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# **CULTURE OF CARING**

## **America's Commitment to Children and Families**



## **SUMMARY**

*A Culture of Caring: America's Commitment to Children and Families* is a report in response to the World Summit for Children. The World Summit for Children was held on September 30, 1990. President George Bush, Heads of State and senior representatives of 151 other countries convened at the United Nations to

# PREFACE



On September 30, 1990, an historic occasion took place at the United Nations. The President of the United States, Heads of State and Senior representatives of 151 other countries convened for a World Summit on Children. Their purpose was to make a commitment to work together with families, communities, educational leaders, local government officials, members of the religious community and health care professionals to provide every child a safe, healthy and humane childhood.

This report is the response of the United States to the World Summit. It sets forth the plans for action of several agencies of the U. S. Government that affect the lives of children. While this report deals primarily with the activities of the Federal Government, it also reflects the vital and often far more significant role played by the State and local governments, private and voluntary organizations, and most importantly, by families.

Our ultimate goal is the creation of a society in which the need for government intervention would be minimal. Government cannot replace the family. The love and moral education that parents provide their children cannot be duplicated by any bureaucracy. As Secretary Louis W. Sullivan has said: "The family is really the first and the most effective Department of Health and Human Services."

There are thousands of institutions—churches, the Scouts, local charities—each of which helps children mature and develop. Government should not try to duplicate or replace these durable and honorable organizations.

But the United States in pursuit of its long-standing commitment to ensuring the well being of its citizens, still can play an important role in helping children become strong and sturdy Americans. This report, *A Culture of Care: America's Commitment to Children and Families*, describes the progress the Nation has made in our efforts to establish and improve programs that insure that

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this progress possible. Because the United States approached the World Summit for Children as a forum for aiding children throughout the world, the U.S. national plan of action includes both domestic efforts and international programs designed to help children.

This report is divided into two sections. The first describes the U.S. Government's domestic policies and programs. The second discusses the U.S. Government's international efforts directed toward children, with emphasis on the children of the Third World. The material in each section is organized around the headings suggested by the "Summit Plan of Action." There are also sections on the role of the family and the monitoring of progress.

The report also includes specific goals developed at the World Summit for Children, as well as other goals and objectives for the Nation's children, as published in "Healthy People 2000," a report by the Department of Health and Human Services, and "America 2000," a report by the Department of Education.

Preparation of this report involved the participation of 18 Federal departments and agencies, including:

*Department of Agriculture*

*Department of Defense*

*Department of Education*

*Department of Health and Human Services*

*Department of Housing and Urban Development*

*Department of Interior*

*Department of Justice*

*Department of Labor*

*Department of State*

*Department of Transportation*

*Agency for International Development*

*Consumer Product Safety Commission*

*Environmental Protection Agency*

*Federal Emergency Management Agency*

*Peace Corps*

*Smithsonian Institution*

*United States Information Agency*

*White House, Office of National Service*

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# CHILD HEALTH



## STRATEGIES FOR CHILD SURVIVAL PROTECTION AND DEVELOPMENT

The health care programs on behalf of the people of the United States are many-faceted and complex. To provide cohesion and direction to these efforts, government and more than 3,000 other organizations throughout the country worked together and established health objectives for the year 2000. This national plan of action is embodied in "Healthy People 2000: National Health Promotion and Disease Prevention." Included are 176 specific objectives directed toward the health of children, adolescents and mothers. In response to the World Summit on Children, published in 1990 as a separate document called "Healthy Children 2000."

Health care is provided and financed in several ways. For most, the costs of such care are paid for by private insurance companies or the Federal Government. About 71 percent of care is provided by physicians in private practices, their services covered by their parents' health insurance. Medicaid, the Nation's health insurance program for the underprivileged, pays for care for 18.4 percent. However, the remaining 10.3 percent of children are covered by neither private health care plans nor by Medicaid, and thus, may not receive essential medical care. It is the Government's intention to identify as many of these children as possible to assist them in obtaining health care.

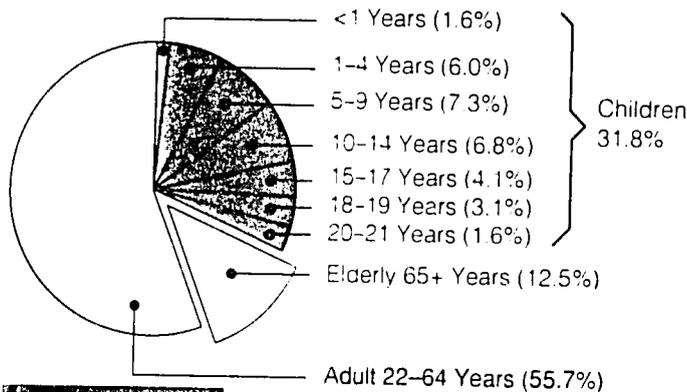
In the pursuit of specific World Summit goals, the sections that follow describe relevant U.S. objectives, address progress made, discuss current needs, and the nature of problems faced by children. They also describe health care programs and interventions, services and research.

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## U.S. Population

by Age Group 1989

Source (11) U.S. Bureau of the Census



### Population of Children

In 1989, there were 79 million children through the age of 21 in the United States, representing 31.8% of the total population.

Between 1980 and 1989, there was a 13.9% increase in the number of children under 5 years of age. Although there were 23 million more children younger than 22 in 1989 than in 1950, this age group is declining relative to other age groups in the population.

In 1989, persons aged 65 and over represented 12.5% of the total population. By the year 2000, this group is expected to increase by 12.6%, whereas the child population is expected to increase by only 2.1%.

## INFANT MORTALITY AND LOW BIRTH WEIGHT

### WORLD SUMMIT PLAN OF ACTION URGES:

*Between 1990 and 2000, reduction of infant and under-5 mortality rates by one-third or to 50 per 1,000 live births, whichever is the greater reduction.*

*Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s.*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce the infant mortality rate to no more than 7 per 1,000 live births (baseline: 10.1 per 1,000 live births in 1987).*

*Reduce the fetal death rate (20 or more weeks of gestation) to no more than 5 per 1,000 live births plus fetal deaths (baseline: 7.6 per 1,000 live births plus fetal deaths in 1987).*

*Reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 1 percent of live births (baseline: 6.9 and 1.2 percent, respectively, in 1987).*

*Increase to at least 90 percent the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals.*

### PROGRESS MADE IN THE UNITED STATES

In 1990, provisional figures show the United States achieved a record low infant mortality rate of 9.1 deaths per 1,000 live births and indicate that the rate fell further in 1991 to 8.9 per 1,000 live births. Although still higher than rates in some other developed countries, this figure represents more than a 65 percent decline since 1950.

A large proportion of the decline in infant mortality may be attributed to advances in neonatal intensive care during the 1970s and the dissemination of those advances throughout the Nation.

## CURRENT NEEDS AND NATURE OF THE PROBLEM

In 1988, the United States had the 23rd lowest infant mortality rate among nations of the world. Although most babies in America are born strong and healthy, in 1989, for example, over 39,000 infants died in the United States before their first birthday. Black infants died at twice the rate of white infants, and the rates for some Native American groups and for Puerto Ricans were also higher than that for whites. Thus, the United States recognizes there is much more progress to be made.

Infant mortality has multiple causes, several related directly to the health and behavior of women while they are pregnant. A pregnant woman's diet and factors such as whether she smokes or drinks can result in premature birth and low birth weight. Lack of prenatal care is another risk factor. Other causes include congenital defects, nutritional disorders, prenatal chemical exposure and injury trauma.

Of all the causes of infant mortality, low birth weight — infants born weighing less than 2,500 grams — is the most important. Sixty percent of all infant deaths are associated with low birth-weight. Low birth-weight babies who survive are nearly twice as likely to have severe developmental or congenital abnormalities.

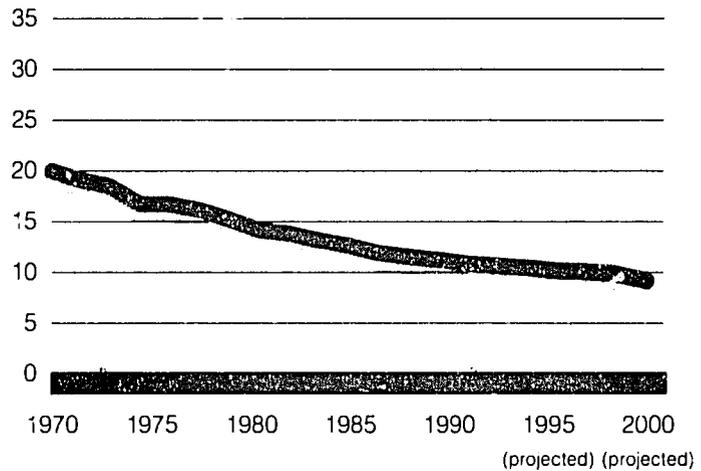
There is general agreement that early, high-quality prenatal care can improve the outcome of pregnancy and reduce the incidence of stillbirth, infant mortality and low birth-weight babies. Yet not all women know how important this care is, or have access to it. A significant number of poor or disadvantaged women, particularly in minority groups, lack access to adequate prenatal care.

Between 1970 and 1980, significant progress was made towards increasing early entry into prenatal care. Since 1980, however, the proportion of

### Infant Mortality Rate, U.S. Population

Deaths Per 1,000 Live Births

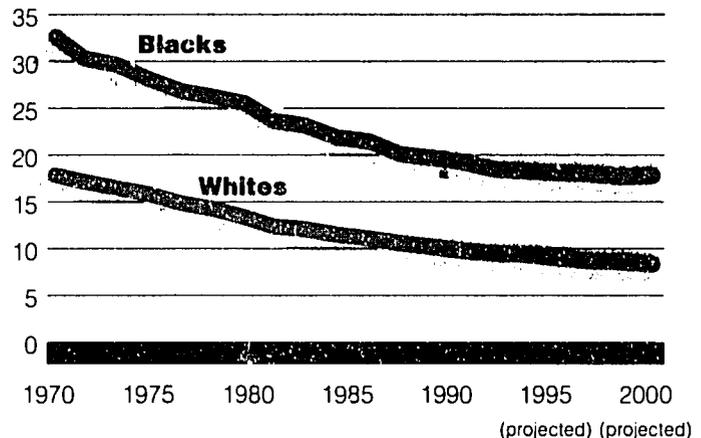
Source: National Vital Statistics System, CDC



### Infant Mortality Rates, Blacks and Whites

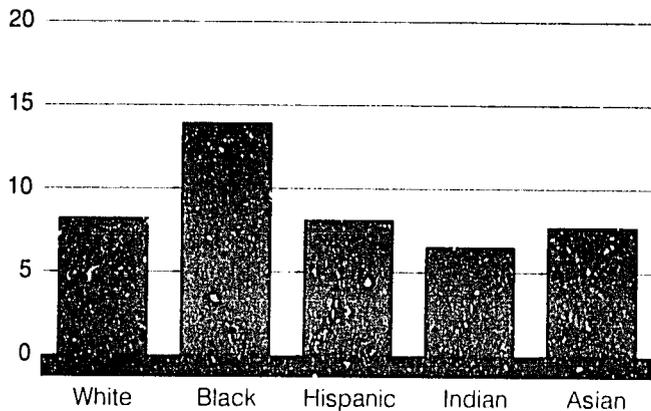
Deaths Per 1,000 Live Births

Source: National Vital Statistics System and National Linked Birth and Infant Death Data Set, CDC



**Low Birthweight by Ethnic Group**  
**990 Pediatric Nutrition Surveillance**  
**Total States/Territories/Reservations**

Percent < 2500 Grams



women who begin prenatal care in their first trimester has reached a plateau for all racial and ethnic groups. One-quarter of all infants born in the United States were born to women who did not begin prenatal care in the first trimester.

**FEDERAL ACTION — PROGRAMS**

Reducing infant mortality is a priority of the U.S. Government, which spends more than \$5 billion annually through the Department of Health and Human Services to ensure that as many babies as possible survive birth and infancy and go on to healthy, long lives. And, a number of Federal

offices have entered into public-private partnerships. Federal action includes:

- ***The Advisory Committee on Infant Mortality***, appointed by the Secretary of Health and Human Services, includes representatives from the public and private sectors who provide guidance and focus attention on the policies and resources required to address the reduction of infant mortality. The Committee provides advice on how to coordinate best the variety of Federal, State, local and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality.
- ***The Interagency Committee on Infant Mortality*** of the Public Health Service, Department of Health and Human Services, is responsible for recommending infant mortality reduction policies and coordinating related activities throughout the Department. In addition to determining impact measures and coordinating resources, the Committee identifies areas for further research and proposes special initiatives to address the problem.
- ***The National Commission to Prevent Infant Mortality*** was established by Congress in 1987 to develop a national strategy to reduce infant mortality and morbidity. The Commission's goals include: (1) ensuring universal access to early prenatal and pediatric care for all mothers and children, and (2) stressing the importance of the health and well-being of mothers and children. Examples of activities include working with State and local advocates to promote "one-stop shopping" strategies to bring together health and social service entitlements for low-income women and children; establishing a consortium that will convene a national network of organizations concerned with issues affecting African-American children; and working with the U.S. Conference of Mayors to develop a city-based project to reduce barriers to prenatal and primary care for mothers and children.

- **The Healthy Start Program**, initiated in 1991, aims to reduce the infant mortality rate in 15 target communities by 50 percent in 5 years. These communities all have infant mortality rates of at least 15.7 deaths per 1,000 live births, and a total of 50 to 200 infant deaths per year. The national average in 1988 was 10 deaths per 1,000 live births.

The Healthy Start Program consists of local efforts, in which communities will design programs to fit their own needs, and a national public information campaign. This will include a 5-year media campaign that will show ways that infant health can be improved and encourage pregnant women to seek health care for themselves and their babies. The campaign will emphasize the importance of avoiding substance abuse, especially during pregnancy; the dangers of smoking during pregnancy; and the importance of childhood immunizations.

The Healthy Start communities are Baltimore, Maryland; Birmingham, Alabama; Boston, Massachusetts; Chicago, Illinois; Cleveland, Ohio; Detroit, Michigan; Lake County, Indiana; New Orleans, Louisiana; New York City; Oakland, California; Philadelphia and Pittsburgh, Pennsylvania; the Pee Dee region of South Carolina; Washington, D.C.; and a region that includes parts of South and North Dakota, Iowa and Nebraska.

- **The Special Supplemental Food Program for Women, Infants and Children (WIC)**, a program of the U.S. Department of Agriculture, provides pregnant women, through local agencies, supplemental foods, nutrition education and referrals to health care and social services. The program is designed to help women achieve good nutrition in pregnancy—a factor that helps to prevent premature births and low birth-weight.
- **The Adolescent Family Life Program (AFL)**, administered by the Department of Health and Human Services, offers education and counseling to pregnant or parenting adolescents. The AFL program supports local health care providers and counselors, who annually serve approximately 15,000 pregnant and parenting adolescents and their families. Some of the local projects have established special teen clinics, where clients receive educational and counseling services at the time of medical appointments. Some participating bodies, such as schools, serve healthy meals. Others hold classes or support groups for pregnant teenagers.
- **The Healthy Tomorrows Partnership for Children Program** is a collaborative 7-year venture between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Department of Health and Human Services. The program was developed to support special projects, which demonstrate how States, local agencies, organizations and communities can work together to improve the health of mothers and children. The partnership is helping to develop community-based initiatives to plan and implement cost-effective approaches designed to promote preventive child health and developmental objectives for eligible children and their families, to foster cooperation among community organizations, agencies, individuals, and families, and to build community and statewide partnerships between families and professionals in health, education, social services, government and business.

- *The National Resource Center for Prevention of Prenatal Abuse of Alcohol and Other Drugs*, scheduled to begin operations in 1993, will provide information and research about this subject to parents, social-service agencies, and other concerned parties. In 1994, the Center plans to publish revised guidelines for nutritional services in prenatal care.

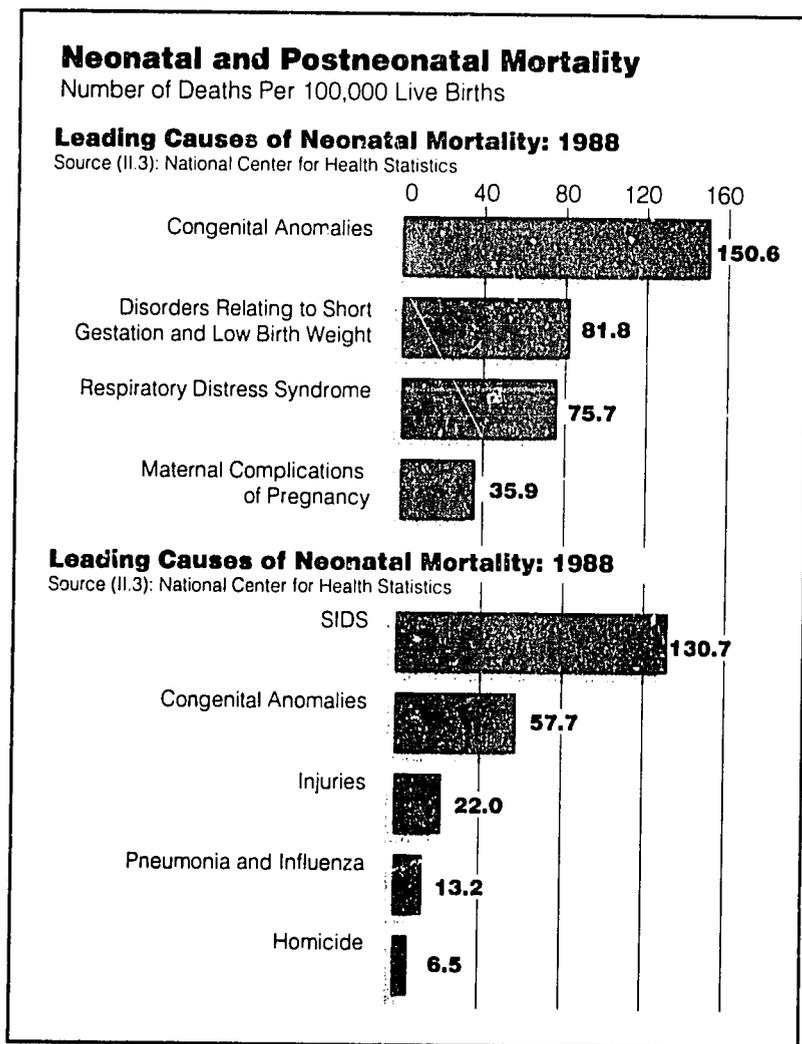
## FEDERAL ACTION — RESEARCH

To improve programs, the Federal Government is pursuing many research strategies in the social sciences, where studies are designed to understand human behavior; operations and service delivery; and biomedical research.

Government-sponsored projects are investigating factors contributing to infant death, including socioeconomic, public health, behavioral, administrative, educational and environmental issues. Other strategies include efforts to increase States' and communities' capacities to identify and analyze the specific health, social and economic factors that threaten or harm pregnancies, as well as infant morbidity and mortality. In order to strengthen the capacity of States to conduct this

essential work, prenatal epidemiologists are being placed in health departments in several States. The following are illustrative of areas under investigation:

- The relationship between nutrition and early postnatal care on infant health, as well as how mother-infant interaction during the baby's first 2 years of life contributes to development.
- Prevention of low birth weight, with a focus on understanding premature labor and intrauterine growth retardation. Scientists have established two information exchange networks with hospitals to ensure rapid and responsible transfer of research results into clinical practice.
- Determination of which aspects of prenatal and neonatal care keep babies healthy.
- The link between physical abuse and low birth weight and development of interventions to prevent low birth weight.



- Racial differences in the rates of pre-term labor; and the identification of risk factors for pre-term delivery, to which black women are particularly susceptible.
- The relationship between mothers' behavioral patterns and infant morbidity and mortality, including analysis of data to identify effects of maternal and infant nutrition on infant health.

The United States takes particular pride in its contributions to child health through biomedical research. This area of research deals with infant health problems that better prenatal care, health habits and other preventive measures cannot prevent. Many of these problems are genetic in origin, and chronic; sickle cell disease is one such example. Or, they may be sudden and unpredicted, such as Sudden Infant Death Syndrome (SIDS). SIDS is unknown by medical definition: it is a medical conclusion reached by the elimination of other causes, rather than by direct diagnosis. Areas of biomedical research include:

- A new drug, Exosurf, has recently received approval from the Food and Drug Administration for use in the prevention and treatment of respiratory distress syndrome (RDS) and is already reducing infant mortality due to RDS. This drug can be used immediately after birth. RDS is the third leading cause of infant mortality.
- Government-supported scientists are studying the basis for congenital cardiac abnormalities, as well as strategies for diagnosis, treatment and prevention. Approximately 8 out of every 1,000 live babies born in the United States have congenital heart defects. Ultimate goals include gene therapy, improvements in diagnostic capabilities *in utero*, repair of cardiac defects *in utero*, and miniaturization of assist devices to preserve life prior to surgery or transplantation.
- Fetal electrocardiographic techniques are currently under development and, within the next 5 years, should be able to provide better evaluation of the fetal heart. With prenatal diagnosis, better prenatal care should be available.
- A trial to evaluate the effects of providing daily oral penicillin to infants and children with sickle cell disease, one of the most common blood disorders in the United States, is being conducted with Government support. Research has shown that penicillin given prophylactically to sickle cell infants can reduce their incidence of pneumonia, a complication that can be fatal.
- A major clinical trial now under way is examining methods for preventing intracranial hemorrhage in neonates. In addition, a major epidemiological study is documenting the incidence of brain hemorrhage in newborns. Disorders of the brain and nervous system are very important causes of neonatal and infant mortality and morbidity.
- Several initiatives for the study of (SIDS), which strikes infants during sleep and is the leading cause of death for babies between the ages of 1 month and 1 year, are being planned with Government support. One study is to increase knowledge of how certain infants become vulnerable to SIDS upon infection. In addition, the Government is studying risk factors for SIDS and using apnea monitors with event recorders to study cardiorespiratory changes prior to an episode of infant apnea.

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*Each year, the first Monday in October is proclaimed by the President as Child Health Day. For the past several years, a coalition of private and federal agencies headed by the National Institute of Child Health and Human Development has sponsored a national symposium and encouraged various activities to commemorate the occasion.*

*There is a different theme each year. The theme for Child Health Day on Oct. 5, 1992, was childhood immunization. The status of childhood immunization; cultural, economic and other barriers to immunization access; community education and outreach efforts; and model programs that have been successful in increasing immunization rates in specific communities or populations were discussed.*

- *The Chicago Infant Mortality Study* is looking in depth at all deaths among Chicago residents in the period after birth and all SIDS deaths regardless of age. The study will provide important knowledge about SIDS and its potential causes.
- Efforts are being made to develop biologic products that may protect newborns and infants from infections, such as immunoglobulins, substances that help increase the immune system's ability to fight off disease-causing agents.

## IMMUNIZATION

### WORLD SUMMIT PLAN OF ACTION URGES:

*Global eradication of poliomyelitis by the year 2000.*

*Elimination of neonatal tetanus by 1995.*

*Reduction by 95 percent in measles deaths and reduction by 90 percent of measles cases compared to pre-immunization levels by 1995, as a major step to the eradication of measles in the longer run.*

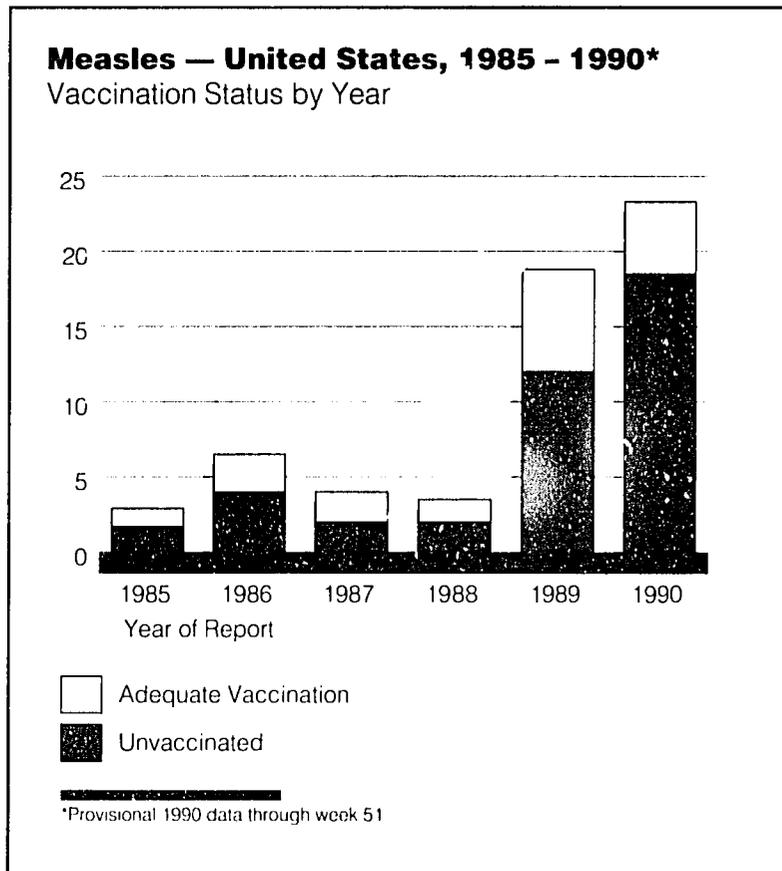
*Maintenance of a high level of immunization coverage of at least 90 percent of children under 1 year of age by the year 2000, against diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis, and against tetanus for women of child-bearing age.*

*Reduction by one-third in the deaths due to acute respiratory infections in children under 5 years.*

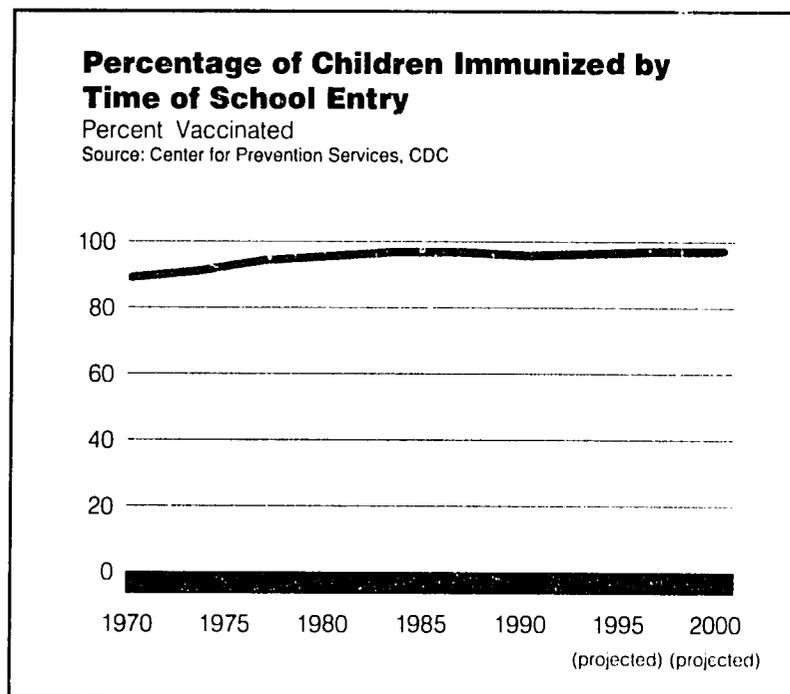
### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce cases of indigenous vaccine-preventable diseases so that by the year 2000, no cases of diphtheria, tetanus, polio, measles, rubella or congenital rubella syndrome occur. Also by that year, only 500 cases of mumps should be expected, and 1,000 cases of pertussis.*

*Increase immunization levels to 90 percent of children completing the basic immunization series by the second birthday (baseline: 70-80 percent estimated in 1989).*



*Reduce the incidence of viral hepatitis B to no more than 550 infants who become new hepatitis carriers annually and no more than 1,800 Asian and Pacific Islander children who develop HBV infection per year by the year 2000 (baseline: 3,500 infants became hepatitis B carriers and 8,900 Asian-Pacific Islander children developed new hepatitis B infection in 1987).*



*Reduce bacterial meningitis to no more than 4.7 cases per 100,000 people (baseline: 6.3 per 100,000 in 1986).*

### **PROGRESS MADE IN THE UNITED STATES**

Many remember the fear that polio, or poliomyelitis, engendered as it spread during the 1940s and 1950s. Images of children in leg braces or enclosed in iron lungs were commonplace in the pages of newspapers and magazines. Many parents kept children indoors for fear of infection.

