solutions to health-related problems identified by the community.

Participants were organized into mock school health councils at the district level and then asked to assume roles of individuals often represented within coordinated school health councils, such as “parent,” “teacher,” “food service director,” “principal,” “counselor,” “student,” and “PTA president.” A school health coordinator was assigned to facilitate each council. Each council was asked to address a specific issue and to provide strategies and recommendations. Each group reported to the full plenary session, which was followed by discussion and feedback from observers assigned to review the group process of each health council. The following is a summary of the activity.

Nutrition and Physical Activity

Two mock school health councils were given the task of improving nutrition and physical activity in school districts. As the exercise noted, “the school board appears to be interested in dealing with both issues, but is very clear that academic performance is the primary priority.”

The first group presented a number of strategies for achieving the goal, including an educational campaign to educate the board, the community, and parents about the problem. They suggested building the issues into a broader curriculum and making it a core teaching area, among other things. The second group suggested collecting baseline data by looking at CDC data to review childhood obesity and other data. Suggested solutions not only involved the PTA and the student council, but also included holding an “event” and creating in-service professional development programs for teachers.

The “observer” of the health councils focused on nutrition and physical activity, Kim Stitzel of the American Dietetic Association, complimented the groups for including “community buy-in” and addressing the need for data collection. At the same time, she reminded the groups of the need to address health disparities among health groups.

The feedback also led to a lively discussion among the group regarding the issue of team sports. As one participant noted, schools need to find ways, in addition to traditional team sports, to help children “gain mastery of their physicality.”

Preparation for Threats of Terrorism

Another mock school health council involved preparing for a potential terrorist or similar attack.

The school health council tackled this complex task by prioritizing it into components of communication, safety after the event, prevention, training, and continuous monitoring and re-examination of the plan.

Among the topics addressed were the need for records and supplies of medicine for children, the need to keep food supplies secure, and the need for counseling and training before and after events.

The bioterrorism working group benefited from the enlightened feedback of NCCSH member Brenda Greene, who has been serving as a representative on the National Advisory Committee on Children and Terrorism. As Ms. Greene noted, the group did a “great job” of looking at complex issues in such a short time. At the same time, she reminded NCCSH members that most school districts already (hopefully) have some emergency plans in place that can serve as a starting point for further planning. Ms. Greene also noted the need for conducting contingency plan drills and the need to involve the school in planning at the district and State levels.

Ms. Greene noted that the issue of preparedness is broader than the schools. She described the Federal response plan as being organized around four levels:

- Mitigation (security)
- Preparedness (medical supplies, communication)
- Response
- Recovery

School Health Needs of Special Education Students

In this scenario, the mock school health council looked at the fact that mainstreamed students were “presenting with numerous health issues affecting their ability to perform academically.” In the large group session, the council leaders noted that their health council recommended doing a needs assessment in order to tailor the strategy to the identified needs. The group also pointed out that the No Child Left Behind Act is

expected to result in “even more [special education students’] participation among the general population.” There are a full set of issues related to “accessibility,” “perception and dispositions,” and the importance of “community knowledge of who does what.”

School Bullying

As many as 55 percent of 8- to 11-year-olds and 68 percent of 12- to 15-year-olds say that bullying is a big problem, according to a Health Resources and Services Administration (HRSA) handout distributed at the annual meeting, proving the need for more public awareness about bullying and bullying prevention. In the exercise, a school bullying mock school health council was charged with developing recommendations to reduce bullying in their school district.

The council made a number of suggestions to address the problem, including:

- Developing a character education unit that would include faculty, staff, parents, and the community;
- Increasing teen sports and physical activity opportunities in the school;
- Developing programs that would allow older students to work with younger students to provide peer education; and
- Uniformly enforcing school rules.

The group benefited from feedback provided by Stephanie Bryn, director of Injury and Violence Prevention at HRSA’s Maternal and Child Health Bureau. Ms. Bryn is also the contact person for a multi-year campaign within HRSA on bullying prevention among youth. (For more information contact Stephanie Bryn at sbryn@hrsa.gov)

Ms. Bryn reflected on some of the “myths” regarding school bullies. For example, she said, not all school bullies have self-esteem issues.

“This is not just a school problem,” Ms. Bryn noted, “This is a shared problem.” For example, according to the HRSA handout, one in four children who bully will have a

criminal record by the age of 30 years, and the fear of being bullied may keep as many as 160,000 U.S. students out of school on any given day.

The question and answer session also brought up the importance of addressing issues of bullying related to sexual minorities.

Ms. Bryn urged NCCSH members to participate in the Bullying Prevention Campaign this fall, the largest campaign ever designed to reach 9- to 13-year-old youths. The effort will actively engage “tweens,” teens, and other audiences who can change the environment in which bullying occurs.