Through the early 1950s, 15,000 to 20,000 cases of polio were reported annually. Yet, armed with new knowledge of viruses, medicine was

able to respond. An inactivated polio virus vaccine was introduced in 1955 and a live, attenuated oral vaccine in 1962. Since 1972, fewer than 10 cases have occurred annually, all caused by an extremely rare reaction to the vaccine or contraction of the virus abroad.

By the late 1960s, vaccines for tetanus, diphtheria and pertussis were both widely available and systematically used in the United States. In 1971, smallpox vaccination ceased due to the successful United Nations smallpox eradication program. In 1980, the U.N. declared that smallpox had been eradicated throughout the world.

Today, starting at the age of 2 months, children in the United States receive vaccinations against eight diseases: diphtheria, tetanus, pertussis, polio, Hemophilus influenza type B, measles, mumps and rubella. In addition, hepatitis B vaccination was recommended for all infants in the United States in November 1991. All 50 States and the District of Columbia have immunization laws or immunization requirements for school entry. Some 95 percent of children are already fully immunized when they enroll in school.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Despite substantive progress, an unacceptably large number of children are unprotected against preventable childhood diseases until they are enrolled in school. Only 60 to 70 percent of preschoolers receive the recommended vaccinations by age 2. In most inner cities and rural areas, vaccination rates are as low as 40 percent. Currently, eight States do not have mumps immunization requirements.

Because of missed vaccinations, the United States had a resurgence of measles from 1989 through 1991. Some 55,000 cases of measles and about 160 deaths were reported during this period. In 1989 and 1990, children less than 5 years of age accounted for 45 percent of these measles cases. Of the measles-related deaths for the 3 years beginning in 1989, 60 percent occurred among children in this age group.

## **FEDERAL ACTION — PROGRAMS**

The U.S. Government has launched a national campaign to increase vaccination coverage rates so that at least 90 percent of our children under 2 years of age will be fully immunized by the ages recommended. The Centers for Disease Control (CDC) immunization budget, which encompasses research, epidemiology, vaccine purchase and other areas, was increased from \$98 million in FY 88 to \$297 million in FY 92. Progress towards achieving national immunization goals is being monitored by the CDC's disease surveillance system and by regular examination of immunization levels.

Because vaccination is essential to protecting the health of children, the President has personally urged that all children be immunized. Additionally, the following initiatives have been undertaken:

- The Federal Plan to Improve Access to Immunization Services includes 120 action steps designed to improve coordination between Federal health, income, housing, education and nutrition programs; make delivery systems more user friendly by removing policy and management barriers; and enhance the vaccine delivery infrastructure.
- As directed by the President, the Secretary of Health and Human Services and the Nation's top health officials, personally visited six areas to review local Immunization Action Plans designed to ensure that at least 90 percent of children are fully immunized by age 2. Through the CDC, the Federal Government is extending plan development grant funds to 63 immunization projects in all States and U.S. Territories and 24 targeted cities.
- Standards for Immunization Practices provide guidance to healthcare providers on how to eliminate missed opportunities for vaccination and how to make immunization services more user friendly by defining and standardizing good clinic practices.
- The Immunization Education and Action Committee, chaired by the Surgeon General, involves more than 30 public and private organizations uniting to

improve immunization levels by increasing public awareness of the safety, efficacy and importance of immunizations.

- A long-term National Preschool Immunization Public Information Campaign is designed to raise public awareness of the under-immunization problem and to educate parents and providers about what they can do to solve the problem.
- The Children's Action Network (CAN), composed of leaders of the entertainment industry, sponsors the National Immunization Campaign. This is a national grassroots organizational effort to educate the public about the importance of immunization and other child health care needs. Other community-based organizations such as the Junior League, Kiwanis and Rotary International also have immunization education efforts.
- Demonstration projects in New York, New Jersey and Chicago are testing the "one-stop shopping" concept for delivering government-provided health and social services. The effort combines immunization with other Federal services, such as Aid to Families with Dependent Children and the Special Supplemental Food Program for Women, Infants and Children. Other projects are surveying consumers' attitudes toward vaccination and learning more about groups that have low vaccination rates.
- Immunization appropriate to age and health history has been made a required component of the Early and Periodic Screening, Diagnostic and Treatment Program, Medicaid's preventive health program for eligible children.
- Since many of America's children most at risk are enrolled in a public assistance program, the U.S. Government encourages States to work towards increased immunization rates among preschool-age participants in the Special Nutrition Program for Women, Infants and Children (WIC). WIC offers nutritional counseling and helps buy food for disadvantaged women and their children.
- The National Vaccine Advisory Committee (NVAC) has issued a report, "Access to Childhood Immunizations: Recommendations and Strategies for Action." This report (measles white paper) makes recommendations to enhance access to immunization services by strengthening the existing public-private partnership. Key recommendations of the report center on improvements in health care coverage, enhanced support for public health programs, increased use of health promotion and health education, and development of improved surveillance and tracking services.
- A new initiative to develop vaccines for tuberculosis is to begin in Fiscal Year 1992 to deal with the rising incidence of multiple drug-resistant TB strains in the United States.

## **FEDERAL ACTION — RESEARCH**

In addition to vaccine delivery, research to develop new vaccines and improve existing ones is a high priority. The introduction of new techniques in molecular biology during the 1980s has accelerated progress in the development of new and improved vaccines. The potential exists for new vaccines for the entire spectrum of infectious agents — bacteria, viruses, fungi, and parasites.

A key example involves a disease known as bacterial meningitis, which kills about 25 percent of the newborn babies who contract it. Survivors may be left with brain damage, blindness and deafness. U.S. scientists pioneered development of a *Hemophilus influenzae* type b disease (Hib), whose use is increasing throughout the world. While this vaccine is very effective in children, it does not confer immunity in young infants, the group most susceptible to the disease.

Scientists have now devised a new Hib vaccine for this group and have found it protected infants as young as 2 months of age. The U.S. Government licensed the vaccine in 1990, and it has since become routinely used by pediatricians in this country. The vaccine is expected to eliminate *H. flu meningitis* as a cause of mental retardation, deafness, and death.

- Hepatitis is a serious public health problem in the United States. Hepatitis B can lead to cancer in later life and causes more than 5,000 deaths annually. Universal hepatitis B screening of pregnant women and vaccination of infected mothers was recommended in 1988. The Government now recommends universal hepatitis B vaccination of infants and children in the United States. Experimental hepatitis A vaccines are undergoing clinical trials and may become available in the next few years. If so, use of these vaccines in high-risk groups, such as Native Americans, international travelers and children using child-care centers, should begin to reduce the incidence of this disease.
- Acute respiratory infections, among them pneumonia, are a serious health problem among children worldwide. Government-supported researchers recently developed a pneumococcal vaccine that contains up to seven of the most common *S. pneumoniae* strains that cause disease in children. This new vaccine may protect against middle ear infections caused by this bacteria family in addition to staving off pneumonia.
- A measles vaccine that can be given earlier in life is needed by the world's children. The current vaccine is effective only after a child is age 6 months or older. In cooperation with other countries, government scientists are carrying out field studies of new measles vaccines.
- Development of safer pertussis vaccines is a high Government priority. There is evidence that, in certain cases, current vaccines can cause adverse effects. Government studies have led to the selection of several new, potentially safer pertussis vaccines that are under clinical trial.
- An important method of sexually-transmitted diseases (STDs) prevention and control could be the use of safe and effective vaccines. STDs have increased in frequency resulting in a substantial increase in morbidity, infertility and ectopic pregnancies. More than 12 million individuals acquire STDs each year in the United States. Women bear a disproportionate burden of STD effects.
- The development of new vaccines is one way to combat tuberculosis and to deal with the rising incidence (an increase of 16 percent from 1985 through 1990) of TB in the United States. New vaccines are also needed to fight the rising threat of rabies carried by wildlife in the Mid-Atlantic States.



## CHILDREN'S VACCINE INITIATIVE

*A single effective vaccine against the multiple infectious diseases that strike infants and children has been a dream of the world's medical and health care community. Over the next decade, under a global Children's Vaccine Initiative, researchers at the Public Health Service, including the National Institute of Allergy and Infectious Diseases (NIAID) and other institutions worldwide, including the U.S. Agency for International Development (USAID), will be taking steps toward achieving this vaccine, by improving and combining existing vaccines and developing and delivering new ones.*

*The Children's Vaccine Initiative encourages scientists to set achievable short-term and long-term goals in the fields of microbiology, immunology, and biotechnology, while at the same time health care practitioners con-*

*tinue to work toward practical solutions for delivering vaccines to all children.*

*Currently, to be protected against nine\* serious common childhood diseases, children must receive a battery of immunizations and boosters by the time they enter kindergarten.*

*While acknowledging the difficulties in developing a single children's vaccine, the scientific community generally agrees that the ideal vaccine would be a single-dose, multiple-antigen preparation that could be easily administered. It would be delivered by mouth, because oral vaccines are easier to administer. It would be heat-stable, because refrigeration facilities are limited in many countries. Also, the ideal vaccine could be given early in life and provide lifelong immunity.*

*Already, two combination vaccines, exist and other combinations are undergoing development. Ideally, such a vaccine would combine the diphtheria, tetanus, and pertussis (DTP) vaccine with the measles, mumps, and rubella (MMR) vaccine and would add protection from polio, hepatitis B, tuberculosis, and Haemophilus influenzae type b (Hib), which can cause meningitis.*

*The Public Health Service, which includes the National Vaccine Program Office; NIAID, the lead Federal agency for vaccine research and development, and USAID are helping to provide the scientific and programmatic direction for the Children's Vaccine Initiative internationally. An international collaborative effort with the World Health Organization, UNICEF, UNDP and the Rockefeller Foundation is developing a worldwide research agenda.*

*NIAID will continue to work to make existing vaccines safer and more effective, and is attempting to streamline immunization schedules by reducing the numbers of necessary doses. Scientists are also striving to develop vaccines that prevent other serious childhood diseases for which no vaccines now exist. These include vaccines against rotaviruses, the most serious cause of severely dehydrating infant diarrhea, and respiratory syncytial virus (RSV), which commonly attacks children under age 2 and causes croup, bronchitis and pneumonia.*

*One promising avenue of vaccine research is maternal immunization—the vaccination of pregnant women to boost their immune systems sufficiently to confer additional protection to their infants. Maternal antibodies passed from mother to fetus during pregnancy provide infants with temporary protection against certain diseases, such as measles. However, there are some diseases for which newborns have no natural form of protection, including group B streptococcus (GBS)-related meningitis, which can be fatal in the first week of life. Giving a pregnant woman a GBS vaccine may enable her to provide that additional level of protection that will save her infant from serious disease. If successful, this passive form of immunization might one day provide adequate protection for newborns with pneumonia, Hib or RSV.*

*The Vaccine Evaluation Units sponsored by NIAID are gearing up for more pediatric trials to accommodate the new initiative, and they are already evaluating the human immune responses when various vaccines are combined.*

*USAID is working to accelerate the development and introduction of new and improved vaccines for children in developing countries. USAID, along with PHS, the Pharmaceutical Manufacturers Association, and the Institute of Medicine, have launched a campaign to stimulate greater public and private participation in the initiative.*

In addition to sponsoring programs for research and evaluation of vaccines, the Government is helping to carry out the mandate of the National Childhood Vaccine Injury Act of 1986. Under the act, a single system for reporting, collecting and analyzing the adverse effects of vaccines has been established. The Government also requires that manufacturers report and keep records about the safety testing of vaccines. These are closely monitored by the Food and Drug Administration.

## **DIARRHEAL DISEASES**

### **THE WORLD SUMMIT PLAN OF ACTION URGES**

*Reduction by 50 percent in the deaths due to diarrhea in children under the age of 5 years and 25 percent reduction in the diarrhea incidence rate.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce infectious diarrhea by at least 25 percent among children in licensed day care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP) (baseline data available in 1992).*

*Reduce outbreaks of waterborne disease from infectious agents and chemical poisoning to no more than 11 per year (baseline: Average of 31 outbreaks per year during 1981-88).*

*Reduce outbreaks of infections due to Salmonella Enteritidis to fewer than 25 outbreaks yearly (baseline: 77 outbreaks in 1989).*

*Increase to at least 75 percent the proportion of mothers who breast feed their babies in the early postpartum period and to at least 50 percent the proportion who continue breast feeding until their babies are 5 to 6 months old (baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988).*

### **PROGRESS MADE IN THE UNITED STATES**

Because of the generally safe water supply, availability of refrigeration for food storage and generally safe food handling, diarrheal diseases are not a major problem in the United States. Efforts are, however, being taken to further reduce or prevent these problems.

### **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Children in licensed day care centers have three to four times more diarrheal disease than those not in day care. Similar rates are reported among children with disabilities enrolled in special early childhood programs administered by public school systems. Reducing this risk would improve the health of children and reduce absenteeism costs.

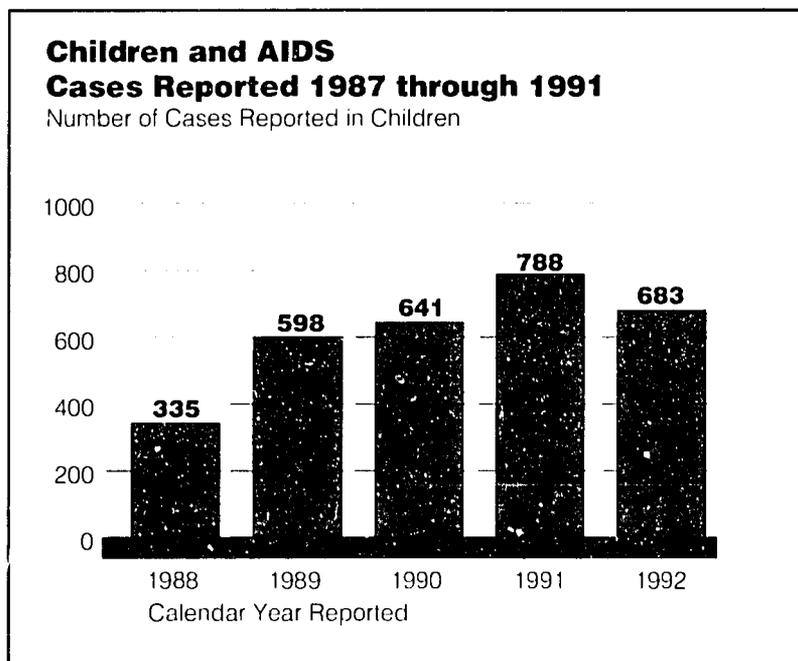
## FEDERAL ACTION — PROGRAMS

- Government assistance is being offered to States that have decided to adopt standards for child care programs developed by the American Public Health Association and the American Academy of Pediatrics, in cooperation with the U.S. Government. They describe, among other things, how day care centers can reduce the incidence of diarrhea-inducing infection by having child care providers improve their skills in changing diapers, properly disposing of used diapers, properly cleaning diaper-changing areas, handling food correctly and washing their hands.
- The Government is providing services to help insure the health and safety of all children in out-of-home child care. Besides conducting research to help prevent, diagnose and treat infections that cause diarrhea, the Government investigates the cause of outbreaks of illness in day care settings and offers advice on prevention of such outbreaks in the future.
- The Government is investigating diseases that infect or invade through the gastrointestinal tract and is attempting to develop better prevention, diagnosis and treatment methods. Diseases under study include typhoid, cholera, dysentery, as well as diarrhea caused by rotavirus infection and Escherichia coli.
- Vaccines effective against Salmonella, Shigella, and E. coli are being developed, in addition to other vaccine development efforts.
- The United States is promoting breastfeeding, a practice that reduces the incidence of diarrhea. Through participation in the UNICEF "Baby Friendly" Hospitals initiative, hospitals will be encouraged to promote and teach breastfeeding to new mothers. A national Breastfeeding Promotion Consortium made up of government and non-government organizations has been established. The Woman, Infant and Children feeding program has developed a special supplement to food packages for low-income mothers to encourage breastfeeding.

## ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

### THE WORLD SUMMIT PLAN OF ACTION URGES THAT:

*Programs for the prevention and treatment of AIDS, including research on possible vaccines and cures that can be applicable in all countries and situations, as well as massive information and education campaigns, receive a high priority for both national action and international co-operation.*



## U.S. OBJECTIVES FOR THE YEAR 2000

*Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases for all ages (baseline: An estimated 45,506 diagnosed cases in 1991).*

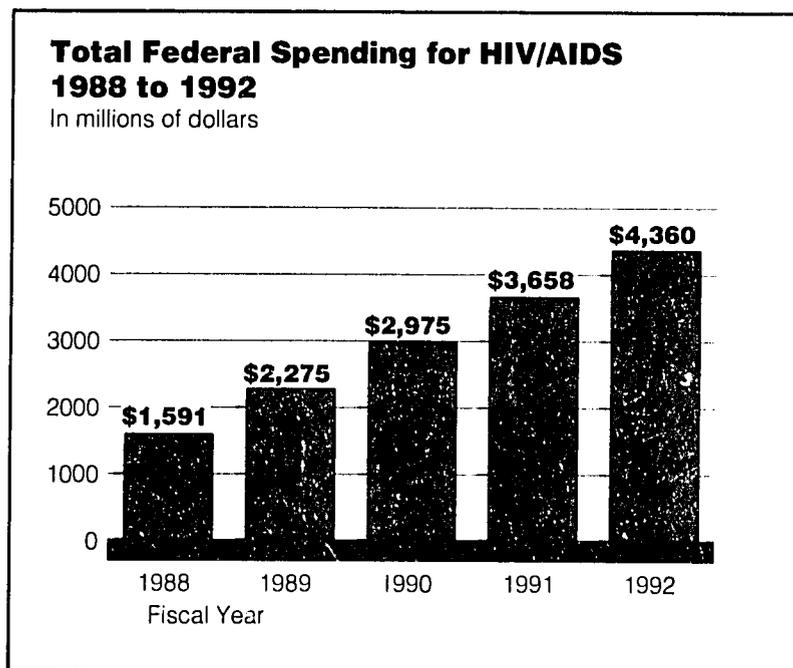
*Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17 (baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988).*

*Increase to at least 60 percent the proportion of sexually active young women aged 15-19 and to 75 percent for sexually active young men aged 15-19 who used a condom at last sexual intercourse (baseline: in 1988, 25 percent for sexually active young women and 57 percent for sexually active young men).*

*Increase to at least 50 percent the estimated proportion of all intravenous drug abusers not in treatment who use only uncontaminated drug paraphernalia (baseline: an estimated 25-35 percent of opiate abusers in 1989).*

*Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of quality school education (baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989).*

*Provide HIV education for students and staff in at least 90 percent of colleges and universities (baseline data available in 1995).*



## PROGRESS MADE IN THE UNITED STATES

Even though AIDS is a recently recognized phenomenon, substantial progress has been made in addressing the epidemic. The disease agent has been identified and its mode of transmission is understood; diagnostic products have been developed and are now in common use; products for testing the Nation's blood supply have been developed and are being used effectively; anti-AIDS medications, which can slow the replication of the virus, have been developed; educational campaigns are being carried out, with some demonstrated success; an effective disease surveillance system for monitoring AIDS is in operation;

and work is being carried out to develop an AIDS vaccine.

A major research program is underway with Government support. The Government's Fiscal Year 1992 budget included \$4.3 billion for all AIDS programs, including research, prevention, treatment and income support. This included at least \$219 million on programs related to pediatric AIDS.

Medicaid pays about 25 percent of the total cost of medical care of people with AIDS and HIV infection in the United States, making it the largest single provider of such services. Forty percent of men, women and children with AIDS receive free or reduced-cost medical care through Medicaid, the Federal-State health care program for low-income Americans.

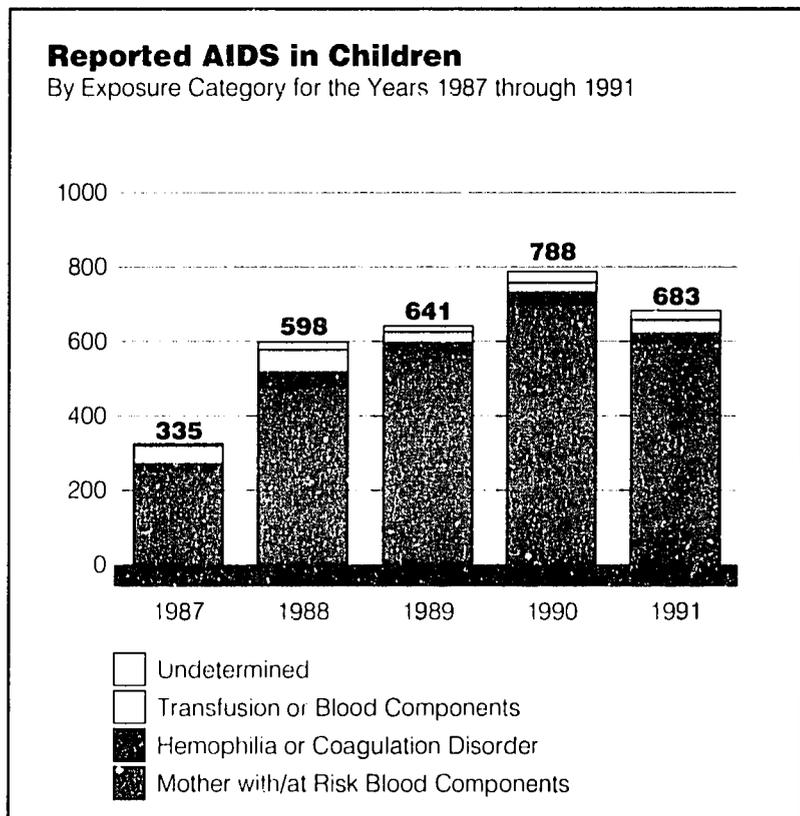
In 1991, the Government and the States issued A Guide: Family Centered Comprehensive Care for Children with HIV Infection as further assistance for those caring for young people and pregnant women with AIDS.

### CURRENT NEEDS AND NATURE OF THE PROBLEM

As of February 29, 1992, 138,395 people have died of AIDS in the United States, including 1,922 children. By the end of 1991, 3,471 children under age 13 in the United States were reported as having AIDS; over half of these children were infected in 1990 and 1991. Of these, 84 percent contracted the disease in the womb, and 53.3 percent have died. Most young AIDS patients develop symptoms in the first 2 years of life; and, many will die before age 3. Many of these children (and their non-infected siblings) may suffer traumas resulting from the death of a parent due to AIDS.

HIV has had a disproportionate effect on minority children. Although only 15 percent of all children in the United States are African American, they are known to account for 53.1 percent of all AIDS cases in children. Similarly, 8 percent of all children in the United States are of Hispanic descent; yet they account for 24.6 percent of AIDS cases in children.

Because mother-to-infant transmission represents the most frequent cause of pediatric infection, the distribution of AIDS in children will be shaped largely by patterns of HIV infection in women. Here, injected drugs are of central concern. Of the 2,936 cases of prenatally acquired AIDS reported to the Centers for Disease Control through December 1991, 2,033 were directly or indirectly linked with injectable drug use.



## **FEDERAL ACTION — PROGRAMS**

The Government has a mission to prevent HIV infection and reduce associated illness and death, in collaboration with community, State, National and international partners. The U.S. Government supports programs in HIV prevention and education, health care services, research, and surveillance.

- Government agencies are designing prevention services for youth and women of child-bearing age to deter risk-taking behaviors, such as drug use and engaging in early and unprotected sexual intercourse.
- The Government acts to:
  - Distribute information on school policies, materials and strategies for students, teachers, parents and others who educate youth about HIV;
  - Provide training and demonstrations for officials in State and local education agencies who set up and administer school and college health education programs;
  - Help State and local education agencies monitor school HIV education programs;
  - Increase the ability of State and local education agencies to evaluate the effectiveness of their own programs.
- In 1988, the Department of Education released a booklet called "AIDS and the Education of Our Children: A Guide for Parents and Teachers." This booklet addresses the issues and questions that many parents and teachers face in talking to children about AIDS.
- The Government is sponsoring the Prevention of HIV in Women and Infants Demonstration Projects, known as Project CARES (Comprehensive AIDS Reproductive Health and Education Study), a 5-year multisite study. Its purpose is to develop, implement and evaluate programs to prevent HIV infection and AIDS in women and infants in three sites. The study is weighing the influence of HIV infection on women's attitudes towards pregnancy and the factors that prevent women from carrying out family planning decisions.
- Improvement of education to prevent HIV infection among young people is being supported, in part, through agreements with State and local education agencies, universities, health departments, and national health and education agencies. These organizations and news services help schools and other youth organizations to implement HIV education programs that can persuade young people, particularly runaway and homeless youth, to avoid risk-taking behaviors.
- A network of health care providers has been created to help AIDS patients and those infected with HIV. These range from testing and counseling efforts at small, inner-city clinics to hospices to large, multifaceted academic health centers where patients are cared for and where knowledge of the disease is advanced.
- The Food and Drug Administration has sped up the process required for testing and approval of AIDS-related drugs and has ruled that drugs for children with AIDS need no longer be tested first in adults before they are used on young people.

Drugs already in use among children with HIV disease are AZT, the first drug approved for the treatment of adult AIDS, and intravenous gamma globulin, which a National Institute of Child Health and Human Development study demonstrated to be effective in preventing infections in children.

Dideoxyinosine, or ddI, is under study, as are dideoxycytidine, or ddC, and CD4. ddI and AZT are also being studied in combination. These were developed at the National Cancer Institute, which also conducts research into new treatments and the nature of the HIV virus.

- Medicare, the Federal health insurance program for people aged 65 and older, and certain younger disabled persons, spent an estimated \$280 million during Fiscal Year 1991 for the care of people with AIDS.
- The Government's *Pediatric AIDS Health Care Demonstration Program*, is continuing to support demonstration projects that provide health care for women and infants at risk for HIV infection and AIDS.
- The Government is providing grants to improve access to care for rural residents, women, children and adolescents, incarcerated or recently released inmates, and Native Americans. One such grant has gone to a program in Arecibo, Puerto Rico, to identify women and children with HIV disease among the residents of five low-income public housing projects, and provide free health care and support services. This project will serve as a model for other communities throughout the island and the mainland.

## **FEDERAL ACTION -- RESEARCH**

The following examples describe Government-supported AIDS research of concern to children and women.

- Support is currently being provided for 48 HIV-related studies of infants, children and pregnant women at 30 sites in 12 States and Puerto Rico. In the next several years, these trials will focus on: the interruption of transmission of HIV from the infected pregnant woman to a fetus or child; studying various regimens to prevent progression from asymptomatic infection or mild symptoms to more advanced stages of the disease in children; the most effective treatment for children with severe, advanced AIDS; the most effective treatment of pediatric opportunistic infections; and prevention of opportunistic infections.
- A study to examine the effectiveness of immunoglobulin in preventing the transmission of HIV from mother to unborn child was initiated by the National Institutes of Health in 1991.
- Studies are assessing methods of early diagnosis of HIV infection acquired at or before birth, the natural history of HIV infection acquired at or before birth and the natural history of HIV infection in non-pregnant women and those who have recently delivered babies.
- The Government is funding studies, at the Miriam Hospital, The Johns Hopkins University, and Wayne State School of Medicine, of the natural history of HIV diseases in women and is encouraging studies on the effect of HIV on the central nervous system.

- A program to describe pediatric lung and heart complications of HIV infection was initiated in 1989 with Government support. Several institutions are studying the pulmonary and cardiovascular disorders that occur in association with pediatric HIV infection.
- New therapies for HIV and its manifestations in youth under age 19 are being developed with Government support. There are substantial differences between adults and children both in the AIDS disease pattern and in the safety and efficacy of drugs used to treat this disease.
- Federal efforts also aim to reduce national health problems resulting from abuse of drugs and alcohol. HIV-specific research programs seek to reduce and eliminate alcohol and substance abuse among high-risk youth through improved prevention and treatment programs.

## **MENTAL HEALTH**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*All children must be given the chance to find their identity and realize their worth in a safe and supportive environment, through families and other caregivers committed to their welfare. They must be prepared for responsible life in a free society.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce suicides to no more than 8.2 per 100,000 youth aged 15-19 (baseline 10.3 per 100,000 in 1987).*

*Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents (baseline: an estimated 12 percent among youth younger than age 18 in 1989).*

*Increase to at least 75 percent the proportion of providers of primary care for children who include assessment of cognitive, emotional and parent-child functioning, with appropriate counseling, referral and follow-up, in their clinical practices (baseline data available in 1992).*

### **PROGRESS MADE IN THE UNITED STATES**

Dramatic advances have occurred in child and adolescent mental health research during the past two decades. Clinicians now have powerful new tools for diagnosing and treating a number of the mental disorders that afflict young people. The National Institute of Mental Health (NIMH) has given grants to many of the researchers now conducting studies in the United States.

This research has already aided millions of youngsters. Many psychologically troubled young people can now, with treatment, lead normal lives largely free of serious depression, anxiety, fear, hyperactivity or the threat of suicide.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Research advances are not enough to aid the many youngsters whose disorders baffle the experts and cannot yet be effectively treated. These disorders include autism, severe and persistent behavioral disorders and schizophrenia. Mental disorders, such as depression, which can be treated, often go undiagnosed and untreated. Although an estimated 7.5 million, or 12 percent, of the Nation's children and adolescents suffer from mental disorders severe enough to warrant treatment, fewer than one out of eight receives this treatment.

The incidence of other problems has increased. The suicide rate in American youth age 15 through 19 has steadily increased since the 1950s. By 1986, suicide was the second leading cause of death in that age group.

The United States recognizes that more research and more treatment services are needed to reduce the prevalence of these disorders, and more health, education, social and prevention services are needed to reduce their incidence. The Government, in cooperation with State and local government and private organizations, is attempting to provide these services.

## **FEDERAL ACTION — PROGRAMS**

In addition to funds made available to States for the provision of mental health services, the following efforts have been undertaken:

- Head Start programs employ mental health coordinators and staff who assist children with their emotional, cognitive and social development, identify potential problems, help parents obtain mental health services for their children when necessary, and help parents and other staff understand child growth, mental and emotional development.
- The Government is developing and implementing a program to promote recognition and treatment of children's mental disorders, provide information to clinicians and reduce the long-term morbidity associated with failure to recognize or treat these conditions while they can still be checked or cured.
- Under the *Medicaid* program, States may provide inpatient psychiatric services for young people under age 21 in settings such as psychiatric hospitals. Currently, more than 75 percent of States provide this benefit. The Government is working on expanding this service by permitting coverage in other settings.

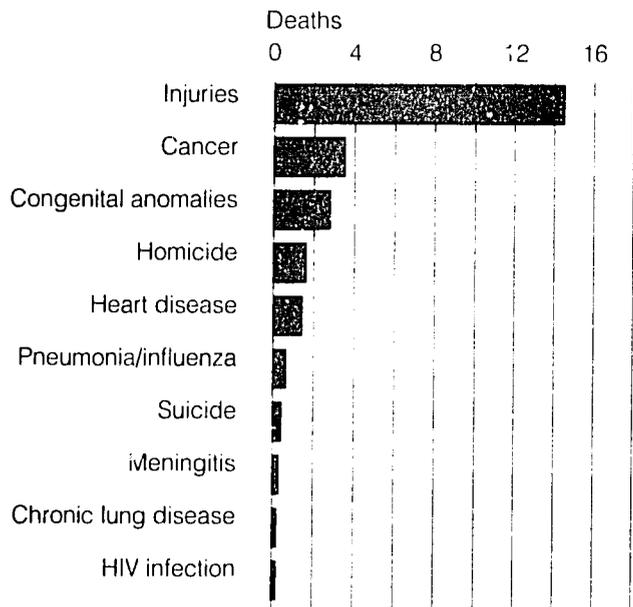
## **FEDERAL ACTION — RESEARCH**

To provide direction to national research efforts, a *National Plan for Research on Child and Adolescent Mental Health Disorders* was released in 1991. This plan was designed to stimulate basic and clinical research and aid the training and career development of scientists in the mental health field. Under this plan, the Government will exchange information on research findings with the public and health care professionals.

The Government plans to increase funding for the creation of multidisciplinary research centers and program projects devoted to studying key areas of child and adolescent mental disorders.

### Leading Causes of Death for Children Aged 1 through 14 (1987)

Deaths per 100,000 children  
Source: National Center for Health Statistics (CDC)



## UNINTENTIONAL INJURY

### THE WORLD SUMMIT PLAN OF ACTION URGES:

*The lives of tens of thousands of boys and girls can be saved every day, because the causes of their death are readily preventable.*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce deaths caused by motor vehicle crashes to no more than 5.5 per 100,000 children aged 14 and younger and 33 per 100,000 youth age 15-24 (baseline: 6.2 per 100,000 children age 15 and younger and 36.9 per 100,000 youth age 15-24 in 1987).*

*Reduce drowning death to no more than 2.3 per 100,000 children age 4 and younger and 2.5 men age 15-34 by the year 2000 (baseline data: 4.2 per 100,000 children age 4 and younger and 4.5 per 100,000 men age 15-34 in 1987).*

*Reduce nonfatal poisoning to no more than 520 emergency department treatments per 100,000 children age 4 and younger (baseline data: 650 per 100,000 in 1986).*

*Increase use of occupant protection systems, such as safety belts, inflatable safety restraints and child safety seats to at least 95 percent for children age 4 and younger (baseline data: 84 percent in 1988).*

*Increase use of helmets to at least 80 percent of motorcyclists and at least 50 percent of bicyclists (baseline data: 60 percent of motorcyclists in 1988 and an estimated 8 percent of bicyclists in 1984).*

*Enact in 50 States laws requiring that new handguns be designed to minimize the likelihood of discharge by children (baseline: 0 States in 1989).*

## PROGRESS MADE IN THE UNITED STATES

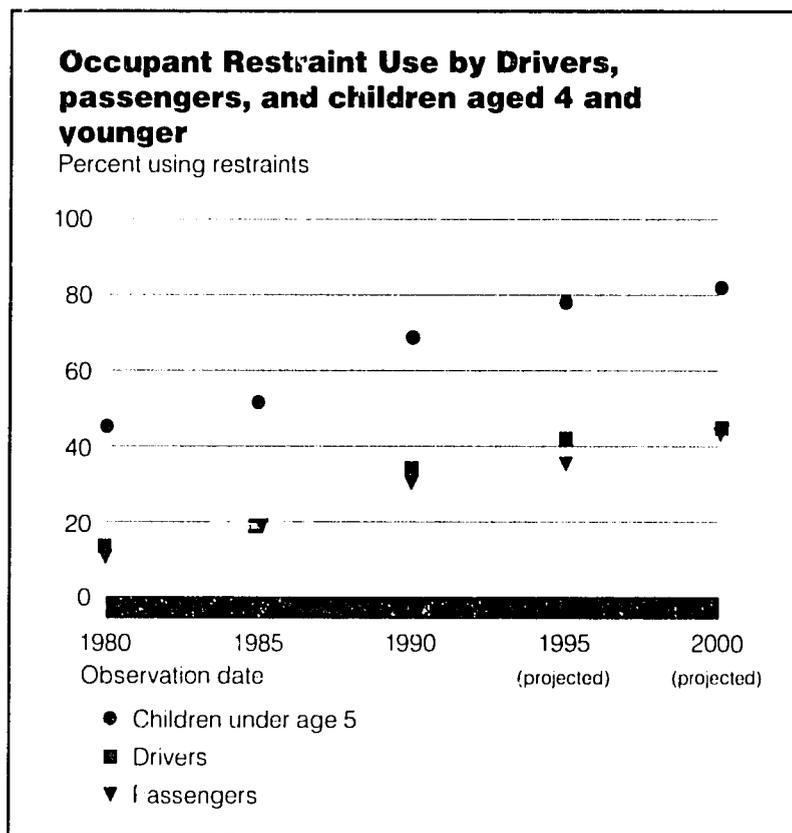
Unintentional injuries were once thought to be uncontrollable — when people thought of them as accidents. Yet accidents of many kinds, and resulting injury, can often be prevented. Increased use of automobile safety belts in the last decade is one of the most dramatic victories of the injury prevention movement.

Currently, all 50 States have laws requiring child passenger protection during travel in automobiles, and 41 states have laws requiring safety belt use. From 1983-1990, the use of safety belts saved an estimated 24,886 lives and prevented more than 500,000 injuries. Child safety seat usage has increased from 15 percent in 1979 to 84 percent in 1990, preventing 200 child occupant deaths per year.

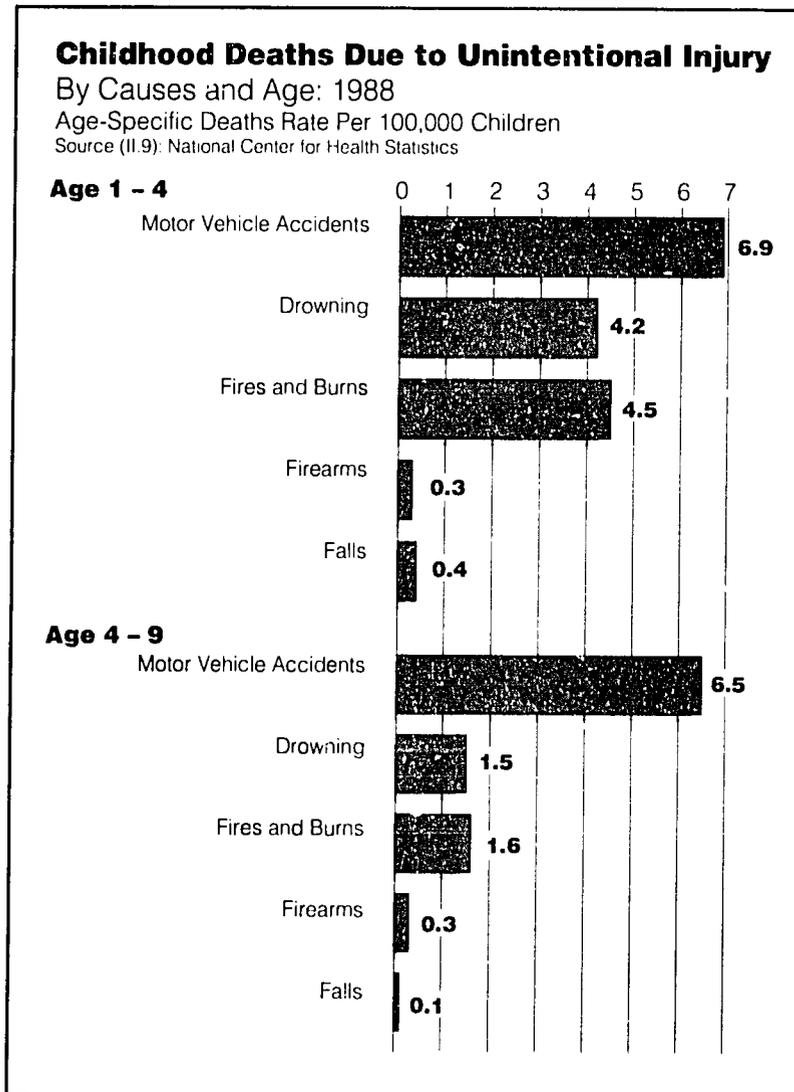
The alcohol-related motor vehicle crash fatality rate for people age 15-24 has decreased from 21.5 per 100,000 in 1987 to 18.5 in 1990. The combination of a legally mandated minimum drinking age (no one in the United States under the age of 21 may purchase beer, wine or spirits) and other deterrents are responsible for the reduction in fatalities, particularly among 15- to 21-year-olds, who have historically accounted for at least 20 percent of alcohol-related fatalities.

Between 1980 and 1986, all terrain vehicles (ATVs) led the list of products involved in increased hospital emergency room treated injuries. Under a 1988 consent decree negotiated by the Consumer Product Safety Commission (CPSC), five major distributors agreed to use their "best efforts" to assure that dealers not sell adult-size ATVs for use by children under 16 years of age.

Other interventions that have reduced childhood injury rates include use of flame retardant fabrics for children's sleepwear, child safety seats, smoke detectors, child-resistant medicine bottles, and safety standards for the manufacturing of playground and nursery equipment. After receiving reports of infants dying on soft cushions that conformed to their bodies, CPSC persuaded manufacturers to stop production of these cushions and recall cushions remaining in the chain of distribution. CPSC subsequently banned infant cushions in 1992. The CPSC and the U.S. Customs Service have cooperated over the last 6 years in over 1300 seizures or detentions of unsafe toys involving over 5.2 million product units.



Since approximately 300 children under the age of 5 drown in residential pools and spas each year, the CPSC has persuaded major model building code organizations to include barrier requirements for enclosing residential pools. Child-resistant fencing has decreased the rate of drownings in swimming pools. The CPSC has also cooperated with the Coalition for Container Safety to announce a safety labelling program for 5-gallon buckets, warning about the hazard of infants drowning in buckets.



## CURRENT NEEDS AND NATURE OF THE PROBLEM

Injury is the most significant health problem affecting the nation's children and adolescents. It causes more deaths than all childhood diseases combined. The definition of unintentional injury includes motor vehicle crashes, burns and other fire-related injuries, poisonings, drownings, falls, pedestrian and bicycle crashes and unintentional shootings. Of these, motor vehicle crashes are the leading cause of childhood death from unintentional injury.

In 1988, injury claimed the lives of more than 22,400 children age 19 and under in the United States and accounted for 80 percent of deaths in the 15-19-year-old age group. In 1988, 3,991 children died from the discharge of guns, an estimated 543 of which were unintentional discharges and another 1,387 of which were suicides.

In 1988, a 3-year pilot program to study methods of injury control was begun. The Government began to collect data, conduct research, train

professionals, promote programs in health departments and coordinate Federal, State, and local agencies involved in injury control.

Results from the Government's 1990 *Youth Risk Behavior Survey* showed that fewer than one-quarter (24.3 percent) of all students in grades 9-12 "always" used safety belts when riding in a car or truck driven by someone else. Among those students who rode motorcycles, 57.9 percent wore motorcycle helmets "always" or "most of the time." Only 2.3 percent of the students wore bicycle helmets "always" or "most of the time."

More Americans need to wear seatbelts and use child safety seats correctly. Although 84 percent of drivers with children place their youngsters in child safety seats before driving, about 20 percent of these seats are improperly used. When installed and used properly, child safety seats reduce the risk of death and injury to children by 70 percent.

## FEDERAL ACTION — PROGRAMS

Programs to prevent or reduce the risk of unintentional injuries are carried out by Federal, States and local governments, some with Federal support. Private organizations and the media also play a key role, particularly in public awareness and education. Programs include:

- A 10-year plan to help reduce unintentional injuries, including intentional childhood and maternal injury was issued by the Government in 1991. Projects will include collecting more precise data about how and to whom injuries occur, designing new ways to prevent injury, improving safety education through various agencies and private organizations, and helping to train personnel. Findings will be used throughout the health system.
- Government programs to improve the safety of young people as passengers in cars, as pedestrians and as drivers include:
  - The *National Safe Kids Campaign* is developing methods to educate low-income families through local Safe Kids coalitions.
  - A *National Child Passenger Safety Awareness Week* takes place the week of February 14 each year. A national media campaign and related materials encourage State and local agencies to emphasize motor vehicle injury prevention.
  - The *Federal Motor Vehicle Safety Standard* for all child restraint systems intended for use by infants and small children weighing 50 pounds or less is becoming more restrictive through Government action.
  - The *National Easter Seals*, a private non-profit organization, is developing and demonstrating child passenger safety education programs in hospitals with support from the Government. These programs will be promoted among Easter Seals local chapters nationwide.
  - "*Willie Whistle*," a program of the National Highway Traffic Safety Administration, helps develop safe pedestrian habits in children ages 5-13. The program uses a cartoon character who appears on posters and in videos shown to school-age children.
- The Government has also awarded grants to States to help them improve injury prevention practices as well as acute care and rehabilitation of injured young people. States have used the money in varying ways, but many of their projects concentrated on prevention. For example:
  - In New York State, where burn-related deaths and injuries predominate among home injuries for children from birth to age 14, the State Health Department contracted with community action programs to identify needy

- families and to distribute, install and maintain smoke detectors for a \$3 fee.
- To reduce death and injury from contact with hot water, the state produced three magnetic messages —“Too Hot for Tots, Keep Small Children Away from Hot Liquids,” “Children are no Match For Fire,” and “Too Hot for Tots, Keep Small Children Away from Hot Foods and Objects”— for distribution among low-income groups. A burn prevention coloring book for kids was also produced.
  - Kansas set up a program to reduce sports injuries among students in grades 7-12, and then extended it to reduce playground injuries among youngsters in grades kindergarten through 6. A videotape designed to teach school staff how to determine whether a youngster was suited to play certain sports was developed. A manual called *Guidelines for Kansas School Playgrounds* was distributed to all elementary schools.
- The Government is working to assure that at least 50 percent of State maternal and child health programs have an active violence prevention program targeting adolescents in place by 1996.
  - The Federal Emergency Management Agency (FEMA) has produced a number of educational materials, including “Public Fire Education Today: Fire Service Programs Across America,” a collection of more than 80 public fire safety education programs from throughout the country. This publication is directed toward fire departments to enable them to develop or improve public education programs. A “Public Fire Education Resource Directory” has also been published.
  - FEMA has funded the *Sesame Street Fire Safety Project*, which was developed by the Community Education Services Division of Children’s Television Workshop (CTW) to communicate information about fire safety to preschoolers. Typical of such information is a rock and roll tune called “Stop, Drop and Roll,” which teaches small children what to do if their clothing catches on fire. The Sesame Street fire safety curriculum for children also includes understanding fire and burns, learning about smoke detectors, getting to know firefighters, and practicing fire drills. CTW also, with FEMA support, publishes teaching material about fire safety for adults who care for children. The second edition of the “Sesame Street: Fire Safety Book” was published in 1988.
  - The CPSC is in the final stages of rulemaking to mandate the production of child-resistant cigarette lighters, an action which should reduce significantly the number of fire deaths of young children.
  - The Department of Labor is cooperating with the National Farm Medicine Center on childhood agricultural injury prevention.

## **FEDERAL ACTION — RESEARCH**

- The Government has initiated a *National Youth Risk Behavior Surveillance System* to regularly survey high school students nationwide to determine the prevalence of risk behaviors, including those that result in unintentional injuries. The Government complements this system by providing financial and technical aid to every interested State education agency and to 16 local education agencies

in large cities to conduct similar monitoring programs.

- The Government also conducts extensive research programs in child safety. Research helped show, for instance, that a decrease in hot water thermostat settings resulted in a decrease in the number and severity of scald burns among children. National public information and education campaigns alert parents to new findings.
- In the United States, approximately 1 in 10 children per year receive hospital care for sports and recreational activities injuries; yet little is known about how these injuries occur. In 1991, a Government-supported workshop was held on methods for monitoring the causes of scholastic sports injuries.
- The *National Electronic Surveillance System (NEISS)*, a statistically selected network of 91 hospitals gathering product injury data from people seeking emergency room treatment, has been an important element of CPSC's injury data collection system. Information is transmitted to CPSC computers every day, so that the agency staff can conduct further investigations to determine whether a product presents an unreasonable risk of injury and should be corrected, or if the agency needs to alert consumers about hazards presented by consumer products.

## PHYSICAL ACTIVITY AND FITNESS

### THE WORLD SUMMIT PLAN OF ACTION URGES:

*The enhancement of children's health, nutrition and fitness.*

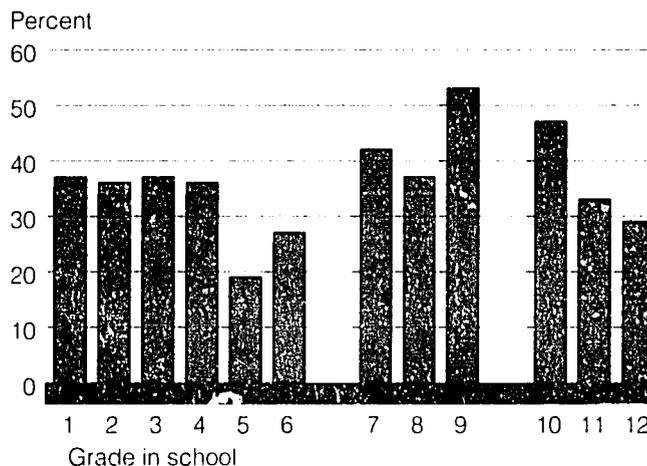
### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce overweight adolescents age 12 through 19 to no more than 15 percent of this age group (baseline: 15 percent for adolescents aged 12 through 19 in 1976-80).*

*Increase to at least 30 percent the proportion of people age 6 and older who engage regularly, preferably daily, in light to moderate exercise for at least 30 minutes per day (baseline: 22 percent of people aged 18 and older were active for at least 30 minutes five or more times per week).*

*Increase to at least 75 percent the proportion of all people, as well as children and adolescents aged 6 through 17, who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion (baseline: 66 percent for youth age 10 through 17 in 1984).*

**Percentage of Students in 1st through 12th grade receiving daily school physical education in 1984 - 1986**



*Reduce to no more than 15 percent the proportion of people age 6 and older who engage in no leisure-time physical activity (baseline: 24 percent for people age 18 and older in 1985).*

*Increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education (baseline: 36 percent in 1984-86).*

## **PROGRESS MADE IN THE UNITED STATES**

It is widely recognized that regular physical activity not only contributes substantially to better health and development of children but also helps to prevent coronary heart disease, hypertension, diabetes, obesity and mental health problems in adults.