Partnering with Federal Research Initiatives

National Institutes of Health (NIH)

To complete its mission, the National Institutes of Health (NIH), composed of 27 Institutes and Centers, and responsible for approximately \$20 billion each fiscal year, must make choices and set priorities. This year’s annual meeting featured an informative presentation by Martina Vogel-Taylor, Chair of the NIH Prevention Research Coordinating Committee, on how NCCSH can ensure that school health issues are reflected in the process of setting priorities. (For more information, go to <http://www.nih.gov>)

As Ms. Vogel-Taylor noted, although the ultimate authority for setting priorities rests with the NIH Director and the 27 Institute and Center Directors, there are many steps in the process during which the NIH welcomes and solicits input from the public. Among the avenues to explore for NCCSH involvement:

- Each Institute convenes national advisory councils to review policy including members from the public and from the medical and scientific communities.

- Every year, the NIH holds conferences and workshops to gather opinions and ideas on specific scientific, health, ethical, and administrative questions. For example, a National Institute on Drug Abuse conference, “What Do Schools Really Think about Prevention Research,” resulted in a number of NIH changes to the way it conducts business.
- Research institutes are partnering with community organizations and school systems to develop community-based programs to address health concerns. For example, the National Heart, Lung and Blood Institute is beginning to address the Healthy People 2010 objectives concerning heart disease and stroke by launching approximately six projects each year to create public awareness about risk factors.
- The Council of Public Representatives (COPR), a Federal advisory committee, provides advice to the NIH Director on administrative and policy initiatives. In addition to the 20-member COPR committee, whose representatives serve 3-year terms, COPR has an associates program.

Ms. Vogel-Taylor encouraged NCCSH to consider volunteering to serve on the full COPR committee or as a program associate. She also recommended that someone at NCCSH join the COPR listserv to receive up-to-date information about COPR and other NIH activities. (For more information, go to <http://getinvolved.nih.gov>)

U.S. Department of Agriculture (USDA)

“Yes, kids *will* eat fruits and vegetables,” noted Joanne Guthrie, who is Assistant Deputy Director for Child Nutrition at the USDA’s Economic Research Service (ERS). The ERS is the main source of economic information and research from the USDA. (For more information, go to (www.ers.usda.gov))

Dr. Guthrie elaborated on the tremendous success of the USDA’s fruit and vegetable pilot program, part of the 2002 Farm Bill, which provides fresh and dried fruit and vegetables to 107 schools in five pilot states – Indiana, Iowa, Michigan, and Ohio, as well as schools in the Zuni Indian Tribal Organization in New Mexico. Many schools also do nutrition

education and promotion activities as part of the pilot program. Some teachers brought in fruits from around the world and tied the program to geography lessons. The program was highly rated among students, parents, teachers, food service staff, and principals. She noted that the full report on the program is on the Web site at www.ers.usda.gov.

The ERS is also collaborating with a Department of Education National Center for Educational Statistics longitudinal study, the Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K). The data collected will include demographic and socioeconomic status factors, family structure, home environment and school environment, and cognitive and social development. The USDA is supporting the collection of ECLS-K data relevant to nutritional research, such as measured height and weight, school meal program participation, household food security status, and other issues.

“By piggybacking this very expensive study, we have been able to leverage our data gathering resources in a way that is beneficial to the whole community,” Dr. Guthrie noted.

Among other efforts, Dr. Guthrie highlighted an ambitious universal pre-school breakfast pilot program, data collection on fifth grade children’s eating habits, and an integrated study of USDA school meal program costs and outcomes.

Partnering With Philanthropy

To open the session on how school leaders can partner with private foundations, Mr. Larry Clark, president of Comprehensive Health Education Foundation (CHEF), (www.chef.org) a nonprofit organization dedicated to the promotion of health and quality of life through education, asked for a show of hands of those who had applied for grant

money in the past. As the large response indicated, school health leaders need the support of private foundations more than ever.

Mr. Clark provided valuable insight into the challenges facing philanthropies today, and addressed how school leaders can find ways to partner successfully in today's economic climate.

Philanthropies are facing some of the same challenges that other organizations face, including:

- Government funding cuts
- Losses in investment portfolios
- Declines in membership dues, donations and other funding sources
- Increased needs
- Cutbacks in staff and programs
- Greater demand for accountability

Mr. Clark suggested a number of ways NCCSH members could partner to meet these challenges:

- Don't just ask for resources, be a resource.
- Do your homework. Understand the organization you are approaching.
- Be innovative.
- Suggest sustainability plans.
- Nurture the relationship once you get the check.