Most States have physical education programs in schools, but each State decides how much physical education to include in the curriculum. In addition, public and private schools in the United States often conduct extramural sports programs for boys and girls. These activities are helping to build healthy practices that will not only serve young people now but will help to prevent health problems later in life. Communities also provide playgrounds, ball fields, and swimming pools for exercise. Swimming, baseball, soccer and other teams are actively supported through both private and voluntary organizations.

Nationally, the importance of physical fitness has been recognized and promoted through the establishment of the President's Council on Physical Fitness and Sports.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Although there is great emphasis on team sports in schools, there is not always an emphasis on achieving overall fitness, nor are all children who take physical education classes interested in keeping fit outside of school.

The 1990 Youth Risk Behavior Survey showed that 43 percent of males and 52 percent of females enrolled in grades 9-12 reported that they were not enrolled in physical education classes. Only 21 percent of students attended physical education classes daily. About one-third of students who attended physical education classes in the past 2 weeks reported exercising 20 minutes or more in class three to five times per week. Girls were significantly more likely than boys to report not exercising 20 minutes or more during the 2 weeks prior to the interview.

## **FEDERAL ACTION — PROGRAMS**

The President's Council on Physical Fitness and Sports is conducting a number of programs. These include:

- ***The President's Challenge:*** Established in 1966, this program provides awards to children and adolescents age 6-17. To qualify, students must score at or above

the 85th percentile on skills and activities that include a 1-mile run, curl-ups, pull-ups and flexibility. Those who reach the 50th percentile or above receive the National Physical Fitness Award. In 1990, 700,000 children won an award.

- **State Champion Program:** The State Champion Award is presented annually to three schools in each State that qualify the highest percentage of students for the Presidential Physical Fitness Award.
- **State Demonstration Center Program:** Schools representing the best physical education programs in the Nation are selected by each State's Department of Education and approved by the Council. Selected schools serve as demonstration centers, welcoming graduate students, foreign visitors, the media and interested others.
- **Regional Physical Fitness and Sports Clinics:** Approximately four instructor training clinics are held annually at various sites. These 2-day events are held in cooperation with the State Department of Education and the Governor's Council on Physical Fitness in that State and are hosted by a university or college. Workshops are presented by council staff and national authorities.
- **National Youth Fun and Fitness Program:** The program was conducted by more than 1,000 recreation agencies during the summer of 1990. The program offers materials and support to leaders and administrators to encourage children to exercise and participate in sports during the summer school vacation period.
- The Department of Housing and Urban Development's **Youth Sports Program** awards 5 percent of Public Housing Drug Elimination appropriations to groups that conduct youth sports programs in public and Indian housing developments that have substantial drug problems. The combined Fiscal Year 1991-92 competition will award \$15.75 million to support sports and other activities.
- The **President's Council on Physical Fitness and Sports** has enlisted the aid of movie star Arnold Schwarzenegger to encourage greater physical fitness among young people in this country. He has visited Governors of States to encourage them to include adequate physical fitness programs in schools.
- Nutrition education programs that are funded as part of children's food assistance programs also improve physical fitness. Nutrition education is provided to program operators, parents or caretakers and to the individual child. These educational efforts help teach the relationship between proper eating, fitness and good health.
- The Department of the Interior has developed an initiative entitled "**Enjoy Outdoors America.**" This initiative is designed to provide increased and diversified opportunities for safe and enjoyable outdoor recreation experiences on Federal lands for all Americans. Major activities include bicycling, boating, camping, fishing, hiking, hunting, and winter sports.

## FEDERAL ACTION — RESEARCH

- Government support is planned to study injuries resulting from sports and exercise. Research will focus on exercise pathophysiology of the musculoskeletal

system, including muscles, tendons and ligaments as well as epidemiological studies on sports injuries.

- The Child and Adolescent Trial for Cardiovascular Health, a Government-supported study, studies the effects of programs at school and within families designed to promote cardiovascular health among adolescents and reduce the risk of developing heart disease later in life. Materials used in the study will be published once the study is completed.

## **CHRONIC CONDITIONS**

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce to no more than 10 percent the proportion of people with asthma whose activities are limited (baseline: average of 19.4 percent during 1986-88).*

*Reduce the most severe complications of diabetes as follows:*

	<i>1988</i>	<i>2000</i>
	<i>baseline</i>	<i>target</i>
<i>- Prenatal mortality*</i>	<i>5%</i>	<i>2%</i>
<i>- Major congenital malformations*</i>	<i>8%</i>	<i>4%</i>

*\*Among infants of women with established diabetes*

*Reduce the age that children and youth begin cigarette smoking so that no more than 15 percent have become regular cigarette smokers by age 20 (baseline: 30 percent of youth had become regular cigarette smokers by age 20 through 24 in 1987).*

*Reduce smokeless tobacco use by males aged 12 through 24 to no more than 4 percent (baseline: 6.6 percent among males aged 12 through 17 in 1988; 8.9 percent among males aged 18 through 24 in 1987).*

### **PROGRESS MADE IN THE UNITED STATES**

Many children in the United States suffer from chronic conditions, including allergic disorders, heart disease, cancer, kidney disease, diabetes and genetic problems such as cystic fibrosis. But research and prevention have enabled the United States to make great strides in addressing these problems.

In the past, childhood disease, such as leukemia, routinely had a very grave prognosis. Yet, within the last two decades, research and technology have made it possible to successfully treat childhood leukemia and add years to young lives.

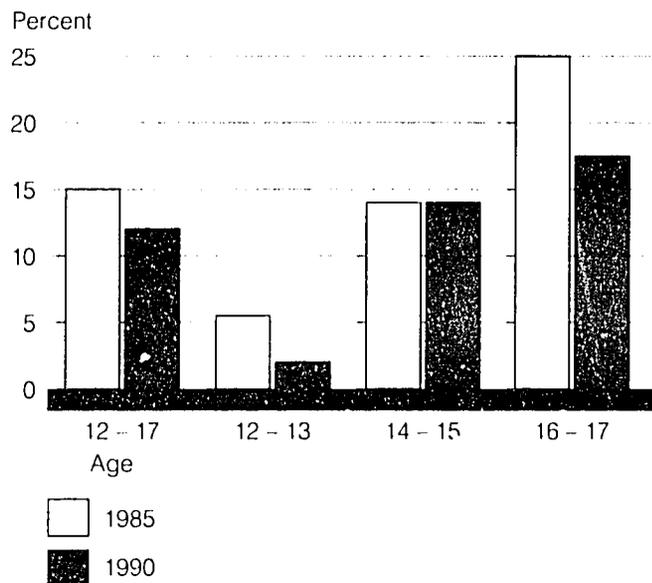
The Government funds a broad range of research that aids children with

chronic diseases. For example, research may make gene therapy possible for a number of diseases and inborn metabolic errors. In 1989, Government-supported researchers identified a gene that plays a major role in development of cystic fibrosis. In 1990, scientists at the National Institutes of Health performed the first successful gene therapy, treating a child with severe combined immune deficiency.

Physicians in the United States are trained to deal effectively with chronic diseases in young patients, and many hospitals include centers for specialized treatment of these problems. Additionally, private organizations, such as the Juvenile Diabetes Foundation, the American Lung Association, the American Cancer Society and others, help raise public awareness about these important problems, educate patients and their families, and provide funds for both research and treatment. Diabetes associations, for example, establish camps for children where they can learn to live effectively with their disease.

### Percentage of Youth Smokers\* by Age Group, 1985 and 1990

Source: National Household Survey on Drug Abuse, 1985 and 1990  
Alcohol, Drug Abuse and Mental Health Administration



\*Smokers defined as having used cigarettes in the past month.

### CURRENT NEEDS AND NATURE OF THE PROBLEM

An estimated 10 percent of the children in the United States suffer from a severe, chronic, or disabling condition, and up to 35 percent are estimated to have a mild or moderate condition. These include the following:

- Asthma afflicts nearly 5 million children in the United States, and the prevalence increased by 58 percent in 6- to 11 year-olds over the past decade. The prevalence of asthma is significantly higher in black children than in white children (9.4 percent versus 6.2 percent). It is a leading cause of school absenteeism and results in activity limitation and hospitalization for many children.
- Cystic fibrosis is the most common genetic disease in Caucasians, afflicting approximately 30,000 people, most of them young. The median life span of cystic fibrosis patients is approximately 25 years.
- Kidney and urologic diseases are among the Nation's most acute and growing public health problems. These diseases affect over 13 million Americans. In children, complications from kidney diseases include growth retardation, impaired development, marked central nervous system dysfunction and bone disease.

- Approximately 7,800 children are diagnosed each year with cancer, which in many forms is considered a chronic disease. This includes 2,500 who are diagnosed with leukemia, one of the most common forms of cancer in children.
- An estimated 14,000 children are diagnosed with diabetes each year.
- An estimated 965,000 children suffer from heart disease, and 94,000 suffer from sickle cell disease.
- Hemophilia affects about 18,000 males in the United States, and, annually, 150 to 200 infants are born with this genetic disease.
- In addition to these diseases, problems such as Lyme disease (the most common tick-borne disease in the United States) have been recognized.

## **FEDERAL ACTION — PROGRAMS**

Important advances are being achieved in both diagnosis and treatment of these diseases through the work of researchers throughout the United States. These advances include:

- The Government is planning a new initiative to describe the scope and nature of kidney diseases in children, as well as how these conditions affect young people.
- Government researchers have mapped the gene involved in development of polycystic kidney disease, which ranks fourth as a cause of end-stage renal disease. The gene and mutations of Alport's syndrome, a hereditary disorder of the kidney's filtering system, have also been identified. These advances may lead to new treatments.
- A number of possible new therapies for cancer are being tested. One major line of investigation that will continue to be pursued is the identification of treatments that stop the growth of cancer cells or which promote their development into mature, functioning cells. This may be a possible alternative to traditional treatments that kill cancer cells directly but that also harm normal tissue in the process.
- The Government monitors tobacco use and dietary patterns which contribute to disease, and sedentary lifestyles in comparable National, State and local surveys of high school students. This year, the Government will publish "*Guidelines to Prevent Tobacco Use Through Effective School Programs*" and begin development of guidelines to promote a healthy diet and reduce the number of students who pursue sedentary lifestyles.
- Research on the genetic defect in hemophilia, supported by the Government over the past few years, has progressed to the point where a "cure" for the disorder through gene therapy may be found by the end of the century. Successful gene therapy would free patients from the risk of contracting diseases from blood donor-derived therapeutic products. Similarly, gene therapy for hemoglobin disorders such as beta-thalassemia may become possible through application of innovative gene therapy techniques now under study in the laboratory. Successful gene therapy would offer the possibility of a normal life to these patients, who frequently do live past childhood or young adulthood.

- The Government will continue to pursue research to understand asthma in order to develop better means of treatment, diagnosis and prevention. The *National Cooperative Inner City Asthma Study* is investigating asthma in inner-city children. Centers for allergy research are being supported nationwide. These will focus, increasingly, on inner-city children, since mortality among this population appears to be increasing. The Government also administers the *National Asthma Education Program* to educate patients, health professionals and the public about asthma.
- The Government is working to develop educational materials for health professionals and the public to help insure that cases of Initiative disease will be detected early and properly treated.

The Nation is also trying to ensure that children with disabilities and chronic illness can receive services as close to their homes as possible. In 1987, the Surgeon General began a national effort to develop a Community System of Services for Children with Special Health Care Needs and Their Families. Healthy People 2000 calls for this system to be in place by the year 2000. The Government is working with public, private, voluntary and consumer groups at Federal, State and local levels to put this plan into action.

## DEVELOPMENTAL DISABILITIES

### THE WORLD SUMMIT PLAN OF ACTION URGES THAT:

*Further attention, care and support should be accorded to disabled children.*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce to no more than 10 percent the proportion of people with asthma whose activities are limited (baseline: average of 19.4 percent during 1986-88).*

*Reduce significant hearing impairment to a rate of no more than 82 per 1,000 people (baseline: average of 88.9 per 1,000 during 1986-88).*

*Reduce significant visual impairment to a rate of no more than 30 per 1,000 people (baseline: average of 34.5 per 1,000 during 1986-88).*

*Reduce the rate of serious mental retardation in school-aged children to no more than 2 per 1,000 children (baseline: 2.7 per 1,000 children aged 10 in 1985-88).*

*Ensure that all States have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239 (baseline data available in 1991).*

## **PROGRESS MADE IN THE UNITED STATES**

Over the past 35 years remarkable progress has been made in preventing a number of causes of childhood disability. Immunizations have prevented polio and associated paralysis, as well as congenital rubella and the associated deafness and mental retardation. The multiple disabilities of cerebral palsy following Rhesus Hemolytic disease have been dramatically reduced by prenatal treatment. Prevention has become incorporated into clinical practice following recognition that medications such as Thalidomide and valproic acid cause birth defects. Similarly, reducing environmental contamination from hazardous substances such as mercury and lead is an important example of the public health strategies that have helped to prevent developmental disabilities.

A recent example of progress made to date is the development of the Hemophilus Influenza Type B conjugated vaccine, licensed in the United States in 1987. An improved vaccine was introduced in 1990. This vaccine has the potential for eliminating bacterial meningitis, a major cause of neurological disability and retardation.

As a result of Government programs, the number of persons placed in institutions has steadily fallen over the last two decades. In two States, there are now no institutions for children or adults with developmental disabilities.

In the past 20 years, children with developmental disabilities have begun to be "mainstreamed," no longer separated from the school classroom or other community activities. When appropriate, "mainstreaming" of people with disabilities is encouraged.

Networks such as the University Affiliated Programs (UAPs) are improving the lives of persons with developmental disabilities in several ways. UAP networks work to direct services to persons with developmental disabilities; provide interdisciplinary training to students, professionals, and direct care providers; and provide technical assistance to State, county, and local agencies. For every dollar in Federal funds provided, the UAP networks generate an additional \$22 in funds.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

The term "developmental disability" refers to a physical or mental impairment that appears before age 21, that is likely to continue for an indefinite amount of time, that results in substantial functional limitations, and that requires support services.

Although the exact number of people with developmental disabilities in the United States is unknown, it is estimated between 3 million and 4 million.

Consider these statistics:

- An estimated 1 to 2 percent of infants and children have hearing impairment. Half of these cases are either congenital or acquired during infancy.
- Nearly 6 million children under age 18 have some form of speech or language disorder. About 8.5 percent of children up to age 3 have difficulties in understanding language.

- About 2 to 5 percent of children in the United States suffer from amblyopia (lazy eye), strabismus (ocular misalignment) and anisometropia (difference between the two eyes in nearsightedness, farsightedness, and astigmatism).
- The estimated rate of mental retardation among school children (I.Q. less than 70) is 8.4 per 1,000. The estimated rate of serious mental retardation (I.Q. below 50) is 2.7 per 1,000 children.

Medical advances make it possible to reduce the numbers of children afflicted with many of these problems. But many children are still vulnerable, particularly those exposed to crack cocaine and/or alcohol while in the womb. Education of pregnant women and other interventions may help to solve this problem.

## **FEDERAL ACTION — PROGRAMS**

The Federal Government has designed and implemented programs of integrated services to assist children who suffer from disabilities, as well as their families, as necessary. The Government's goal is to increase the independence and community integration of children and youth with developmental disabilities as much as possible.

- Family support programs have been established in nearly every State and Territory. These programs provide early intervention services and ensure that students with developmental disabilities can use public education and community recreation services.
- The Government awards block grants to State programs for children with special health care needs that provide services to disabled children, the blind, those with chronic diseases and others.
- Statewide networks are being established that provide comprehensive, community-based health care for infants, children and adolescents with special health care needs. Each State has developed its own plans and is moving toward implementation of a statewide program.
- The Department of Education's Office of Special Education and Rehabilitative Services (OSERS) supports and conducts research and demonstration projects to further the education of children with disabilities. It also provides assistance in serving disabled children in a variety of State-operated and State-supported schools and programs, as well as training for those who teach individuals with disabilities. Special parent training programs are also provided.
- Since 1989, OSERS has instituted regional programs for the deaf and innovations for educating children who are deaf and blind. Instructional media, such as captioned films and recordings, are used to eliminate illiteracy among individuals with disabilities.
- On October 31, 1990, President Bush signed into law the *Developmental Disabilities Assistance and Bill of Rights Act of 1990*. The purposes of this Act, as amended, are:

- To provide interdisciplinary training and technical assistance to professionals, paraprofessionals, family members, and individuals with developmental disabilities;
  - To advocate for and ensure that people with disabilities receive the services, support, and opportunities that will enable them to achieve their maximum potential;
  - To promote the inclusion of all persons with developmental disabilities into community life;
  - To promote the interdependent activity of all persons with developmental disabilities, and
  - To recognize the contribution of all people with developmental disabilities.
- The Government serves as an advocate for the developmentally disabled, awarding block grants to State programs for children with special health care needs to build systems that will provide services to disabled children, the blind, those with chronic diseases and others.

*Further services for disabled children are described in the chapter on "Children in Special Circumstances."*

## **FEDERAL ACTION — RESEARCH**

It is well documented that research can reduce the incidence of developmental disabilities. The Federal Government is committed to continuing this research, and new technologies will enable these programs to be conducted at an accelerated pace. The following are examples of research currently being pursued:

- The National Institute of Mental Health will pursue studies of social and economic factors to better understand the cause of mental disorders in children and adolescents and to identify more effective means of preventing them. These and other research directions are outlined in the *National Plan for Research on Child and Adolescent Mental Disorders* submitted to the U.S. Congress in 1990.
- The Government is developing public health interventions to prevent spina bifida, the leading cause of infantile paralysis today. One study has shown that folic acid supplements given around the time of conception can help prevent the disorder in newborns. The Government will try to adapt strategies for State and local health departments to implement.
- The Administration for Children Youth and Families is developing the Comprehensive Child Development Program to provide continuous support services to learning disabled children from low-income families. Children who are at risk or developmentally delayed are provided with access to screening and intervention services. Simultaneous studies are being carried out to ascertain the impact of poverty on early childhood development.
- The Government is working with State and local health departments to develop community-based programs to prevent fetal alcohol syndrome (FAS) and secondary disabling conditions in children born with FAS.

- The National Institutes of Health will continue basic and clinical research into the etiology and pathogenesis of diabetes and its complications.
- The Government will continue to fund research designed to improve the prevention, diagnosis and treatment of retinal diseases, corneal disease, glaucoma, strabismus and amblyopia. Efforts will be continued to develop low-vision aids.
- Extensive research will further understanding of dyslexia and other learning disabilities in children.
- Studies of neurological disabilities, including severe childhood epilepsy, are being pursued with Government support. Studies based on a registry, established in cooperation with the Health Officers Association of California, of children with cerebral palsy will be pursued as part of a birth defects monitoring program. This study will provide information about the medical and environmental causes of childhood neurological disabilities.
- Studies on genetically transmitted disorders that cause delays in child development will continue with Government support. Efforts are being made to determine what new research is needed on the long-term effects of cocaine on children.

## **ACCESS TO HEALTH CARE AND RELATED SERVICES FOR CHILDREN IN NEED**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Enhancement of children's health and nutrition is a first duty, and also a task for which solutions are now within reach.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force (baseline data available in 1991).*

<i>Special Population Targets</i>	<i>2000 Target</i>
<i>Infants up to 24 Months</i>	<i>90%</i>
<i>Children aged 7-12</i>	<i>80%</i>
<i>Adolescents aged 13-18</i>	<i>50%</i>

*Increase to at least 95 percent the proportion of people who have a specific source through which they receive both ongoing primary care and preventive and episodic health care (baseline: less than 82 percent in 1986, as 18 percent reported having no physician, clinic, or hospital as a regular source of care).*

<i>Special Population Targets</i>	<i>1986 Baseline</i>	<i>2000 Target</i>
<i>Hispanics</i>	<i>70%</i>	<i>95%</i>
<i>Blacks</i>	<i>80%</i>	<i>95%</i>
<i>Low-income people</i>	<i>80%</i>	<i>95%</i>

*Improve financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992).*

## **PROGRESS IN THE UNITED STATES**

Increasing life span, overall reductions in infant and child morbidity and mortality, and relatively high immunization levels illustrate major advances in improving access to primary health care. Low-income and other special population groups have particularly benefited from Medicaid, the National Health Service Corps, Head Start, Community and Migrant Health Centers, and other programs.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Despite efforts to assure access to primary health care services, particularly preventive services, full coverage has yet to be achieved. In 1986, 18 percent of Americans — 43 million people — reported having no physician, clinic or hospital as a regular source of medical care. Sixteen percent reported needing health care but having difficulty obtaining it. Twenty percent of the poor reported no regular source of care.

Studies have demonstrated that collaboration between public and private organizations can increase use of preventive services and increase the ability of low-income people to afford primary care. Several recent studies with populations of underserved, uninsured or under-insured individuals have demonstrated that increased access to primary care results in better health and reductions in inappropriate use of emergency services.

Although Government programs are working to fill the gap, there continues to be a shortage of health professionals to serve in needy or isolated communities.

## FEDERAL ACTION — PROGRAMS

The United States recognizes that access to essential health services, particularly prevention services, is critical to the health and development of children in the United States.

- Throughout the Government, emphasis is being placed on improved integration of services. The Administration's proposals for comprehensive reform of the health care system, together with existing programs, will assure that all Americans have can obtain secure and affordable health care. By 1994, the Administration expects that at least 45 States will have produced a plan for statewide networks of community-based, comprehensive service systems.
- The *Head Start* program's overall goal is to improve the social competence among children of low-income families. Crucial to this goal is maintaining children's health and developing good health habits. Head Start students not only learn about the alphabet and numbers, but also basic health, nutrition and self-care concepts.
- The *National Health Service Corps* places physicians and other health care workers in areas where there is a shortage of medical professionals, in exchange for cancellation of part of their education costs. This program has been instrumental in assuring that qualified health professionals work in areas where they might not otherwise live, including remote rural regions and very poor parts of the inner city.
- The *Medicaid* Program provides grants to States for medical care. State expenditures for medical assistance are matched by the Federal Government on the basis of a formula that measures per capita income in each State relative to the national average. In general, eligibility for Medicaid is based on a person's eligibility for other assistance programs, including *Aid for Families with Dependent Children (AFCD)* or *Supplemental Security Income (SSI)*. These program participants are referred to as "categorically eligible." States are required to provide certain basic services to all categorically eligible recipients. These services include inpatient and outpatient health care and health screening services to children under 21 years of age.

In recent years, changes in Medicaid have expanded eligibility and services for certain populations, especially children and pregnant women, who may previously have been uninsured. Under these expansions, States must cover children under age 6 and pregnant women whose family income does not exceed 133 percent of the Federal poverty level. Currently, over 30 million people in the United States receive Medicaid assistance, including an estimated 6 million women who are either mothers or are pregnant and 17 million children.

- The *Indian Health Service* serves approximately 1.2 million American Indians and Alaskan Natives through 50 hospitals and 331 outpatient facilities.
- The Department of Education *Migrant Student Record Transfer System* helps children of migratory agricultural workers and fishers with their education by transferring academic and health records from school to school as they move.



## MEDICAID

*Medicaid provides Federal matching funds to help states provide health care for certain low-income persons. In 1991, the Bush administration and states combined to provide more than \$89 billion in care. Of that total, the States contributed \$38.3 billion and the Federal Government, \$50.8 billion. An estimated 20 percent of the total Medicaid expenditures for health care was spent on behalf of children.*

*Around 29.8 million people were receiving health care in 1992 from the various State Medicaid programs.*

*They include:*

- *Recipients of Aid to Families With Dependent Children (AFDC), for which the states set eligibility standards.*
- *Aged, blind and disabled persons receiving help from the federal Supplementary Security Income (SSI) program.*
- *Pregnant women and children up to age 6 whose family income does not exceed 133 per cent of the federal poverty line. If states so choose, those whose income is up to 185 percent of the federal poverty level may also be eligible.*
- *Children born after Sept. 30, 1983 in families with incomes at or below the Federal poverty level. By the year 2000, all eligible children up to age 19 will be covered.*

*States may cover numerous other low-income groups, and may waive certain requirements. The Federal Government has developed a simplified model Medicaid application.*

*At the Federal level, the Medicaid program is administered by the Health Care Financing Administration (HCFA), created in 1977. HCFA also administers the Medicare program for the elderly and children receiving Social Security disability benefits, and other related activities. In Fiscal Year 1992, HCFA will spend an estimated \$204 billion—over one-tenth of the total Federal budget—to provide health care services to 65 million elderly, disabled, and poor Americans in these programs.*

*Under the Medicaid program, special prevention and other services must be provided to Medicaid-eligible children under age 21 under the Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT). In fact, state Medicaid agencies are mandated to seek out eligible children and encourage their families to enroll them in the program.*

*The EPSDT program provides periodic medical and dental examinations, which include a health and developmental history, a physical exam, immunizations, lab tests, health education and guidance and services for vision and hearing. Furthermore, States are required to provide children eligible for the program other necessary health care, even if such services are not covered for other persons under the states' Medicaid programs. In 1990, Alabama's infant mortality rate had dropped to 10.9 percent, down from 12.1 percent just the year before. Alabama officials credit the decline to a expansion in Medicaid programs that has brought thousands of expectant mothers into the public health system in the preceding two years.*

*A variety of state-sponsored outreach programs targeting children and their parents provide locally conceived and administered ways to make more people aware of how Medicaid and Maternal and Child Health programs.*

*For example:*

*—Minnesota has designed an outreach campaign specifically targeting families with young children. Since 1988 the state has operated the Children's Health Plan, a program that expands Medicaid to provide state-funded health insurance for all children up to age 8 living in families with incomes below 185 per cent of the Federal poverty level. To publicize the program, the state uses direct mailings, brochures, posters, and telephone and radio public service announcements.*

*—Utah has run its "Baby Your Baby" perinatal outreach campaign since 1988 to communicate the importance of prenatal care. State officials recently have launched a second phase of "Baby Your Baby" that persuades families to obtain early and continuous well-child care.*

*—Utah has also created a new, statewide high-risk infant tracking system. Linking birth certificates and newborn metabolic and other screening forms, the Utah health department developed a database that identifies all high-risk births—about 18 per cent of all births in the state. Health department staff then contact the families and providers of these infants to organize well-child care, familiarize them with the Baby Your Baby campaign, and send them a 120-page "Keepsake" handbook patterned after Japan's prenatal passport that includes two perforated, tear-out postcards containing questions for further information.*

# FOOD AND NUTRITION



The bounty of the United States's productive farms ensures that most children are adequately nourished. Many diseases caused by nutritional deficiencies have been virtually eliminated. An abundant food supply, fortification of some foods with critical trace nutrients and better methods for determining and improving the content of foods have contributed to better nutrition for children and adults alike.

Some nutritional problems among children remain. Iron deficiency, the most common single nutrient deficiency, is more prevalent among young children, early adolescents, women of child-bearing age, and pregnant women than other population groups. Some women do not receive enough calcium and zinc.

Diseases of nutritional deficiency have, for the most part, been replaced by health problems related to dietary excess and imbalances. Overconsumption and poor selection of food results in problems for all income groups in the United States. Dietary excess and imbalance problems now rank among the leading causes of illness and death in the United States, and generate substantial health care costs. Chief among these is overconsumption of fat, which is linked to a number of health problems, including heart disease and cancer later in life.

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Continued education and information can limit parents' abilities to provide adequate nutrition for their children. Breastfeeding provides the best nutrition for infants, however, breast-feeding rates are low.

Continued education and information may be the best strategy for alleviating problems associated with poor dietary selection. Food labels are important nutrition education tools. In addition to food label messages, other materials are being developed to influence people to change behavior. Reach more people through magazines, newspapers, and television and to target selected people in subgroups appropriately.

Government programs provide aid for low-income households who cannot afford to buy the food they need. One in six persons received government-sponsored food assistance during 1991.

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## REDUCTION OF MALNUTRITION THROUGH FOOD ASSISTANCE

### THE WORLD SUMMIT PLAN OF ACTION URGES:

*Reduction of severe and moderate malnutrition among children under 5 by one-half of 1990 levels.*

*Goals also relate to Summit Declaration statements: "Enhancement of children's health and nutrition is a first duty" and "Improved nutrition requires ... adequate household food security."*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce growth retardation among low-income children age 5 and younger to less than 10 percent (baseline: up to 16 percent among low-income children in 1988, depending on age, race and/or ethnicity).*

*Increase to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies (baseline data: 67 percent of married women during 1980).*

*Increase calcium intake so that at least 50 percent of youth age 12 through 24 and 50 percent of pregnant and lactating women consume three or more servings daily of foods rich in calcium, and at least 50 percent of people age 25 and older consume two or more servings daily (baseline data: 7 percent of women and 14 percent of men age 19 through 24 and 24 percent of pregnant and lactating women consumed three or more servings, and 15 percent of women and 23 percent of men age 25 through 50 consumed two or more servings in 1985-86).*

### PROGRESS MADE IN THE UNITED STATES

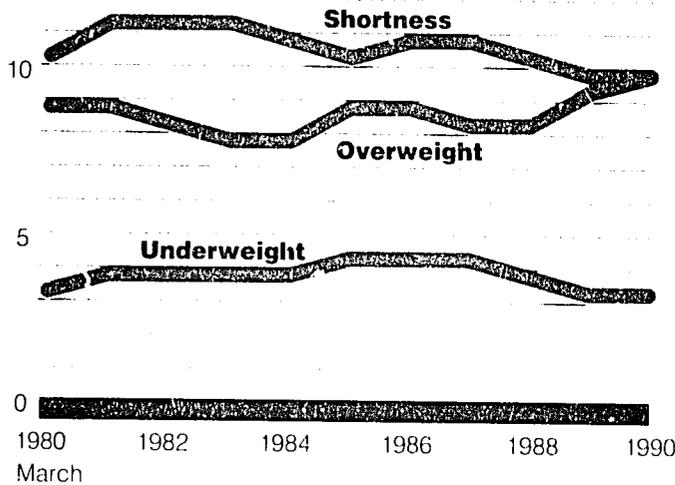
As recently as the 1940s, diseases such as rickets, pellagra, scurvy, beriberi, xerophthalmia and goiter, caused by lack of dietary vitamins A, D and C, along with niacin, thiamine and iodine, respectively, were prevalent in the United States. Today, thanks to an abundant food supply and fortification of some foods with critical trace nutrients, these deficiency diseases have been virtually eliminated. Protein deficiency is rare.

Fortification of staple foods has improved public health in the United States. For example, today, milk and margarine must be fortified with vitamin A, and may also be fortified with vitamin D. Food fortification is governed by regulations permitting the enrichment of a variety of products.

Because of fortification, general prosperity and public assistance, most American children have enough to eat. Neither vitamin A deficiency nor growth retardation is a problem for the vast majority of children in the United States.

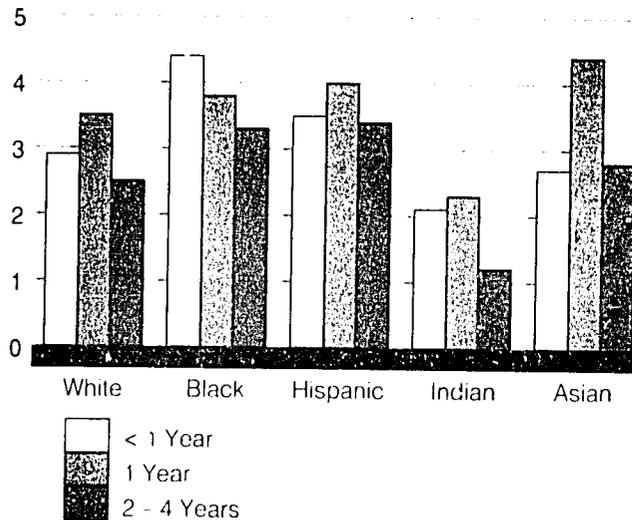
**Anthropometric Trends —  
1990 Pediatric Nutrition Surveillance  
Total States/Territories/Reservations**

Percent Low or High



**Underweight by Age/Ethnic Group  
1990 Pediatric Nutrition Surveillance  
Total States/Territories/Reservations**

Percent < 5th Percentile



Similarly, most women receive enough nourishment so that they carry their babies to term, and give birth to normal-weight infants.

**CURRENT NEEDS AND NATURE OF THE PROBLEM**

Studies published by the U.S. Department of Agriculture in 1985 and 1986 indicate that 2.5 percent of very low-income children ages 1 through 5 have caloric intake less than half of the Recommended Dietary Allowances recommended by the U.S. National Research Council. One study showed that low-income children demonstrate higher than expected prevalence of low height for their age (8 to 14 percent compared to the expected 5 percent below the fifth percentile of height), which may result from an inadequate diet or parasitic diseases.

Growth retardation was found to be especially high for Asian and Pacific Island children age 12 through 59 months, particularly those from Southeast Asia, Hispanic children up to age 24 months and black infants during the first year of life.

Approximately one-third of all mothers do not gain enough weight during their pregnancies, increasing their risk of adverse birth outcomes. Two groups particularly at risk for having low birth-weight infants and other adverse outcomes of pregnancy, teenagers and black women, both tend

to gain less weight during pregnancy than other pregnant women. Although a pregnant woman can gain adequate weight regardless of the quality of her diet, the goal is to promote desired weight gain through sound dietary practices.

Calcium is an important component in the development of strong bones in children, and in the prevention of osteoporosis among women in later life. The Recommended Dietary Allowance (RDAs, or quantity of nutrients established as adequate for good health) of calcium is 1,200 milligrams for people age 12 through

24,800 milligrams for those age 25 and older, and 1,200 for pregnant and lactating women. Yet fewer than a quarter of each of these age groups consumes recommended amounts of foods rich in calcium.

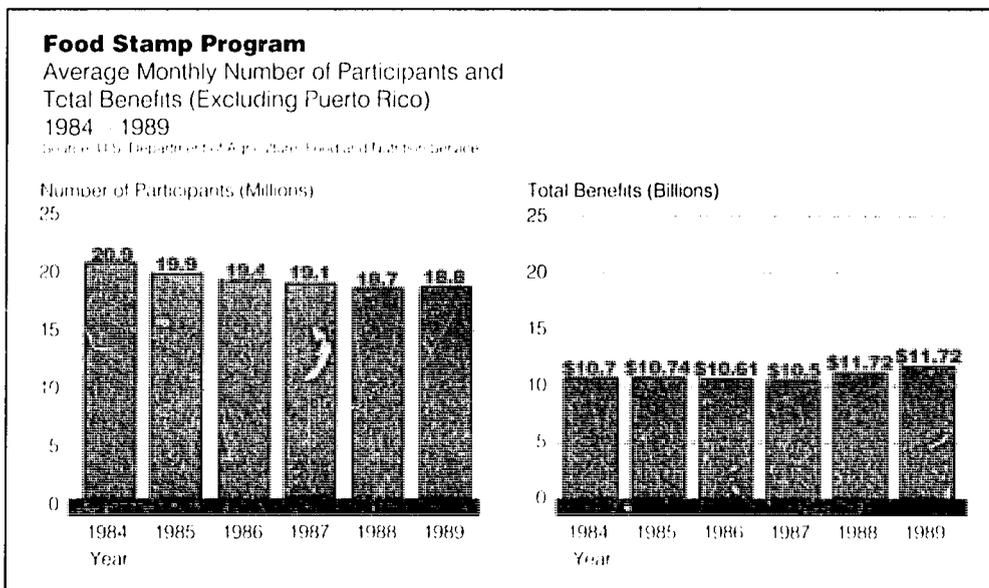
## FEDERAL ACTION — PROGRAMS

In the United States, programs have been established to ensure that no one goes hungry. Nearly one in six Americans participated in one or more of the programs in 1991. Many of these programs distribute or pay for food for low-income families with children. Other programs encourage pregnant women and families with children to consume nutritionally balanced diets.

The U.S. Department of Agriculture (USDA) will spend more than \$30 billion this year on food assistance programs. Individuals participating in a program may receive food or coupons redeemable for food items in retail stores. Institutions operating Federal meal programs, such as schools, may receive cash assistance and surplus food. Many people, particularly children, may qualify for benefits from more than one program.

Three programs — the *Food Stamp Program*, *Food Distribution Program on Indian Reservations* and the *Nutrition Assistance Program* in Puerto Rico — help meet the needs of low-income families and individuals. The Food Stamp Program, the largest of all food assistance programs, provides food to low-income households, 81 percent of which are households with children. The program's purpose is to permit low-income households to obtain a more nutritious diet by increasing their purchasing power.

- The *Food Stamp Program* is distinct from other income maintenance programs. It is the only program that provides assistance nationwide to all financially needy households without imposing non-financial criteria, such as whether households contain children or elderly persons. Food stamp coupons can be redeemed for food in 200,000 authorized stores across the nation. At the end of 1991, there were about 24 million food stamp participants. The program accounted for nearly three out of every five Federal food assistance dollars spent in 1990.



- The *Special Supplemental Food Program for Women, Infants and Children (WIC)* serves low-income pregnant, post-partum and breastfeeding women, and infants and children up to age 5 at 8,200 sites across the nation. In 1991, the program served about 2.2 million children per month.

WIC participants receive monthly coupons redeemable in stores for certain food items. WIC also provides nutrition education and referrals to health care and social service programs. WIC foods are high in calcium, iron, protein and vitamins A and C. WIC provides dairy products in its packages to pregnant women, but for those who cannot tolerate them, low-lactose and lactose-free products are distributed.

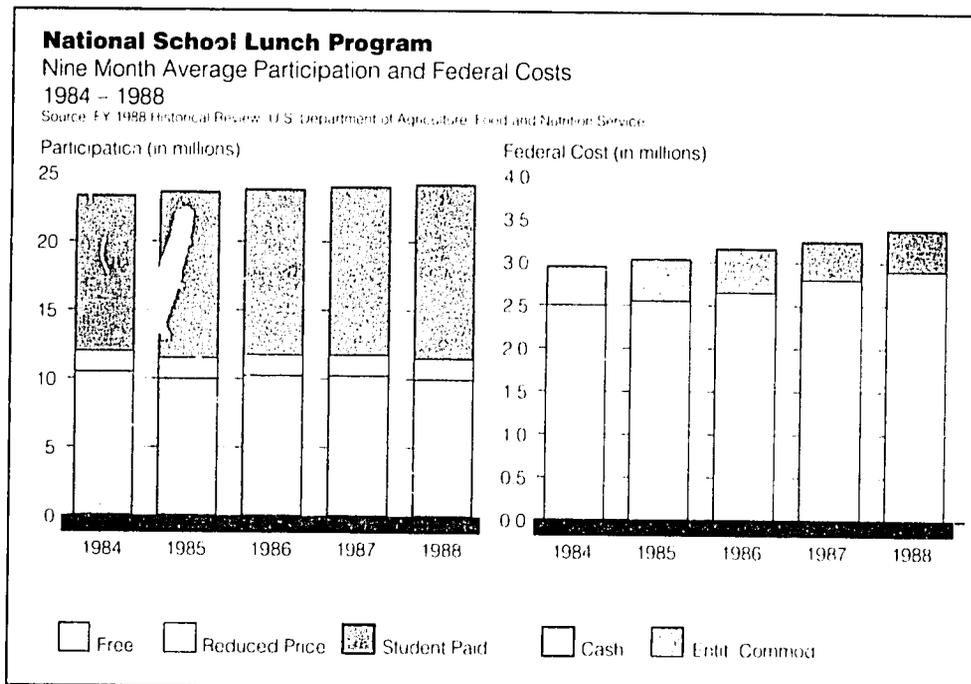
- The *Food Distribution Program on Indian Reservations* distributes food monthly to participating low-income Native American families living on or near reservations. The program was established because of concerns that many Native Americans could not use food stamps because of the scarcity of stores on many reservations.

Five nutrition programs are specifically for children. These operate primarily through schools but also serve child care centers and other institutions. Children from all income levels may receive benefits. Those from households whose income is below 130 percent of the poverty level receive free meals, while children from households with higher incomes pay for part of the cost.

- The *National School Lunch Program*, the largest of the child nutrition programs, is designed to provide one-third of the Recommended Dietary Allowance (quantities of nutrients established as adequate for good health) for key nutrients. Research indicates that, on average, program lunches are more nutritious than other lunches

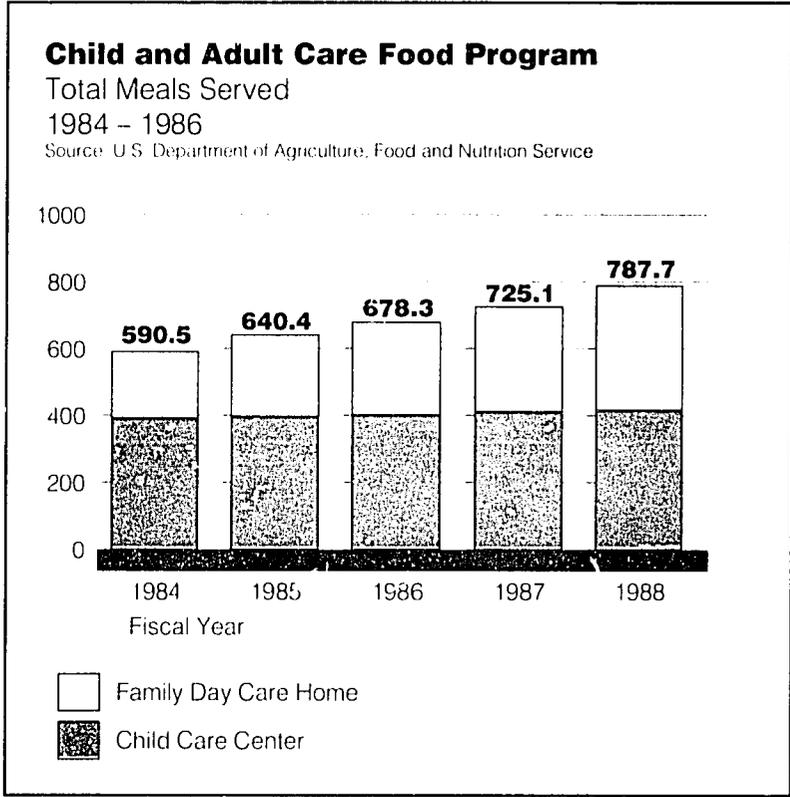
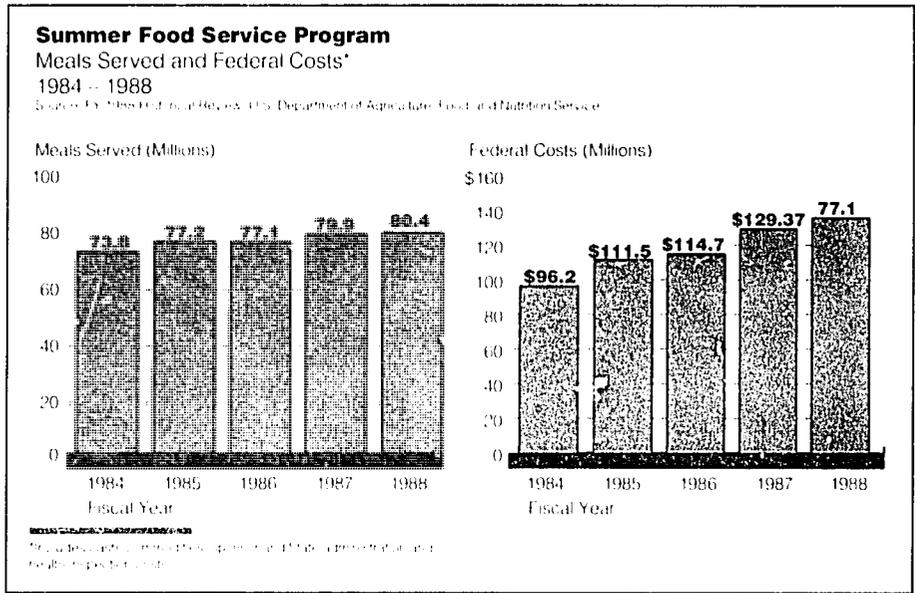
school children eat, including those brought from home or bought off campus.

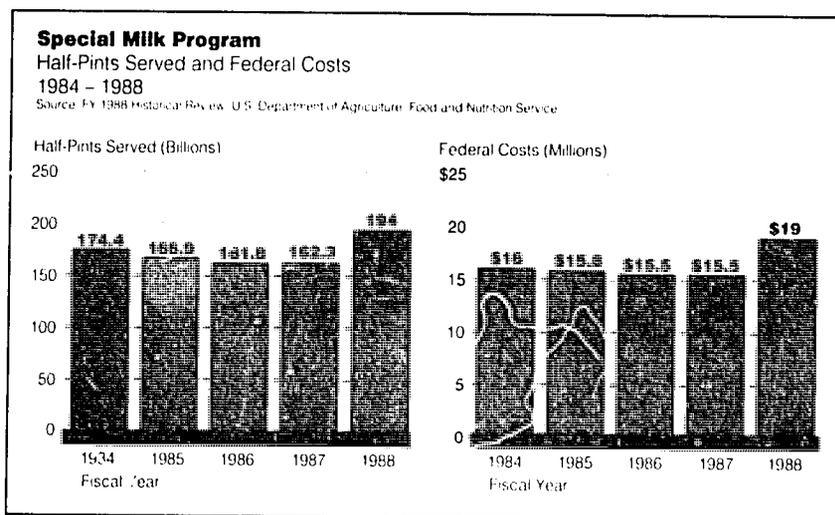
Nevertheless, USDA is working to improve the quality of lunches. For example, purchased commodities are now lower in fat and sodium content than in the past. New technical assistance and training efforts are also under development to help food service operators better meet Federal dietary guidelines.



The National School Lunch Program is available in 87,000 of the nation's 110,000 public and private schools (according to 1989 figures from the USDA and the U.S. Department of Education), accounting for 98 percent of public school children across the Nation. The program ensures that schools can serve nutritious meals at low cost or free to about 25 million children on an average day. About half of all meals served under this program are to children from low-income households.

- About half of the schools that offer the National School Lunch Program also offer the *School Breakfast Program*. USDA is working to increase school participation in this program, particularly in low-income areas. The Department is offering \$28 million in special one-time start-up grants through 1994 to States to purchase equipment, produce outreach materials or provide training necessary to start breakfast programs. Research indicates that eating breakfast from any source is one of the most important predictors of whether the RDAs are achieved.
- The *Child and Adult Care Food Program* enables non-profit child and adult day care centers to offer meals. USDA is awarding grants for projects to expand the program in rural and low-income areas. One such project offers year-round food assistance for preschool children in homeless shelters.
- The *Summer Food Service Program* provides meals for children from low-income areas during summer months when many schools are closed for vacation, and other vacation periods when schools are on a year-round schedule.





- The *Special Milk Program* provides subsidies to institutions, including schools, that do not participate in other USDA programs to pay for the provision of half-pints of milk to children. In addition, virtually all Head Start centers offer meals provided through Federal assistance. Other USDA food assistance programs are available to people with temporary needs, or to others at different developmental stages.

## FOOD LABELING

### U.S. OBJECTIVES FOR THE YEAR 2000

*Achieve useful and informative nutrition labeling for virtually all processed foods and at least 40 percent of fresh meats, poultry, fish, fruits, vegetables, baked goods, and ready-to-eat carry-away foods (baseline: 60 percent of sales of processed foods regulated by the Food and Drug Administration had nutrition labeling in 1988; baseline data on fresh and carry-away foods unavailable).*

*Increase to at least 85 percent the proportion of people age 18 and older who use food labels to make nutritious food selections (baseline: 74 percent used labels to make food selections in 1988).*

### PROGRESS MADE IN THE UNITED STATES

American foods have been regulated for over 85 years, beginning with the passage of the Federal Meat Inspection Act in 1906 and the Pure Food and Drug Act shortly thereafter. Today, Federal laws require a good deal of information about product contents. Most American consumers say that these ingredient lists and nutrition labels may influence their decision to buy specific foods.

### CURRENT NEEDS AND NATURE OF THE PROBLEM

Half of consumers, however, say ingredient and nutrition labels are hard to understand or indecipherable. It is important for them to be able to understand the labels, for many are trying to reduce their ingestion of ingredients such as salt and fat. In particular, many consumers say label descriptions of various products' fat and salt content are hard to understand. As for vitamins and minerals, most consumers do not understand the current RDAs on food labels.

## FEDERAL ACTION

Safe and adequate food supplies are essential for proper nutrition. The Food and Drug Administration and the USDA Food Safety and Inspection Service (FSIS) with a combined 1992 budget of about \$1.2 billion, regulate the food industry to ensure that government regulations and guidelines for good manufacturing, sanitation, food safety and accurate labeling are followed.

In 1991, FDA and FSIS issued new regulations governing food labeling. Under the regulations nutrition labeling will be required on all processed foods. No explicit or implied nutrient content claim will be on a food label unless it uses terms that have been defined by FDA and FSIS regulations. A voluntary nutrition labeling program will be initiated for raw fruit, vegetables, meat and fish. Separate recommended daily intake levels are being developed for infants and for children under age 4.

Standard definitions are being developed for terms such as "low fat" and "sodium free." Such claims will not be allowed in labeling of foods intended for use by infants or toddlers under age 2. The FDA believes that restricting the diet of children in this age group should await demonstration that restriction is needed.

The FDA will monitor labeling through inspection of manufacturing facilities, product testing to determine labeling accuracy and legal action against any foods found not to be in compliance.

The FDA estimates that, for food products that come within their area of responsibility, 17,000 firms and 257,000 labels will be altered. The USDA estimates that 8,933 firms and 520,000 meat and poultry labels will be affected by changes still undergoing review. Some 96,000 restaurants that display health or nutritional claims for the food they serve may have to revise menus or menu boards.