He reminded NCCSH members that not-for-profit organizations such as CHEF are cognizant of the need to answer the question, "How much return am I getting back on this investment?"

Mr. Clark suggested a number of other organizations related to philanthropy:

- The Regional Association of Grantmakers (www.rag.org)
- The Council on Foundations (www.cof.org)
- Grantmakers in Health (www.gih.org)
- Grantmakers for Education (www.edfunders.com)

The Partnering session also featured a presentation by Floyd Morris, Senior Program Officer with the Robert Wood Johnson Foundation (RWJ), the largest private foundation devoted exclusively to health and health care in America (<http://www.rwjf.org/>). The Robert Wood Johnson Foundation's mission includes:

- Improving care and support for people with chronic health concerns.
- Promoting healthy communities and healthy lifestyles.
- Promoting health by reducing the harm caused by alcohol, tobacco and drugs.
- Ensuring that all Americans have access to basic health care services.

Mr. Morris noted a number of RWJ programs relating to the four goals, including school-based health centers, which address children's health needs where they "feel most comfortable" and spend most of their time. Since RWJ established the first centers in 1972, there are now more than 1,100 school-based health centers operating in almost all 50 states, he noted.

Mr. Morris noted that the Foundation currently is evaluating the Drug Abuse Resistance Education (DARE) program, which has been operating in nearly all school districts in the country, in an attempt to make evidence-based improvements. In terms of promoting healthy communities, Mr. Morris noted a recent report that found that children who are not in close connection with schools have worse health outcomes than those that are bonded with schools. Mr. Morris described a \$17 million initiative in San Francisco, Chicago, and Boston to allow RWJ to partner with schools to develop opportunities for youth.

Putting the issue into perspective, Mr. Morris noted that 17 percent of foundation money goes to health care. Even with those contributions, however, that amount of money represents just one percent of total health expenditures—proving that private foundations “have to find partners.”

NCCSH Business Meeting

The business meeting on May 16, 2003, was facilitated by NCCSH Chair Dr. Becky Smith, along with Dr. Trina Anglin, Chief, Office of Adolescent Health at HRSA, and Mr. Bill Potts-Datema, NCCSH Consultant.

Proposed Revisions to Operating Principles

Dr. Smith led a discussion on proposed revisions to the NCCSH Operating Principles, including consideration of a name change for the organization to the National Coordinating Committee on School Health and Safety (NCCSHS). As many participants commented, the name change provides a way to emphasize the link between health and safety in the schools, and the need for public awareness of today’s challenges related to those issues.

Dr. Smith also proposed a number of changes to the NCCSH operating principles relating to some of the topics discussed during the annual meeting. Among the proposed changes was discussion of the process for electing a co-chair to serve two consecutive years, beginning in January, 2004. Under the proposed change, candidates for chair would be nominated either through electronic correspondence or at the annual meeting. Balloting for the final selection would take place by mail following the annual meeting. Traditionally, candidates have been selected from the NCCSH steering subcommittee.

Suggested revisions to the NCCSH Operating Principles are presented below:

NCCSH REVISED OPERATING PRINCIPLES FOR BALLOT

(Proposed additions are underlined. Proposed deletions are ~~crossed-out~~.)

NATIONAL COORDINATING COMMITTEE ON SCHOOL HEALTH AND SAFETY

OPERATING PRINCIPLES

1. The member organizations of the National Coordinating Committee on School Health and Safety (NCCSHS) are invited by one or more of the convening Federal agencies. This process is managed through the office serving as the administrator of NCCSHS.

Non-governmental organizations (NGOs) eligible for membership include:

- National membership associations related to education, health, nutrition or safety
 - National voluntary health organizations
 - Non-profit centers or Foundations defined by a mission related to school health, nutrition or safety
2. The primary mission of the NCCSHS is to bring together representatives of major national education, health and nutrition organizations for collaborative activities that promote policies and programs at national, State, tribal, and local levels for advancing the health of all children and adolescents and promoting their academic success, and through the Federal Interagency Committee on School Health (ICSH), to inform Federal agencies about current issues for the field.
 3. The NCCSHS structure is generally based on ad hoc task forces and the guidelines and mechanisms developed for their functioning. ~~It does not include formal officers.~~ Except as outlined in Item 4, it does not have standing subcommittees. Federal staff provide administrative oversight.
 4. The NCCSHS has two standing subcommittees: 1) a Steering Subcommittee and, 2) an Editorial Review Board. Each subcommittee is composed of volunteer organizational representatives and has a volunteer ~~chairperson~~ coordinator who has agreed to assume responsibility for coordinating the efforts of the subcommittee, to maintain close contact with Federal staff, and to bring ~~products~~ program/ product development to closure. The Chairperson of NCCSHS serves as the coordinator for the Steering Subcommittee.
 5. NCCSHS organizations represented on the Steering Subcommittee rotate on a regular staggered schedule. Each organization's term lasts for three years.