## NUTRITION EDUCATION AND RESEARCH

### U.S. OBJECTIVES FOR THE YEAR 2000:

*Reduce overweight to a prevalence of no more than 20 percent of people age 20 and older and no more than 15 percent of adolescents age 12 through 19 (baseline data: 26 percent for people age 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents through age 19 in 1976-80).*

*Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among those age 2 or older (baseline: 36 percent of calories total fat and 13 percent from saturated fat for people age 20 through 74 in 1976-80; 36 percent and 13 percent for women age 19 through 50 in 1985).*

*Increase to at least 75 percent the proportion of the nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of a quality school health education (baseline data: 12 states required nutrition education in 1985; new data under analysis).*



**Healthy People  
2000:  
National Health  
Promotion  
Disease  
Prevention  
Objectives**

*In September, 1990, the same month world leaders met at the United Nations to focus attention on the world's children, the Bush administration a report describing 300 national health objectives for the United States.*

*Called "Healthy People 2000: National Health Promotion and Disease Prevention Objectives," the report was a collaborative effort among government, voluntary and professional organizations, business and individuals.*

*"Healthy People 2000" was supervised by the U.S. Public Health Service, an agency of the U.S. Department of Health and Human Services. It sets three principal public health goals for the 1990s:*

- *Increase the span of healthy life for Americans*
- *Reduce health disparities among Americans*
- *Achieve access to preventive services for all Americans.*

*To help meet these goals, 300 objectives were set in areas of health status, risk reduction and service delivery. More than 170 of these concern the health of mothers, infants, children, adolescents and youth. The objectives for maternal and child health has been published separately as "Healthy Children 2000."*

*The health objectives address many issues that are also contained in the goals set by the World Summit: maternal health and prenatal care; immunization; nutrition issues, such as iron deficiency; breast feeding, nutrition education; persistent environmental problems, such as lead poisoning; and immunization.*

*Except when the issues pertain specifically to women and female children, such as prenatal care or reproductive health, "Healthy People 2000" gives equal weight to the health of men and women.*

*Unlike the UN summit statement, U.S. health objectives do not discuss iodine deficiency disorders and elimination of*

*vitamin A deficiency (which are not problems affecting U.S. children to any extent) or increasing food production.*

*The following organizations will carry out the objectives of the Healthy People 2000 report:*

*Healthy People 2000 Consortium: Founded by the U.S. Public Health Services and the Institute of Medicine of the National Academy of Sciences. The consortium includes almost 500 private sector, national membership organizations, representing the professional groups, corporations, as well as state and territorial health departments. Consortium members helped develop the objectives. Many members have already initiated activities to help achieve the objectives and others are being encouraged to do so.*

*Public Health Service: Agencies within the PHS are monitor progress in the 22 areas for federal action listed in the Healthy People 2000 objectives. Secretary Sullivan has asked that beginning with fiscal year 1993, PHS agency budget proposals indicate how the agency supports achievement of the "Healthy People 2000" objectives.*

*State Health Departments: Most states have already begun setting their own health objectives for the year 2000, modeled on the national effort. Some 36 of the 50 states have already developed objectives or plans.*

*Healthy Communities 2000: Model Standards: This report tells local communities how to put "Healthy People 2000" objectives into practice.*

*Healthy People 2000: Special Populations and Settings: Certain populations are at higher risk for disease, disability or premature death. To help stimulate programs for these high-risk groups, PHS has agreements with national organizations that can reach these populations. An agreement with the American Association of School Administrators will help develop programs for school children, for instance.*

## PROGRESS MADE IN THE UNITED STATES

The United States has been conducting research into the relationship between food intake and health since at least the 1920s. But it is in the last two to three decades that significant epidemiological evidence has linked excessive fat and salt consumption with the development of cardiovascular disease and some types of cancer.

USDA and HHS have established "Dietary Guidelines for Americans" as a statement of Federal nutrition policy. The guidelines discuss both nutritional adequacy and overconsumption and apply to healthy Americans over age 2. They were first released in 1980 and were reviewed and revised in 1985 and 1992. The guidelines are the basis of the nutrition programs at USDA and HHS.

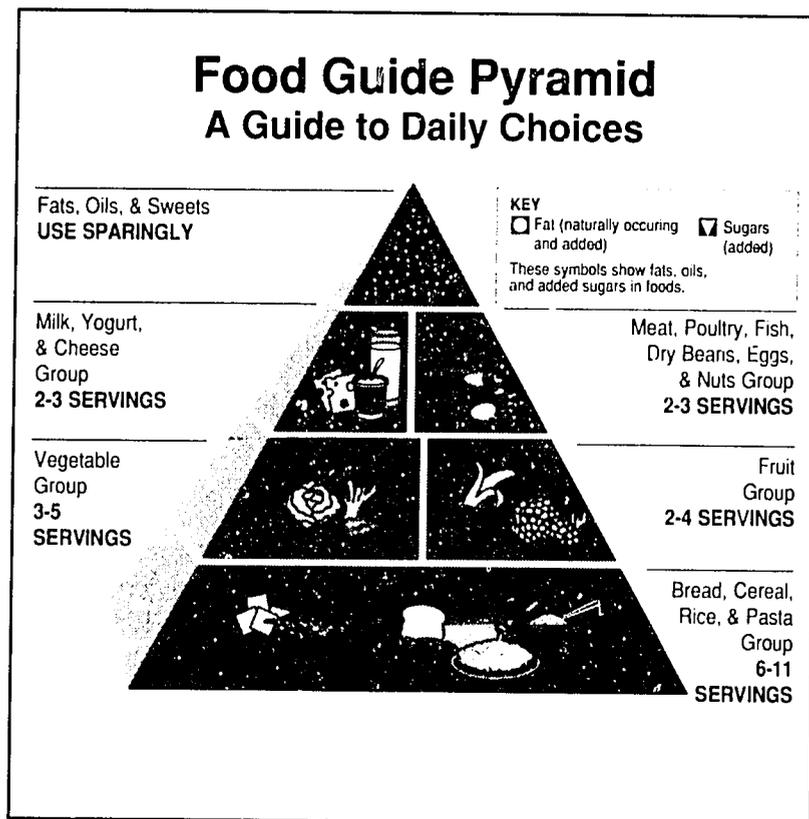
The visual companion to the Dietary Guidelines for Americans, the Food Guide Pyramid, conveys the three essential elements of a healthy diet: proportion, moderation and variety.

In addition, the Government, in cooperation with private organizations such as the American Cancer Society and American Heart Association, has launched a campaign to induce Americans to consume healthier diets through information and educational materials. Much of this information has appeared in the news media and on television, but many private organizations, such as hospitals and grocery store chains have produced healthier versions of well-loved recipes and posted

nutritional information over grocery cases. Manufacturers are producing more products with lowered fat and salt content. School lunch programs and workplace cafeterias are offering healthier food selections along with traditional choices.

A 1990 law requires USDA and HHS to review and release the Dietary Guidelines for Americans every five years. To comply with this law, USDA and HHS will review all of their nutrition education materials to ensure consistency with the guidelines.

A USDA survey conducted in 1985 showed an increase in Americans' intake of low-fat and skim milk, consumption of frozen vegetables and frozen juices had increased compared to some earlier studies, while household consumption of whole milk, beef fats and oils, sugar and eggs had declined.



## CURRENT NEEDS AND NATURE OF THE PROBLEM

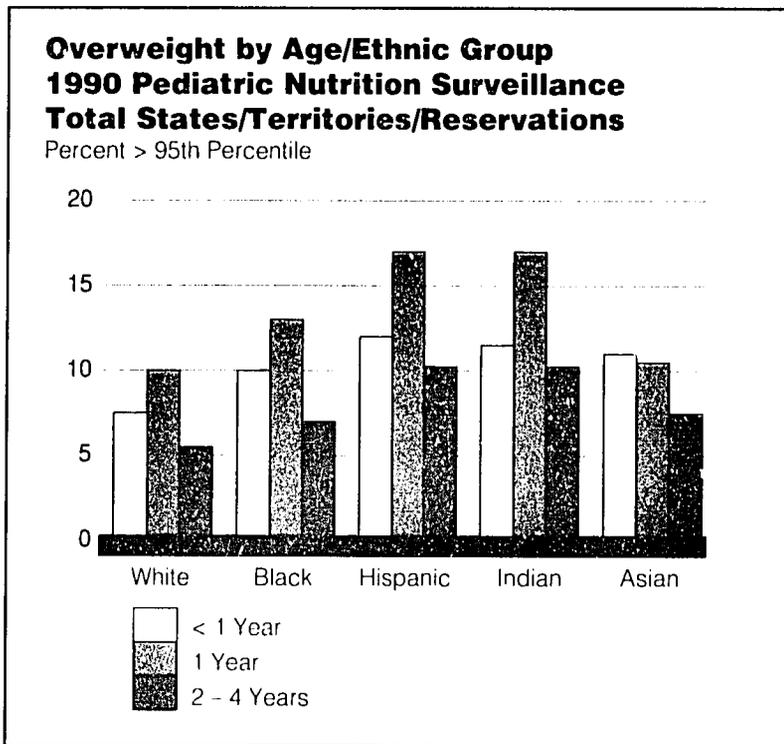
American adults currently obtain about 36 percent of their total calories from fat, with about 13 percent from saturated fat. A quarter of the population over age 20 and 15 percent of adolescents, are overweight. In 1988, only 64 percent of people age 18 and older could identify the major sources of saturated fat, although 72 percent were aware of the association between dietary fat, cholesterol and heart disease.

Many students do little to make adequate nutrition choices. One survey found that only 21 percent of students say they think a lot about whether the food they choose is good for them (Healthy People 2000). Another survey of a nationally representative sample of eighth- and tenth-graders found that 48 percent of the girls and 32 percent of the boys had not eaten breakfast on five or more days during the preceding week.

Additional research is needed to define obesity in children. At puberty, boys lose a layer of subcutaneous fat, while in girls fat deposition continues. Thus, without measures of sexual maturity, measures of body fat and body weight are difficult to interpret in preadolescents and adolescents.

## FEDERAL ACTION — PROGRAMS

- Government survey data show that all States either have mandates or initiatives for school-based nutrition education. Nine States directly require that nutrition be taught, another 21 include nutrition as a component of other mandated areas, usually health education. Twenty-three States are encouraging their school districts to include nutrition education in the curriculum.
- In 1993, the U.S. Department of Agriculture's new *Nutrition Education Initiative* will feature expanded and better coordinated efforts to improve the nutritional well-being of Americans, particularly among children and low-income adults.
- The USDA *Nutrition Education and Training Program*, reauthorized by Congress in 1989, provides funds for state agencies to encourage good eating habits among children, train food service personnel in nutrition, encourage food and nutrition education in the cafeteria, instruct educators in nutrition education and develop education materials.



- The *Cooperative Extension System*, a publicly funded, nationwide educational network that links the expertise and resources of Federal, State and local partners, trains and supervise paraprofessionals and volunteers who teach food and nutrition information and skills to low-income families and youth. Under a new national initiative, “The Plight of Young Children,” CES is also working with communities and other agencies to teach families with young children and disadvantaged individuals skills in health, nutrition, money management and parenting.
- The *National Five-a-Day for Better Health Program* is a joint project of the National Cancer Institute and the fruit and vegetable industry. The program aims to make Americans more aware of how fruits and vegetables can improve their health, including how they can help lower cancer risk. The program encourages Americans to eat five or more servings of fruits and vegetables a day.

### **FEDERAL ACTION — RESEARCH**

- The Agricultural Research Service of USDA is conducting research to determine the nutritional needs of expecting and recent mothers. Research is under way at the Children’s Nutrition Research Center at the Baylor College of Medicine in Houston, Texas.
- The Food and Nutrition Services of USDA is spending \$3 million on the *School Nutrition Dietary Assessment Study*, the first effort in more than 10 years to assess the nutrient content and dietary impact of school breakfast and lunch programs. Results are expected in late 1992.
- The National Institutes of Health (NIH) and its components continue to conduct research into the impact of diet on health. For instance, NIH is evaluating the safety and efficacy of cholesterol-lowering diets in school-age children with high cholesterol levels. Additionally, the National Cholesterol Education program released the “*Report of the Expert Panel on Blood Cholesterol Levels in Children and Adolescents*,” which identified dietary guidelines for young people.
- Nutrition research related to digestive problems and chronic metabolic disorders, such as diabetes, is being conducted by NIH. Government-supported researchers are studying the cause of nutritional disorders such as anorexia (chronic self-starvation) and bulimia, otherwise known as binge-purge disorder, which have become more prevalent among young women in recent years. Childhood obesity, the most common nutritional disorder, is also the subject of research.

## IRON DEFICIENCY

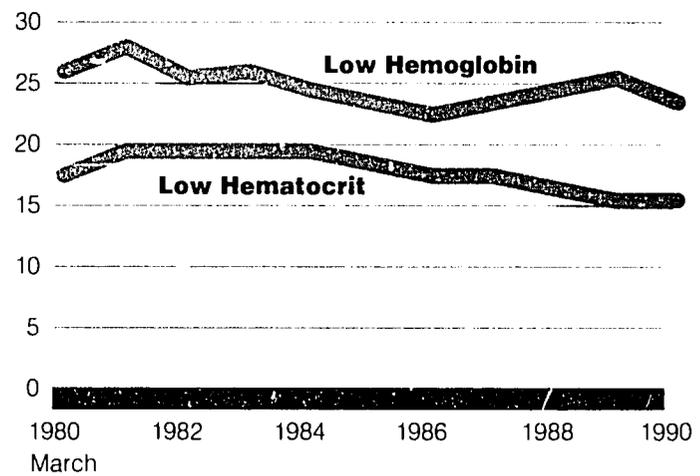
### THE WORLD SUMMIT PLAN OF ACTION URGES:

*Reduction of iron deficiency anemia in women by one-third of 1990 levels.*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Reduce iron deficiency to less than 3 percent among children age 1 through 4 and among women of child-bearing age (baseline: 9 percent for children age 1 through 4, 4 percent for children age 3 through 4, and 5 percent for women age 20 through 44 in 1976-80).*

**Anemia Trends—  
1990 Pediatric Nutrition Surveillance  
Total States/Territories/Reservations**  
Percent < 5th Percentile



### PROGRESS MADE AND CURRENT NEEDS

Iron deficiency anemia has declined since the 1940s, but it remains the most common nutrition problem encountered during pregnancy. In addition, iron deficiency is also a predisposing factor in lead toxicity since it increases lead absorption in children and adults. Better nutrition in general, iron supplementation and public nutrition programs, particularly WIC, have reduced childhood iron-deficiency anemia. Black and Hispanic women in the United States are particularly at risk.

Public health efforts to address the problem of iron deficiency during pregnancy are impeded by two significant factors: Women enter pregnancy already iron deficient and side effects of iron supplements result in poor compliance.

### FEDERAL ACTION

The Centers for Disease Control (CDC) is developing, testing and evaluating various strategies to reduce iron deficiency in women, especially low-income pregnant women. The CDC project will be carried out among low-income women, and will test two hypotheses: whether low-dose iron supplements taken before pregnancy and high-dose supplements taken during pregnancy are better than providing iron supplements during pregnancy alone; and that the use of a slow-release formula during pregnancy will be more easily tolerated, thus increasing compliance.

# **The Special Supplemental Food Program for Women, Infants and Children**

*An advisory panel to the U.S. Department of Agriculture and the Department of Health and Human Services has produced a set of dietary guidelines intended for healthy Americans over age 2. These guidelines recognize that since good health depends not just on a proper diet, but also on heredity, environment, lifestyle and health care. However, a diet based on the guidelines can help maintain and even improved health.*

*The guidelines recommend:*

- Eat a variety of foods*
- Maintain healthy weight*
- Choose a diet low in fat, saturated fat and cholesterol.*
- Choose a diet with plenty of vegetables, fruits and grain products*
- Use sugars only in moderation*
- Use salt and sodium only in moderation*
- If you drink alcoholic beverages, do so in moderation.*

*The Special Supplemental Food Program for Women, Infants and Children (WIC) was initiated as a pilot project in 1972 by and began full operations in 1974. WIC's average monthly participation rate rose from 1.9 million in 1980 to 4.9 million in 1991.*

*Administered by the U.S. Department of Agriculture, WIC provides food, nutrition education and referrals to health care and social services.*

*Program participants are low-income, nutritionally at-risk pregnant, post-partum or breastfeeding women, infants and children up to age 5. The nutritional risk determination is made by a physician, dietician, nurse, or other professional, and is based on Government guidelines. Three major types of nutritional risk are recognized: medically-based risks such as anemia, underweight, maternal age, history of pregnancy complications or poor pregnancy outcomes; diet-based risks such as inadequate dietary intake determined by 24-hour recall or other recognized measure; and conditions that predispose persons to medically-based or diet-based risks such as alcoholism or drug addiction.*

*Nutrition education, including breastfeeding education, is part of WIC. Nutritionists provide participants with advice on topics such as the importance of good diet during pregnancy, healthy child feeding practices and the benefits of breastfeeding. The WIC Program provides more than \$100 million each year to support nutrition education.*

*WIC refers participants to programs, such as Medicaid, immunization services, AFDC, other food assistance programs, smoking, alcohol and drug counseling and treatment services. The Program educates women so they can make nutrition and health decisions for themselves and their children.*

*Infants participating in WIC have increased intake of iron and vitamin C, and in both infants and children a lower incidence of anemia has been attributed to the Program. Infants born to women who participate in WIC during pregnancy have larger head circumference, and the Program has been associated with cognitive improvements in children. Children enrolled in WIC early are more likely to be immunized and have a regular source of health care. Pregnant women who participate in WIC and Medicaid have healthier babies, with higher birthweights and lower likelihood of premature birth. Recent research indicates that each dollar spent by WIC for Medicaid-eligible pregnant women saves from \$1.77 to \$3.13 for newborns and mothers in Medicaid costs during the first 60 days after birth.*

*Currently, WIC serves about one-fifth of pregnant women and one out of every three babies born in the United States. In Fiscal year 1992, an appropriation of \$2.6 billion will serve over 5 million women, infants and children monthly.*

A study commissioned by the Department of Health and Human Services evaluated current knowledge of maternal nutrition during pregnancy and made recommendations on weight gain and nutritional supplements (including iron supplements) and on maternal nutrition during lactation. The resulting recommendations are being reworked into guidelines.

Nutritional risk estimates are derived from the *Pregnancy Nutrition Surveillance System*, which monitors the prevalence of nutrition-related problems and behavioral risk factors, including smoking and drinking, among high-risk prenatal populations. The *Pediatric Nutrition Surveillance System* is designed to monitor nutrition problems among high-risk infants and children attending public health, nutrition and food assistance programs in the United States. Both of these systems are managed by the Centers for Disease Control and provide help in estimating national and State prevalence of nutrition risks.

Extensive research conducted by the USDA Agricultural Research Service on the bioavailability of iron has been used by nutritionists to help people select food combinations that enhance absorption and utilization of iron.

Programs such as WIC are designed to supplement the diets of low-income, nutritionally at-risk postpartum women who breastfeed, infants, and children, with foods high in certain target nutrients, including iron.

## **BREASTFEEDING**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with supplementary food, well into the second year.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breast feeding until their babies are 5 or 6 months old (baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988).*

Human milk is the best source of nutrition for full-term infants. In recognition of this fact, the United States has actively promoted breastfeeding since before the United Nations was chartered. The *Healthy Mothers, Healthy Babies Coalition (HMHB)*, a coalition of more than 90 national professional, voluntary and government groups, including the Department of Health and Human Services and U.S. Department of Agriculture, was organized in 1982 to foster public education to improve maternal and infant health. The first activity of the HMHB Coalition was a national public information campaign to improve public education concerning prenatal and infant health care. Breastfeeding was one of the topics highlighted on

posters and patient education cards. An HMHB Breastfeeding Promotion Subcommittee was organized and has carried out several major efforts.

- The *Healthy Mothers, Healthy Babies Breastfeeding* promotion packet was disseminated nationwide to 4,000 leaders in State health agencies and professional organizations. This packet contained information about resources to assist in organizing State and community efforts to promote breastfeeding.
- The first nationwide survey on public attitudes toward breastfeeding, which revealed that more than 75 percent of Americans supported breastfeeding, was conducted for HHS *pro bono* by a leading independent public relations firm. The Surgeon General conducted a news conference to disseminate the survey results, which were widely reported in the media.
- A nationwide survey of hospitals with maternity services was conducted in 1988 to determine the status of breast feeding promotion and offer a variety of materials to assist hospitals in their efforts. A follow-up to assess changes in hospital practices is under way.

### **CURRENT NEEDS AND NATURE OF THE PROBLEM**

In 1972, the incidence of breastfeeding in the United States declined to 22 percent, its lowest level. According to 1988 figures, incidence subsequently increased to 52 percent of women reporting "ever" breastfeeding their infants, but after five to six months, only 19 percent of these women were still breastfeeding. Breastfeeding continues to be highest among women who are older, better educated and relatively affluent.

The Federal Government has monitored research, and has conducted its own, into impediments to breastfeeding and ways to counteract them. Research has found that women don't breastfeed because of hospital practices and workplace attitudes.

### **FEDERAL ACTION — PROGRAMS**

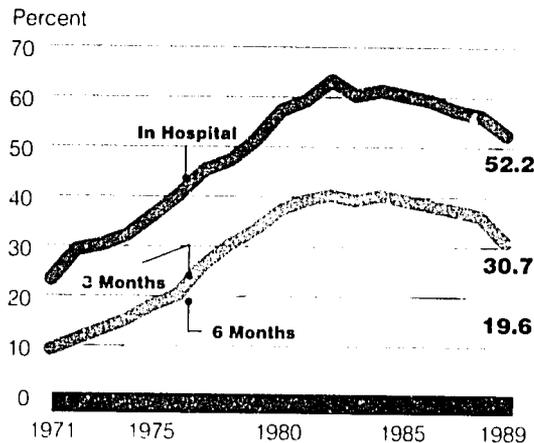
Efforts in public health, schools, hospitals and media are aimed at removing impediments to breastfeeding.

- The National Center for Health Statistics's *National Natality Survey*, which gathers data on socioeconomic factors and breastfeeding, provides information to help monitor how well breastfeeding education efforts are working.
- The HHS Maternal and Child Health Bureau (MCHB) has awarded grants for efforts to remove barriers to breastfeeding.
  - The Surgeon General's Workshop on Human Lactation was held in June 1984 at the University of Rochester. It brought together representatives of major professional and lay organizations, local, State and Federal Governments, and

## Infant Feeding

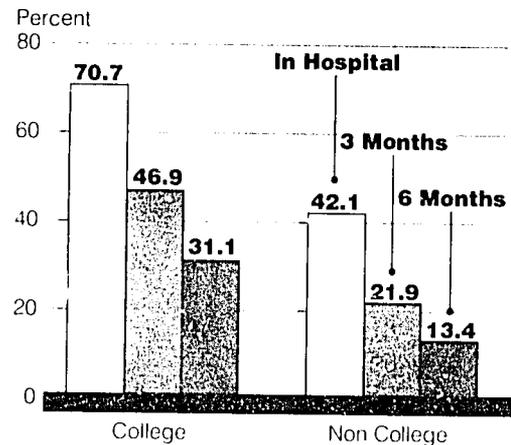
### Percent Breastfeeding: 1971 - 1989, All Races

Source: Ross Laboratories



### Percent Breastfeeding: by Education: 1989

Source: Ross Laboratories



industry and volunteer groups. Workshop participants reviewed the factors that enhance and those that inhibit breastfeeding and human lactation, and developed recommendations and strategies to facilitate progress toward achieving the 1990 U.S. breastfeeding objective.

These recommendations for public education, professional education, the health care system, support services in the world of work and research were included in the published report of the workshop. Almost 50,000 copies of this report have been distributed, and it continues to serve as a guide and stimulus for breastfeeding promotion activities.

The follow-up report, "Surgeon General's Workshop on Breastfeeding and Human Lactation," published in 1986, documented efforts to implement workshop recommendations and described breastfeeding promotion activities throughout the country. The second follow-up report, published in 1991, documented continuing and new efforts related to the promotion of breastfeeding. The MCHB is supporting follow-up activities, including the development and nationwide distribution of three reports containing proceedings, recommendations, strategies and descriptions of promotional activities.

- Ten demonstration projects, which focus on increasing the rate and duration of breastfeeding among different target populations, particularly low-income, minority, and working women, have been carried out. A catalog of products developed through these projects has been published. Materials available include public service announcements, videos, training manuals and databases. In 1990 and 1991, Government grants were awarded to help States incorporate effective breastfeeding promotional activities into their health care systems.
- Through a MCHB-supported training program at the University of California-

San Diego, a lactation management education curriculum has been developed for health professionals. A method for preparing and certifying faculty to teach the curriculum is also being developed.

- A study of nutrition during lactation prepared by the Institute of Medicine of the National Academy of Sciences was published in 1991. This study is being translated into a clinical application guide for use by practitioners. Training concerning the material will be promoted.
- The promotion of breastfeeding is a major initiative of the WIC program. Information on breastfeeding is a required component of nutrition education for program participants. Each State agency receives a proportionate share of \$8 million set aside for breastfeeding promotion and support activities.
- In 1990, USDA convened a *Breastfeeding Promotion Consortium*, which meets semi-annually, to explore how government and the private sector can work together to promote breastfeeding. With the support of the consortium, USDA plans to launch a national campaign in 1993 to promote breastfeeding as the best way to feed infants. USDA also conducted a study to demonstrate and evaluate ways to effectively promote breastfeeding in the WIC program.
- A final WIC rule, expected to be published in 1992, will establish a national definition for the term "breastfeeding" and standards for WIC state agencies to ensure that breastfeeding promotion is adequate. The WIC food package for breastfeeding women will be enhanced with greater quantities and varieties of food.
- The *Expanded Food and Nutrition Program (EFNEP)* of the USDA Cooperative Extension System is working to increase breastfeeding among children and teenaged mothers. Participants in EFNEP learn the importance of breastfeeding and are given advice on how to successfully breastfeed.
- The Department of Health and Human Services supports the UNICEF/WHO *Baby Friendly Hospital Initiative*, which urges medical facilities to encourage new mothers to breast feed and show them how to do it. Government support will be given to non-governmental organizations to adapt the initiative to the social and economic system of care used in the United States. Hospitals and medical facilities which choose to participate in the program will be evaluated according to criteria developed by UNICEF for consideration and use in countries.
- In February 1991, the Denver, Colorado, Federal Office Building opened the first nursing center in a Federal building for breastfeeding mothers returning to work. Other Federal Agencies, such as the Food and Nutrition Service (administrator of WIC) are developing lactation centers to enable working mothers to continue breastfeeding their babies.

# ROLE OF WOMEN, MATERNAL HEALTH AND FAMILY PLANNING



The role of women in the health of mothers and their children has been a focus of Federal attention in this century. These programs extend from health care and family planning and safety and emergency measures to promote prenatal care and encourage women's leadership in handling, coordination and information-sharing. The programs seek to identify and solve health problems and to generate broad-based public health programs to promote good health.

The average life expectancy in the United States could be extended to almost to age 79, a black girl to age 70, and a white girl to age 76 for white females and 68 for black females in 1970. This increase is due to the availability of numerous diseases, availability of prenatal care, the percentage of women with almost all deliveries attended by trained personnel, and the availability of health care services for chronic diseases such as diabetes. The percentage of women with chronic diseases is 32 percent among white females and 26 percent among black females. Some forms of cancer are increasing due to

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Federal programs have been established to address the health needs of women. The first Federal grants-in-aid for infant and maternal health care were instituted in the 1920s. In 1935, Title V of the Social Security Act created the first Federal-State partnership now known as the Maternal and Child Health Services block grant program. In 1992, \$650 million was authorized by Congress for this program to support well-child clinics, family-planning services, immunizations, poison prevention, community-based services for children with special health care needs, and other services for low-income and minority women and children.

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## **THE HEALTH OF MOTHERS AND THEIR CHILDREN**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Strengthening the role of women in general and ensuring their equal rights will be to the advantage of the world's children.*

*The enhancement of the status of women and their equal access to education, training, credit and other extension services.*

*Provision of equal opportunity for female children to benefit from health, nutrition, education and other basic services to enable her to grow to her full potential.*

*Between 1990 and the year 2000, reduction of maternal mortality rate by half.*

*Supporting/sectoral goals:*

- *Special attention to the health and nutrition of the female child and to pregnant and lactating women;*
- *Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;*
- *Access by all pregnant women to prenatal care, trained attendants during child-birth and referral facilities for high-risk pregnancies and obstetric emergencies;*
- *Reduction of iron deficiency anemia in women by one third of the 1990 levels;*
- *Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year.*

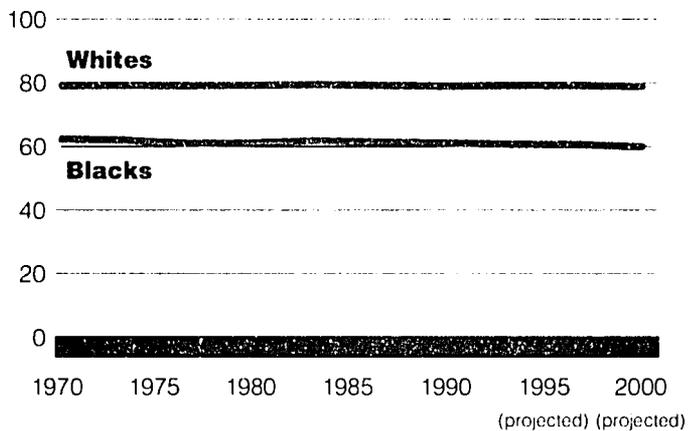
### **U.S. OBJECTIVES FOR THE YEAR 2000:**

*Maternal Mortality*

- *Reduce the maternal mortality rate to no more than 3.3 percent per 100,000 live births (baseline: 6.6 per 100,000 in 1987).*
- *Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy (baseline: 76 percent of live births in 1987).*

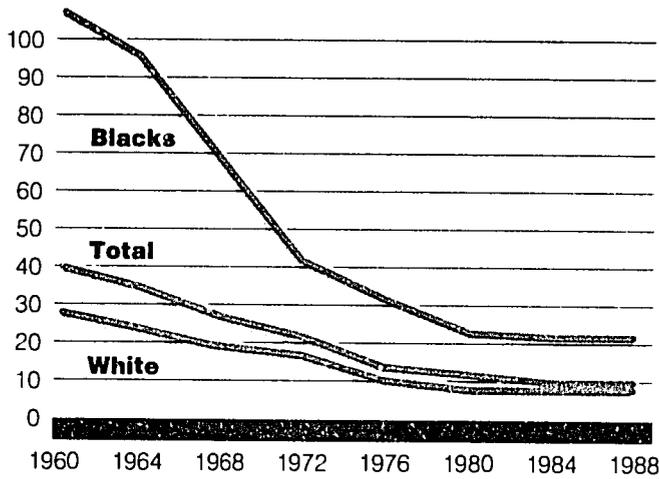
### **Percentage of Pregnant Women Receiving First Trimester Prenatal Care, Blacks and Whites**

Percent of live births  
Source: National Vital Statistics System (CDC)



### Maternal Mortality Rates by Race: 1960 - 1988

Number of Deaths Per 100,000 Live Births  
Source: National Center for Health Statistics



#### Nutrition

- Reduce iron deficiency to less than 3 percent among children age 1 through 4 and among women of childbearing age (baseline: 9 percent for children age 1 through 2, 4 percent for children age 3 through 4 and 5 percent for women aged 20 through 44 in 1976-1980).
- Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old (baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988).

#### Family Planning

- Reduce pregnancies among girls age 17 and younger to no more than 50 per 1,000 (baseline: 71.1 pregnancies per 1,000 girls age 15 through 17 in 1985).
- Reduce to no more than 30 percent the proportion of all pregnancies that are unintended (baseline: 56 percent of the pregnancies in the previous five years were unintended, either unwanted or earlier than desired, 1988).

#### Injury by Violence

- Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples (baseline: 30 per 1,000 in 1985).

#### HIV and AIDS

- Confine the prevalence of HIV infection to no more than 800 per 100,000 people (baseline: An estimated 400 per 100,000 in 1989).

#### Smoking

- Reduce cigarette smoking prevalence to no more than 15 percent among people age 20 and older (baseline: 29 percent in 1987, 32 percent for men and 27 percent for women).

## PROGRESS MADE IN THE UNITED STATES

As noted in the Summit Plan of Action, women “play a critical part in the well-being of children,” and the “enhancement of the status of women and their equal access to education, training,” and other services and opportunities “constitute a valuable contribution to a nation’s economic and social development.”

In the United States, numerous laws have been passed which are designed to increase opportunities and eliminate discrimination against women.

## EMPLOYMENT AND EDUCATION — ACCESS AND EQUITY

The *Equal Pay Act* of 1963 made it illegal for employers to pay women less than men who perform substantially the same work in the same establishment. Title VII of the Civil Rights Act of 1964 made it illegal to discriminate in employment on the basis of sex, race, color, national origin or religion (enforcement procedures and remedies under the law were clarified and strengthened by the recent enactment of the Civil Rights Act of 1991). In addition, Executive Order 11246, as amended, places further obligations on Federal contractors to take affirmative steps to assure non-discrimination on these same grounds.

The Employee Retirement Income Security Act of 1974 (ERISA), as amended in 1984 by the Retirement Equity Act, promotes equity in men’s and women’s pensions.

The Department of Labor’s Women’s Bureau has worked, since its creation in 1920, to fulfill its mandate “to formulate standards and policies which shall promote the welfare of wage-earning women, improve working conditions, increase their efficiency, and advance their opportunities for profitable employment.”

This effort has taken various forms over the intervening years. In the 1970s, for example, when women joined the work force in increasing numbers, the Department worked to increase women’s access to employment and training, and to careers of their choice, including non-traditional jobs in the trades, professional specialties and upper levels of corporate management.

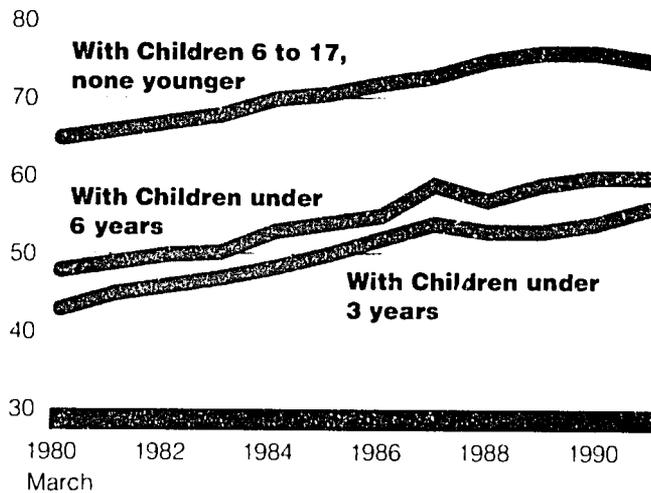
During the 1980s, as dual-earner families became more prevalent and the number of single-parent (mainly female) families and working mothers with preschool children increased significantly, DOL advocated policies and practices to help make work and family needs compatible, and provided information to the public on child care legislation and on State family and medical leave laws.

During the 1990s, the Women’s Bureau will continue to work cooperatively with public and private entities on behalf of women at work. In addition to information and education programs and the initiation and support of research on economic, social and legislative issues important to women, the Bureau makes policy recommendations and sponsors or conducts demonstration projects that help prepare women to enter or reenter the workforce, move into new areas of work or advance in their careers.

## Trends in Labor Force Participation Rates of Mothers in the U.S.

Percent in Labor Force

Source: U.S. Department of Labor, Bureau of Labor Statistics



In 1990-1991, to further the Secretary of Labor's initiative on Women in the Skilled Trades, the Women's Bureau published a *Directory of Nontraditional Training and Employment Programs* serving women. In addition, the Department will implement the new Nontraditional Employment for Women Act, which amends the Job Training Partnership Act to broaden the array of training and employment opportunities for women.

Despite gains in recent years, obstacles do remain for working women in the United States. Last year, the Secretary of Labor announced a program to dismantle what has been

called the "glass ceiling" — the phenomenon that limits promotions for women and minorities, resulting in their low representation in mid- and upper-level management jobs in the private sector.

The Department of Labor has begun to meet with corporate leaders and trade and professional organizations to discuss procedures for identifying and removing workplace barriers to advancement, including access to training and education opportunities. The Women's Bureau is also developing a "glass ceiling" component for its Workforce Quality Clearinghouse in which it will catalog selected business practices, research and other materials available to employers.

The Department of Labor also has instituted activities designed to help employees balance the demands of work and family. DOL's Women's Bureau has instituted a *Work and Family Clearinghouse*, a computerized database containing suggested policy options for employers to consider to help workers resolve conflicts between work and family responsibilities.

The Labor Department's Bureau of *Labor-Management Relations and Cooperative Programs* also recently completed a study of major private sector collective bargaining agreements to determine the extent to which labor and management have developed policies to resolve conflicts between workplace demands and family needs, and to disseminate pragmatic and creative responses that others have worked out. The study includes contract provisions concerning child care arrangements, employee assistance programs and leave for family illness.

## OCCUPATIONAL HEALTH: WOMEN AND MOTHERS

The Department of Labor's Occupational Safety and Health Administration (OSHA) promotes maternal and child health through the distribution of informational guidelines and by setting and enforcing standards designed to protect against reproductive hazards in the workplace.

By setting permissible exposure limits for hazardous substances encountered on the job, OSHA aims to ensure that no employee faces significant risk of adverse health effects. Where appropriate, reproductive hazards are taken into account in setting and updating the limits. OSHA standards that specifically address reproductive hazards include those on lead, the pesticide DBCP, glycol ethers, and ethylene oxide. The *Access to Employee Exposure and Medical Records Standard* (which requires employers to provide workers with access to all exposure and medical records) and the *Hazard Communication Standard* provide further regulation of these substances. The latter, a generic standard that applies to some 575,000 chemical products, including those that cause reproductive hazards, mandates that the employer inform workers about the hazardous chemicals to which they are exposed.

## VIOLENCE AGAINST WOMEN

Violence against women is a major public health problem, with more than one million women injured each year. In 1985, the Surgeon General highlighted the importance of violence as a leading public health problem by conducting a Surgeon General's workshop on domestic violence. Since then, police officers are being better trained to deal with family violence, shelters for women and their children have been established to provide temporary havens, counseling and self-help programs (including self-help programs among men who are abusers) have been established.

## FAMILY PLANNING

In 1988, American women reported that 56 percent of their pregnancies (adjusted for under-reporting of abortion) in the last five years had been "unintended," that is, either occurring too soon or unwanted ("National Survey of Family Growth," National Center for Health Statistics, as cited in *Healthy People 2000*).

## SUBSTANCE ABUSE AND MENTAL HEALTH

Substance abuse and mental illness are serious health issues facing men and women in the United States. During the past two decades, the inappropriate use, dependence, and abuse of alcohol and other drugs by women has become a serious national problem. Many women use alcohol and other drugs before, during and after pregnancy. While the use of illicit drugs by young people may now be declining, the use of alcohol by young women appears to be increasing.



**The Maternal and Child Health Bureau**

*Created in 1935, the Maternal and Child Health Bureau is the successor to the Children's Bureau, established in 1912. The Maternal and Child Health Program of the Bureau was created in 1935 and creates partnerships with the States which in turn form partnerships with the local communities. These Federal-State-local partnerships provide the foundation for the Bureau's efforts to establish family-centered, community-based comprehensive services which*

*emphasize primary care and prevention.*

*The Maternal and Child Health Bureau awards State block grants based on a national formula to all 59 states and jurisdictions. These formula grant funds are used to provide or assure the provision of services, such as free immunizations and well baby clinics, prenatal care, nutrition services, family planning*

*services, for mothers and children, especially those who are disadvantaged. The funds also support the development and coordination of systems of care which are family centered, community based, and culturally appropriate with a particular focus on children with special health care needs (such as those with chronic illnesses and disabilities). Approximately 85 percent of the bureau's funds are used for the formula grants.*

*The remainder supports two grant programs. One is designed to improve or extend State systems and services by increasing knowledge and testing approaches and strategies to problem solving through research, demonstrations, and training. The second operates within the overall State efforts to develop comprehensive, community-based systems of services and to help fulfill unmet needs and service gaps specified in the State's block grant plan.*

*The Bureau assists the States by providing leadership in defining and developing comprehensive systems of care, and maintains an active role in linking other Federal, State, and local (both public and private) resources to its programs. States receive consultation and technical assistance to help strengthen their maternal and child health management capability, in planning and accountability especially. The Bureau also participates in surveillance and development of data systems, and provides information on the health of mothers and children and the state of health care delivery to*

*the public and Congress. The result of bureau programs include:*

- Prenatal care is provided to over half a million pregnant women. Over two and a half million children receive Bureau-supported well-child or primary health care. Nearly one-half million children with chronic illnesses or disabilities receive specialized health and family support services.*
- In 1987, over 400,000 infants were delivered at nearly 2,300 maternal and child health centers using a combination of Federal and non-Federal funds.*
- Three-fourths of the State programs have supported "one stop" shopping models integrating access to Bureau programs, WIC, Medicaid, and other health or social services at one site.*
- State programs for children with special health care needs are assisting communities in providing family-centered, community-based, coordinated care systems for these children and their families, including inter-agency collaboration with other programs serving chronically ill or disabled individuals.*

*The Maternal and Child Health Block Grant Program is currently authorized at \$686 million. In Fiscal year 1992 Title V funds total \$650 million of which \$547 million is allocated directly to State maternal and child health programs and \$112 million to the remaining two grant programs.*

## **HIV AND AIDS**

AIDS is now the sixth leading cause of death in the United States among women of childbearing age, from 15 through 44. From 1981 through December 1991, 22,823 of the 206,392 cases reported nationwide have been among women, including 1,598 females under age 13. Of all of the AIDS cases among women reported to the Centers for Disease Control to date, 50 percent have been reported since January 1989.

Among adolescents with AIDS, 38 percent are female. Rates of AIDS among black women are 14.5 times higher than rates for white women; among Hispanic women, the rate is 7.4 times higher than that of whites. Efforts must be made to promote behavior changes that will prevent the spread of the HIV epidemic in women and their children, while providing high-quality medical care to women who are already HIV infected.

## **SMOKING AND HEALTH**

About 25 million women (27 percent) and 1 million girls (11 percent) in the United States smoke, causing an estimated 106,000 women and 3,500 infants deaths each year. About one-third of smoking-related deaths are women. Targeted prevention efforts are needed as well as efforts to restrict minors' access to tobacco products.

## **MATERNAL AND CHILD HEALTH PROGRAMS**

The following are illustrative of some of the important programmatic responses taking place in the United States:

### **MATERNAL HEALTH**

- The Government is developing a handbook in which women may regularly record observations of their own health during pregnancy and the health of their babies. The handbook will be distributed, tested and validated in Healthy Start programs around the United States, and made available to the general public in 1995. The diary will empower women to participate more directly in their own health care and that of their children. It will also be an important source of information for health care providers.
- The *National Pregnancy Mortality Surveillance System* is reviewing all maternal deaths for 1979 through 1986. A separate investigation is being conducted of maternal deaths from 1987 to the present.

### **SUBSTANCE ABUSE AND SMOKING**

- Projects for drug-using women and their families are receiving Government support, including education about the hazards drugs present to the developing fetus, provision of treatment, and ensuring that these women do not return to using illicit drugs.
- A targeted education program, including the production of 4 million children's coloring and comic books with anti-drug messages, has been initiated with Government support. The U.S. Alcohol, Drug Abuse and Mental Health

Administration (ADAMHA) stocks current print and audiovisual materials about alcohol and other drugs. Each month, ADAMHA's *National Clearinghouse for Alcohol and Drug Information* answers more than 18,000 telephone and mail inquiries and distributes some 18 million printed items a year.

- A *Resource Center for the Prevention of Perinatal Substance Abuse* will serve as a national base to stimulate policy; distribute new research findings; provide information, training, and technical assistance to the field; and examine findings of programs serving the target population of women and their families has been established by HHS.
- Research on the prevalence of drug use among pregnant women in the United States and research on the effects of prenatal drug exposure on offspring is being supported through the National Institute on Drug Abuse (NIDA) in HHS. The *National Pregnancy and Health Survey*, a study of a nationally representative sample of pregnant women, will study the prevalence and patterns of the use of alcohol, illicit drugs, nicotine during pregnancy, and the association between maternal drug use and length of stay. NIDA research projects also include examining the effects of prenatal exposure to various drugs, including marijuana, cocaine, methamphetamine, and opiates, on fetal and child growth and development.
- Medicaid finances treatment for drug addiction and related problems by paying for specific services, such as inpatient hospital treatment, community-based home health care as an alternative to institutional care, and special day treatment programs.
- Efforts are being made, with Government support, to improve health care for pregnant substance abusers. Projects are being supported in several States to increase the number of Medicaid-eligible pregnant substance abusers who receive perinatal care, substance abuse treatment and other services.
- A state-of-the-science report on the effects of "crack" cocaine use on pregnancy is being prepared with Government support. Research is being planned to answer questions about the long-range effects of maternal cocaine use on children.
- The *Women, Infants Children Nutrition Program (WIC)* carried out through the USDA, described earlier, provides information to program participants on the dangers of smoking, drinking and using other drugs during pregnancy. Participants with potential problems are referred to counseling or treatment.
- The Department of Labor promotes the establishment of substance abuse programs in all work places. The programs include written policies, supervisor training and drug testing, as appropriate. Employee education and awareness programs to provide information on the dangers of substance abuse and employee assistance programs to provide help to those who need it are part of this program. Additionally, anti-drug education is a standard part of the Job

## SMOKING AND HEALTH

*The most recent figures from the National Health Interview Survey (1990) indicate smoking prevalence has declined to 25.4 percent among adults in the United States. This figure represents the lowest recorded rates since the Government first collected data in 1955. But more than 434,000 tobacco-related deaths occur in the United States each year—1,200 deaths a day, 50 deaths an hour, one out of every five deaths from all causes.*

*The percent of U.S. men who smoke has declined to 28 percent in 1990. This rate is approximately half the rate observed in 1955 when almost 60 percent were classified as smokers. There has been a decrease in smoking among women, but their rate of decline is much slower than that seen in men. In 1990, the smoking rate for women was 23 percent whereas 28 percent smoked in 1955.*

*Results from three independently conducted surveys by the U.S. Public Health Service all report smoking among teenagers has not declined now for more than a decade. This trend has been at least partially attributed to new advertising and marketing practices which appeal to children and to adolescents.*

*ASSIST—the American Stop Smoking Intervention Study—is a collaboration between the National Cancer Institute (NCI) and the American Cancer Society, which will work with state and local health departments and other voluntary organizations to develop tobacco control programs in 17 states.*

*The objective is to cut smoking prevalence in all ASSIST sites to less than 15 percent of all adults by the year 2000. This will be accomplished by both encouraging smokers to quit and discouraging young people from starting to use tobacco.*

*NCI estimates the project will prevent about 1.2 million people from dying prematurely of smoking-related problems, including lung cancer (which has replaced breast cancer as the leading cause of cancer deaths among women), heart disease and chronic obstructive lung disease.*

*ASSIST will reach 91 million Americans, including nearly 18 million smokers. It combines the resources of NCI, ACS and State health departments to create community-based*

*coalitions throughout entire states, and it is based on proven strategies developed from more than a decade of research.*

*ASSIST will use a strategy developed in an earlier NCI study, the Community Intervention Trial for Smoking Cessation, or COMMIT. The program is aimed at mobilizing the community to make smoking unacceptable.*

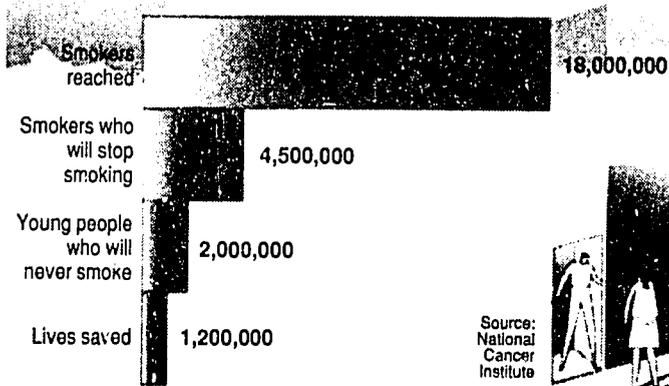
*The program is testing different tobacco education methods in which public and private organizations and special interest groups will pool and coordinate their resources to conduct one-on-one, group or community-wide activities. ASSIST will include education efforts in the workplace, schools, churches and in conjunction with labor unions, hospitals, clinics, doctors' offices and community groups. ASSIST staff will work with local media. Volunteers will provide information to community leaders and policy makers on how communities can be made tobacco-free.*

*It is estimated NCI will spend about \$135 million for ASSIST. ACS will contribute staff, training, travel and materials of \$25-30 million, equal to at least 15 percent of total contract funds in each ASSIST State throughout the project.*

Corps Program, described in the chapter on Basic Education and Literacy. The Job Corps developed a course on alcohol and other drugs of abuse to help students make personal decisions about substance use, treatment for abuse, effects on health, peer pressure and work-related consequences of drug use. Drug counseling is also available at all Job Corps centers.

- The Department of Education published "Growing Up Drug-Free: A Parent's Guide to Prevention." The booklet, illustrated with children's drawings, describes how to talk to children and teens about drugs, how to recognize drugs and drug terminology and where to get help.
- The American Stop Smoking Intervention Study for cancer prevention (ASSIST), a Federal effort, is working with State and local health departments and voluntary organizations to develop tobacco control programs in 17 States. The objective is to cut smoking in all ASSIST sites to less than 15 percent of all adults by the year 2000 by both encouraging smokers to quit and deterring young people from starting to use tobacco. The efforts will be community based with most funding from the Federal Government. The Government estimates that ASSIST will help 4.5 million people stop smoking and will also prevent 2 million youths from beginning to smoke. It will prevent an estimated 1.2 million premature deaths.

## Project ASSIST Largest National Anti-Smoking Effort



## EXPOSURE TO TOXIC SUBSTANCES

- In 1992, the Department of Labor's OSHA will issue comprehensive standards for cadmium and 1,3 butadiene, both of which are reproductive hazards. It will also publish a notice of proposed rule-making for glycol ethers. In addition, OSHA will disseminate a new publication on exposure to waste anesthetic gases, another reproductive hazard. This is in addition to previously published OSHA guidelines for controlling exposure to antineoplastic drugs, a number of which have been found to cause chromosomal damage as well as sterility.

## PREGNANCY RISK ASSESSMENT

- The Government is implementing a State-based surveillance system to collect information from new mothers on their experiences during and after pregnancies. The system, the *Pregnancy Risk Assessment Monitoring System (PRAMS)*, collects information on prenatal care, maternal nutrition, maternal use of alcohol and cigarettes and other related issues from a sample of State resident women who have recently had a live birth. States may also use PRAMS data to assess trends in behavioral risk factors and to identify gaps in health care use and availability. Currently, CDC is providing financial and technical assistance to 13 States to participate in PRAMS.

## FAMILY PLANNING AND ADOLESCENT PREGNANCY

- Under Title X of the Public Health Service Act, approximately 4.3 million women annually receive family planning and preventive health services such as blood pressure screening, hemoglobin and Pap tests. Women are also taught how to examine their breasts as a means of detecting potentially cancerous growths. Screening and treatment for sexually transmitted diseases, from chlamydia to AIDS, is offered. Information on other related health matters, such as proper nutrition and avoidance of dangerous substances, is available. Title X services are, in some cases, offered in conjunction with other services, such as Job Corps programs sponsored by the Department of Labor, so that employment and fertility control come together conveniently to improve health and economic status. During Fiscal Year 1996, \$130 million was awarded to approximately 4,000 family planning clinics.
- The Government awarded grants totalling \$6.6 million to 33 programs for pregnant and parenting adolescents and 23 prevention projects directed toward promoting abstinence from sex for school-age youth and their families. The focus of these and related programs is to reduce unintended pregnancy and to support reproductive health to improve pregnancy consequences as well as provide primary prevention education. These *Adolescent Family Life* Programs serve approximately 15,000 pregnant and parenting adolescents and their families each year. Prevention projects serve 50,000 preteens, adolescents and their families.
- Medicaid regulations stipulate that States furnish family planning services and supplies to eligible individuals of child-bearing age, including sexually active minors who desire such services and supplies. The Federal Government provides 90 percent of the funds in this program; the States, 10 percent. For Fiscal Year 1991, about \$342 million was spent under Medicaid for family planning services for about 2.1 million people.
- The Government has supported a program of demographic and behavioral sciences research on adolescent pregnancy and childbearing. Results of this research will be widely disseminated to the scientific community, service program managers and policy makers, including Congress.