6. NCCSHS, or its substructures, will meet three times annually:

- Annual meeting – spring (open to all member organizations and agencies)
- Research and resource linkage (“issues”) meeting – fall (open meeting)
- Steering Subcommittee meeting for planning and operations - winter

7. ~~The NCCSH has an annually rotating co-chair who convenes meetings of the full NCCSH with the three Federal co-chairs as well as two Steering Subcommittee meetings per year.~~ The NCCSHS has an elected chairperson who serves two consecutive years. The NCCSHS chairperson works closely with Federal administrative staff. ~~The co-chair is selected alphabetically according to name of organization from representatives to the Steering Subcommittee.~~ The chairperson is selected by nomination and ballot from among organization representatives. Candidates should have served on the Steering Sub-committee if at all possible. ~~An individual has the opportunity to decline service as co-chair, in which case the representative from the next organization currently serving on the Steering Subcommittee would be asked to serve as co-chair.~~ An individual has the opportunity to decline service as chairperson. Nominations occur at the annual meeting and in advance through electronic communication. Balloting will take place by mail or through electronic communication following the annual meeting so that all member organizations may participate. The newly elected chair assumes that role on January 1, which is prior to the Steering Subcommittee meeting to plan the next annual meeting. To maintain continuity, the immediate past chairperson orients the incoming chairperson of the NCCSHS and maintains an advisory role.

8. Materials on the NCCSHS website and other documents written under the name of the NCCSHS undergo a review committee process and include a disclaimer notice stating that the views expressed do not necessarily represent the opinions of all member organizations or of the Federal co-sponsoring agencies.

9. Operating principles of the NCCSHS can be modified during its annual business meetings.

Original operating principles adopted by consensus, April 2001.

Proposed by consensus, Annual Meeting - May, 2003 (The adoption date will be noted upon a successful ballot.)

Editorial Review Subcommittee Report

Bill Potts-Datema, substituting for Brenda Greene, Chair of the Editorial Review Subcommittee (ERSC), highlighted a number of successful communications projects designed to advance the NCCSH's message, including 10 articles that have been developed for future publication. The articles are currently undergoing clearance at HRSA. The ERSC has also developed formal guidelines for authors and review criteria for materials that will provide an important framework for future articles and communications initiatives.

Mr. Potts-Datema also commented on the recent launching of NCCSH's Web site, www.healthystudents.org, and noted that the Web site now has a search function. He expressed appreciation to the ERSC and Z-Tech Corporation for their help in reviewing and launching the site. Evidence of the NCCSH's collective resources is the fact that the site now includes more than 300 links to Federal agencies and national organizations. Mr. Potts-Datema requested that NCCSH members whose organizations are posted review the listing and send him any changes or updates.

Mr. Potts-Datema encouraged NCCSH members to volunteer to serve on the ERSC, which provides an opportunity for NCCSH members to help solicit and review manuscripts on NCCSH topics and continue development of the Web site.

National Advisory Committee on Children and Terrorism

A summary of the committee activities can be found on
<http://www.bt.cdc.gov/children/index.asp>

What Works Clearinghouse (www.w-w-c.org)

The What Works Clearinghouse was established by the U.S. Department of Education's Institute of Education Sciences to provide educators, policymakers, and the public with a central, independent, and trusted source of scientific evidence of what works in education. The NCCSH has taken steps to provide input into the nominations process for

proven effective education programs. Mr. Potts-Datema commented that he has talked to the Clearinghouse staff during the spring about nominations relating to NCCSH issues. In addition, Mr. Potts-Datema noted that he has explored the possibility of having the Clearinghouse representatives appear at the NCCSH fall meeting. He reminded participants that they might want to submit nomination topics from individual organizations in addition to the NCCSH's collective work to advance school health issues.

The What Works topic areas for this year include:

- Interventions for Beginning Reading
- Curriculum-Based Interventions for Increasing K-12 Math Achievement
- Programs for Preventing High School Dropout
- Programs for Increasing Adult Literacy
- Peer-Assisted Learning in Elementary Schools: Reading, Mathematics, and Science Gains
- Interventions to Reduce Delinquent, Disorderly, and Violent Behavior in Middle and High Schools
- Interventions for Elementary School English Language Learners: Increasing English Language Acquisition and Academic Achievement

The meeting adjourned with appreciative comments from Drs. Smith and Anglin regarding the work of the NCCSH during the past year.