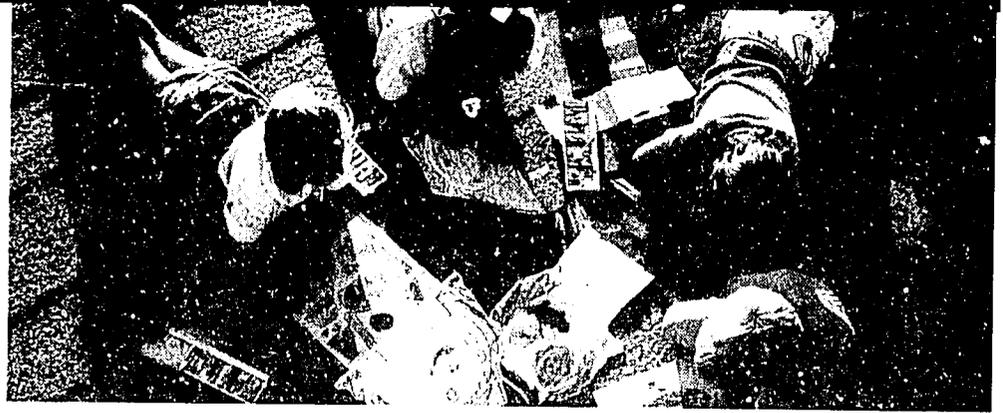
## STUDYING THE PROCESS OF HUMAN DEVELOPMENT

*The National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health, conducts research to solve problems that occur throughout the physical and mental evolution of development. This includes research in the population sciences, coordinated by NICHD's Center for Population Research. Through grants and contracts to universities across the United States, the center sponsors work ranging from basic biomedical research in the reproductive sciences to clinical and epidemiologic work on contraceptives and the risk of AIDS, to behavioral studies on fertility and family planning, to national demographic studies of population structure and change, and advancement of international cooperation in population research. The center's research areas include:*

- Reproductive processes of men and women;*
- Infertility and other reproductive disorders;*
- Contraceptive development;*
- Contraceptive evaluation;*
- Social and behavioral aspects of family planning;*
- Adolescent pregnancy and childbearing; and*
- Family and household structure.*

*Research supported by the NICHD's Center for Research for Mothers and Children studies the physical, behavioral, and social growth of children. The Center supports, through grants and contracts, a broad research program ranging from basic research on genetics to studies on human learning and behavior, mental retardation, pregnancy, and nutrition and physical growth. The Center's research areas include:*

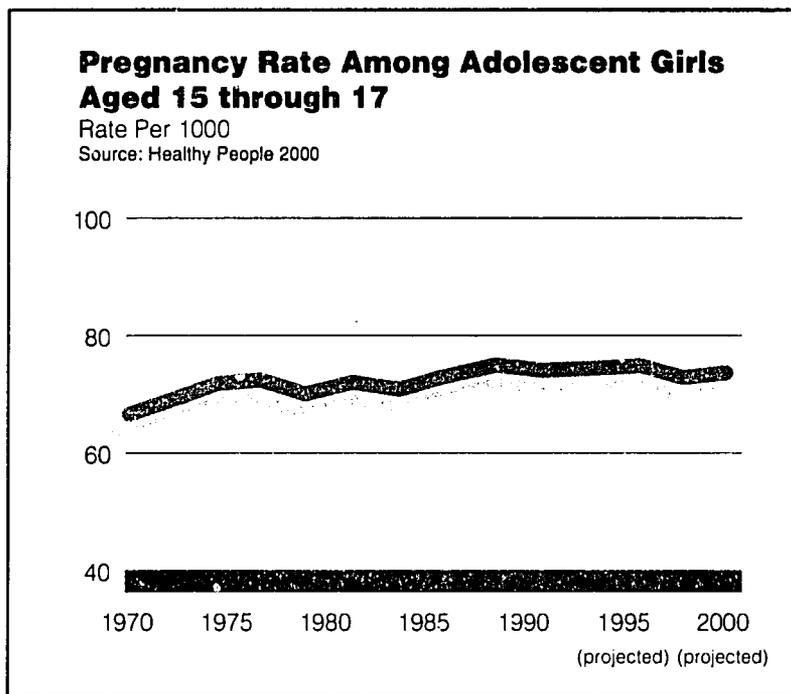
- Pregnancy, birth and the infant*
- Prematurity, low birthweight, and infant mortality*
- Nutrition*
- Endocrinology and physical growth*
- Learning and behavior*
- Mental retardation and developmental disabilities*
- Prenatal development, genetic disorders, and birth defects*
- Pediatric, adolescent and maternal AIDS*
- Injury and accident prevention*
- Sudden Infant Death Syndrome*



- The Government also supports a research program leading to the development and approved use of contraceptive methods that are safe, effective, convenient and low-cost. For example, scientists developed a new contraceptive called Capronor, a biodegradable implant for women. Other methods being developed with Government support include skin patch contraceptives, improved oral contraceptives, long-acting injectables, improved condoms, and more effective spermicides.

**HIV AND AIDS**

- In 1991, the Government established a working group to deal with the impact of the HIV epidemic on women. This group compiled an inventory of services offered to HIV-infected women which will be used to better coordinate and expand services.
- The Government has established a program to link drug treatment and primary care services to improve drug treatment outcomes and reduce transmission of HIV.
- The Government's *Women and Infant Demonstration Projects*, known as Project CARES, are designed to develop, implement and evaluate strategies to prevent HIV infection and AIDS in women and infants. The Government continues to develop and implement training and education programs on HIV AND AIDS and sexually transmitted diseases for staff of family planning clinics.
- The Office of the Surgeon General is planning an initiative to educate women about HIV disease. The campaign will be aimed at teaching women to identify their risk for exposure to HIV and the need for early intervention. An aim of this strategy will be to increase the number of health care providers who elicit patients' sexual history, offer HIV counseling, identify risks such as illicit drug abuse and determine patients' history of blood transfusions. Answers to these questions will facilitate early diagnosis.
- The Government is working with product sponsors and community groups to provide scientifically valid and effective care to all persons with AIDS and HIV infection. The Government continues to view rapid approval of safe and effective therapies for HIV infection and HIV-related illnesses as one of its highest priorities. In early 1992, an FDA advisory committee advised the agency to approve a new female condom.



- In December 1991, the Department of Labor's OSHA issued a final regulation to protect workers against exposure to bloodborne pathogens. The standard covers employees who may reasonably be anticipated to come into contact with human blood and other potentially infectious materials as part of their jobs. It requires employers to establish a written exposure-control plan, identify workers with occupational exposure to blood and other potentially infectious materials, and specify a means to protect and train them. In addition, it calls for engineering controls, work practices, and personal protective equipment.

### **VIOLENCE AGAINST WOMEN**

- Objectives related to violence as a public health problem have been developed in six key areas: homicide and assaultive violence, domestic violence, child abuse, sexual assault, suicide and firearm injury.
- Efforts are being made to document the problem of violence, including its morbidity and mortality, in order to promote the introduction of local prevention programs.

# BASIC EDUCATION, SCHOOL READINESS, LITERACY AND WORKFORCE PREPARATION



*Education has always meant opportunity. Today, education determines not just whether a student will succeed, but also whether nations will thrive in a world united in pursuit of freedom and enterprise. Our greatest national resource lies within ourselves — our intelligence, ingenuity — the capacity of the human mind.*

*Think about every problem, every challenge we face. The solution to each starts with education.*

*— President Bush in his introduction to "AMERICA 2000: An Education Strategy"*

Americans believe strongly in the power of education. Almost 90 percent, according to a recent Gallup poll, consider the Nation's world-class education system a critical part of America's future. More than 80 percent believe that local public schools should conform to national standards of achievement.

Young children are eager to learn, yet not all children succeed in school. Children's first learning experiences should lay the foundation for success in school and adult life. To do this, early childhood programs must promote children's physical development, social maturity, emotional adjustment, and cognitive capabilities. They should nurture children's motivation to learn, and give children a sense of accomplishment and solving problems.

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## AIMING FOR EXCELLENCE

### THE WORLD SUMMIT PLAN OF ACTION URGES:

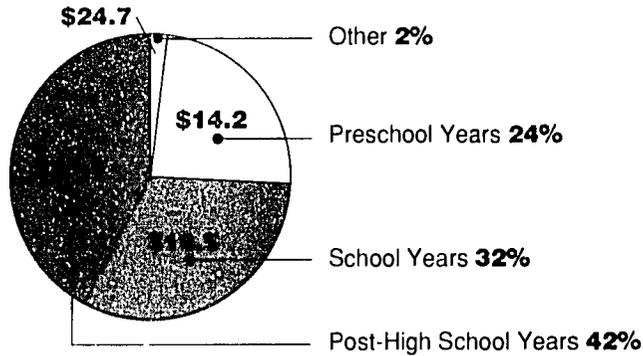
*The provision of basic education and literacy for all are among the most important contributions that can be made to the development of the world's children.*

### U.S. GOALS FOR THE YEAR 2000

*On April 18, 1991, President Bush announced AMERICA 2000: An Education Strategy. It was designed to move every community in America toward the National Education Goals adopted by the President and the nation's Governors the previous year.*

### The Federal Role

Federal Support for the National Education Goals: 1991  
 Source: Executive Summary, The National Education Goals Report, Building a Nation of Learners, National Education Goals Panel, Washington, DC, 1991



Proportion of 1991 Federal resources allotted to programs that improve the education services during the preschool years, school years and post-high school years.

### PROGRESS MADE IN THE UNITED STATES

American lore is filled with tales of the one-room schoolhouse, a simple and yet often effective center of instruction, usually located in the countryside, where all ages were rigorously taught in the same room. Today, elementary and secondary education may take place in a small schoolhouse in a rural community, or a sprawling building housing thousands of students and hundreds of teachers. The curriculum has expanded accordingly to keep up with the needs of the Space Age.

Each State (except Hawaii) has local administrative districts with extensive authority and responsibility for establishing and regulating public elementary and secondary schools. Each local school district has a board of education, which determines education policies and operates the local public school system. Some States have regional (county) service districts or centers to provide local school systems with consultative, advisory and statistical services and to handle regulatory functions.

U.S. colleges and universities, sites of teacher preparation, advanced research and learning, have also expanded and today they attract students from the world over.

School systems in the United States are actively working toward improvement of school practices, curriculum, and performance of students in effective schools under the jurisdiction of local and State school boards that now have an unprecedented opportunity to exert leadership to improve the education of all children in their communities. The goals of the World Summit for Children offer the further challenge for American schools to foster collaboration of all elements of the school system in communitywide, nationwide and international initiatives to strengthen the environments that nurture children.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

A report entitled "A Nation at Risk," prepared by the National Commission on Excellence in Education for the President and the Secretary of Education, alerted the country in 1983 to the problems of American schools. "A Nation at Risk" served as a catalyst, launching a nationwide reform movement that is ongoing. The President's 1989 Education Summit with the Nation's 50 Governors, was one manifestation of this country's renewed interest in educational improvement.

Many students do well in today's primary and secondary school classrooms, but many others do not. Recent studies have revealed some of the problems. In comparison with their peers internationally, too many American eighth-graders have trouble solving problems involving fractions, decimals, percentages or simple algebra, and some are unable to figure the cost of a meal from a menu. Some cannot write a coherent paragraph about themselves. ("Report of the Panel on National Education Goals, Department of Education, 1990").

The overall performance of U.S. students on tests of reading, mathematics, science and computer competence has remained constant over the past decade ("Beyond Rhetoric," the National Commission on Children). Some U.S. students' test scores lag behind those of students in many other industrialized countries. About 30 percent of ninth-graders do not graduate from high school 4 years later, and many fail to return and graduate. Approximately 500,000 young people drop out of school each year.

After years of decline, public elementary and secondary school enrollment began to rise again in 1985. Private school enrollment has remained relatively stable since 1980. Higher education enrollment has continued to increase during the past two decades, partially due to a substantial increase in the number of women, older students and part-time students attending college. All of these factors bear upon the well-being of children in the United States who are under the care of adults — many of these adults are undereducated and underprepared to assume workplace responsibilities and to fully participate as informed adults in a democratic society. Although the education level of the U.S. adult population has been increasing since 1940, levels have not increased significantly since 1980 among young adults age 25-29.

## **NATIONAL EDUCATION GOALS**

A new national climate for education and a new type of discourse shape American education today. Preceding the World Summit for Children, the President and Governors of the 50 States held an Education Summit in Charlottesville, Virginia, and agreed to develop six National Education Goals to be achieved by the turn of the century. Each of these goals challenge the American people to help achieve a radical new agenda for rethinking our education system from top to bottom. The goals are:

- All children in America will start school ready to learn;
- The high school graduation rate will increase to at least 90 percent;
- American students will leave grades 4, 8 and 12 having demonstrated competency in challenging subject matter including the five core subjects of English, mathematics, science, history and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning and productive employment in the modern economy;
- U.S. students will be first in the world in science and mathematics achievement;
- Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship;
- Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

A comprehensive statement of the six goals and related objectives were adopted by the President and all of the Governors in February 1990. It was also recognized, however, that adopting national goals would prove an empty gesture without a shared commitment between Federal, State, and local education authorities on how these goals should be achieved. In July 1990 the National Education Goals Panel was created and charged with measuring progress toward achieving the six goals. The panel includes eight Governors, two members of the Federal administration and four members of Congress.

## **AMERICA 2000: AN EDUCATION STRATEGY**

Under the U.S. Department of Education's guidance, Federal, State and local governments, schools, colleges and universities, families and children and businesses are joining together to improve education in America.

### **AMERICA 2000'S FOUR TRACKS TO IMPROVED EDUCATION:**

#### ***TRACK #1: Better and More Accountable Schools***

To make schools more accountable to parents, members of the community and concerned citizens, the following programs will be instituted:

- ***Nationwide standards*** for students' expected achievements in English, mathematics, science, history and geography.
- ***American Achievement Tests***, a voluntary national examination system.
- ***School choice***, giving parents the option of choosing between public and private schools via fully transportable vouchers.
- ***Governors' Academies for Teachers and School Leaders***, to help retrain and renew teachers of core subjects as well as principals and other school leaders.
- ***Alternative teacher and principal certification***, to remove state regulations that

prohibit talented individuals from becoming teachers because they lack accreditation from a graduate school of education.

- ***School-based management***, transferring decision-making power from central offices to teachers, principals and parents.

### ***TRACK #2: New American Schools***

In 1991, the New American Schools Development Corporation was created, a quasi-governmental organization also financed by \$200 million from the private sector. Eleven New American School design teams will be awarded contracts in 1992 to develop designs for innovative "break the mold" schools. The most successful design teams will then work with AMERICA 2000 Communities to create the first "New American Schools."

### ***TRACK #3: Yesterday's Students/Today's Workforce: Creating a Nation of Students***

To enhance lifelong learning, adult literacy, and the ability of the current and future U.S. workers to compete in an increasingly competitive global economy, the Departments of Education and Labor are working jointly to:

- Spearhead a public-private partnership to develop voluntary skill standards for all industries.
- Promote creation of one-stop assessment and referral skill clinics in communities and businesses, to provide information to individuals about their skills and education or employment options.
- Improve the school-to-work transition process through development of youth apprenticeships.
- Improve the quality and accessibility of education and training programs that receive Federal funds.
- Increase the involvement of businesses, particularly those which are small to medium sized, in providing literacy and other forms of training.

### ***TRACK #4: Communities Where Learning Can Happen***

By age 18, children have spent 91 percent of their lives outside school, too often in broken homes and troubled communities. To restore troubled communities, the Government will:

- Coordinate entitlements to give states and communities flexibility in administering entitlement programs.
- Act to make every town and city an AMERICA 2000 Community.
- Increase attention on individual responsibility and community values essential for strong schools.

## STANDARDS AND ASSESSMENT

The National Council on Education Standards and Testing recently published "Raising Standards for American Education." This report recommends the development of National standards for content and student performance in core subjects and voluntary National assessments.

To implement National standards, three issues must be resolved.

*(1) What students need to know must be defined.* Some research in this area already exists. The National Council of Teachers of Mathematics and the Mathematical Sciences Education Board have done a good deal of research in defining what all students must know and be able to do in order to be mathematically competent. A similar study has been started by the American Association for the Advancement of Science. To build on this research, the Department of Education, in collaboration with other Federal agencies, is currently funding National efforts to develop standards for science, history and arts education.

*(2) When it is clear what students need to know, it must be determined whether they know it.* In 1992, for the first time, the National Assessment of Educational Progress (NAEP) collected data on student performance on a state-by-state basis for 38 States. Work is under way to develop a National assessment of adult literacy.

The Governors urged the National Assessment Governing Board to begin research on National performance goals in the subject areas in which NAEP will be administered. This does not mean establishing standards for individual competence; rather, it requires determining how to set targets for raising the percentage of students performing at the higher levels of the NAEP scales.

*(3) Measurements must be accurate, comparable, appropriate and constructive.* Placement decisions for young children should not be made on the basis of standardized tests. Achievement tests must measure not only minimum competencies, but also higher levels of reading, writing, speaking, reasoning and problem-solving skills. It is essential that American children's achievement be comparable to that of children from other countries.

The President and the Governors agree that a new data-gathering agency is unnecessary. But they called for establishing a bipartisan group to oversee the process of determining and developing appropriate measurements and reporting on the progress toward meeting the goals as the year 2000 approaches.

Governors are committed to review State education goals and performance levels as part of the AMERICA 2000 program. States are encouraged to adjust State goals according to this review and to expand upon National goals where appropriate.

## ENSURING EQUAL ACCESS

*The 1990 World Conference on Education For All, which convened at Jomtien, Thailand, endorsed "Education for All."*

*U.S. Goals for Achievement of the World Summit for Children and World Conference on Education: All six National Educational Goals as stated in AMERICA 200.*

The National Education Goals state that all children can learn and should be provided the opportunity to achieve their potential. Under U.S. law, all children under age 16 are entitled to a free public education — and the Government maintains monitoring to assure that they receive it.

## **FEDERAL ACTION**

Within the Department of Education, the Office for Civil Rights (OCR) has the responsibility of ensuring that recipients of Federal financial assistance do not discriminate against students or other individuals on the basis of race, color, national origin, sex, handicap or age. OCR conducts complaint investigations and compliance reviews, monitors corrective action plans and provides technical assistance to local jurisdictions.

OCR is responsible for enforcing the following Federal civil rights laws prohibiting discrimination in Federally assisted educational programs and activities:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin;
- Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex.

In carrying out its civil rights enforcement responsibilities, OCR works with other Federal agencies, including the Department of Justice, the Equal Employment Opportunity Commission and the Federal Mediation and Conciliation Service.

Among OCR's many concerns is the nondiscriminatory treatment of students in systems of elementary and secondary education; equal educational opportunities for female students in academic programs and free appropriate public education for elementary and secondary school-aged students with disabilities.

Section 504 of the Rehabilitation Act of 1973 requires recipients to:

- Identify and locate all unserved disabled children annually;
- Provide a free public education appropriate to each student with disabilities, regardless of the nature or severity of the disability. This means providing regular or special education or related services designed to meet the individual education needs of disabled persons as adequately as the needs of nondisabled persons are met;
- Ensure that each student with disabilities is educated with nondisabled students to the maximum extent possible;

- Establish nondiscriminatory evaluation and placement procedures to avoid the inappropriate education that may result from the misclassification or misplacement of students;
- Establish procedural safeguards to enable parents and guardians to fully participate in decisions regarding the evaluation and placement of their children; and
- Afford disabled children an equal opportunity to participate in nonacademic and extracurricular services and activities.

By law, institutions receiving funds provided under this Act must make their programs accessible to disabled persons. Structural changes in buildings are necessary when accessibility cannot be achieved by any other means.

Facilities provided for disabled students must be comparable to those provided for nonhandicapped students. Disabled students must receive transportation equivalent to that provided the nondisabled.

The law prohibits discrimination on the basis of sex in school systems' programs and activities. These may include, but are not limited to: admissions, recruitment, financial aid, academic programs, student treatment and services, counseling and guidance, discipline, classroom assignment, grading, vocational education, recreation, physical education, housing and employment.

The law mandates that school systems are responsible for ensuring that equal educational opportunities are provided to national origin minority children, including those who are not proficient in English language skills. Both the Department of Education and the Department of the Interior have provided educational opportunities for Native Americans:

- The Office of Indian Education was created under the Indian Education Act of 1972 to provide education for Native American children and adults in local public schools, Bureau of Indian Affairs schools, tribal schools and Indian-controlled schools. Program support includes pilot projects, training of counselors in the treatment of alcohol and substance abuse and minor remodeling of facilities. The *Indian-Controlled Schools Enrichment Program* supports activities for Native American tribes, organizations and certain local education agencies that operate or plan to establish and operate a school for Native American children located on or geographically near a reservation. Special programs finance projects to analyze the effectiveness of educational approaches that improve the educational opportunities for Native American gifted and talented children and to ensure that curriculum materials are culturally appropriate.
- The Bureau of Indian Affairs (BIA), which is part of the Department of the Interior, operates one of two existing Federal education systems. The BIA has developed an Indian education strategy to parallel the AMERICA 2000 educational goals. These "Indian AMERICA 2000 Goals" relate to school readiness, high school completion, student achievement, safe and drug free schools, tribal government, language and culture, and adequate school facilities.

Along with the regular curriculum offered to grade K-12 students in BIA-



## THE AMERICAN SCHOOL SYSTEM

*Education in the United States is highly decentralized. The Tenth Amendment to the Constitution provides that "The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people." Since responsibility for education is not mentioned in the Constitution, it is therefore legally reserved to the states.*

*Statutes governing public education vary greatly among the states. Some are quite specific; others simply mention education matters in broad terms. Considerable responsibility is often delegated to local authorities. Nevertheless, in practice the organization of education is similar among the 50 states because of state certification or accrediting association requirements and the various regulations governing State and Federal funding.*

*Education in the United States is compulsory in 29 States beginning at age 7, in 16 states at age 6 and in three States at age 5. In all States, students must stay in school until age 16. Two additional years are required in most cases for graduation from high school. Girls are given equal treatment and opportunities from the beginning. For those who attend public schools, education is free.*

*Legislation also provides for establishment of private schools on every level, subject to State licensing and accreditation regulation. These institutions may receive limited government aid for specialized purposes, but are, for the most part, financially autonomous.*

*Education in the United States is organized on three levels: the elementary (including preschool and primary), the secondary, and the postsecondary. Vocational education is available at the secondary and postsecondary levels. Adults attend continuing education classes at a variety of institutions and locations ranging from elementary schools to universities. They may obtain degrees, pursue professional enhancement courses or simply take courses in pursuit of their own interests.*

*School systems vary in size from small, rural systems with a single, one-room elementary school to those in metropolitan areas, with hundreds of schools of various kinds and thousands of teachers.*

*Postsecondary institutions, public and private, receive authority from the*

*state in which they are located or incorporated to function and to grant degrees. The Federal Government exercises no direct control over establishment of institutions or over the standards they maintain, except for those concerned specifically with preparing persons as career officers for the military.*

*The only elementary and secondary schools funded and administered solely by the federal government are for the dependents of overseas military forces. These are operated by the Department of Defense, with advice provided by local school advisory committees and a national advisory council.*

*Source: U.S. Department of Education. Progress of Education in the United States of America 1984 through 1989. 1990, Washington, D.C.*

funded schools, there are additional programs that are provided to enrich and support student achievement. In addition to operating two post-secondary institutions, the BIA provides funds for tribally controlled community colleges. Other post-secondary programs provided include higher education grant and special higher education programs, an adult education program, cooperative education and summer law programs.

On December 11, 1990, OCR issued a *National Enforcement Strategy (NES)*. The strategy will guide OCR's compliance efforts for the next 2 years and enable OCR to focus on high priority educational issues such as ending discrimination in our schools.

The *White House Initiative on Educational Excellence for Hispanic Americans* was created to improve education for Hispanics. President Bush initiated this program on September 24, 1990, via an executive order. The initiative includes the following goals:

- Enhancing parental involvement;
- Promoting early childhood education;
- Removing barriers to success in education and work;
- Helping students to achieve their potential in both primary and secondary schools.

In addition to his executive order, the President endorsed several Federal initiatives to increase parental involvement, improve language skills among the very young, and enhance opportunities for adult education, including opportunities for mothers.

## **WOMEN'S EDUCATIONAL EQUITY**

The Women's Educational Equity Act Program provides Federal assistance to public agencies, institutions, and nonprofit private organizations, including student groups, community groups and individuals. These Department of Education grants are designed to promote educational equity for women and girls, particularly those who suffer from multiple discrimination, bias or stereotyping. The program also provides assistance to agencies and institutions to meet the requirements of Title IX of the Educational Amendments of 1972.

## **READINESS FOR SCHOOL**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Expansion of early childhood development activities including appropriate low-cost family and community-based interventions.*

### **U.S. GOALS FOR THE YEAR 2000**

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

## PROGRESS MADE IN THE UNITED STATES

The general improvement in health over the past decades in the United States has meant that most U.S. youngsters are physically ready for the rigors of the classroom. As described in earlier chapters, children are better nourished, and are far less likely to have been stricken by disabling diseases than in the past. Public health departments and agencies, from the Federal to the local level, have worked with schools and local, State and Federal agencies to ensure that children, especially in their earliest years, are as healthy as possible.

## CURRENT NEEDS AND NATURE OF THE PROBLEM

Each year, more than 1 million children from low-income families enter school for the first time. In this group, more than 10 percent begin school with health problems. In general, low-income children receive regular medical and dental care far less often than those whose families have higher incomes. These children often fall behind in their first years of school and find their troubles compounded in later years.

## FEDERAL ACTION — PROGRAMS

In July 1991, Health and Human Services Secretary Louis W. Sullivan announced his Learning Readiness Initiative at the annual meeting of the Education Commission of the States. The Initiative is co-chaired by Education Secretary Lamar Alexander and is led by a five-member Steering Group.

The focus of the Initiative over the next 12 months consists of three major efforts:

1. The preparation and dissemination of a document for Governors and other high-level policymakers that presents a number of promising strategies for ensuring learning readiness.
2. A joint effort of the Department of Health and Human Services and the Department of Education to make available to States the ability to operate comprehensive, coordinated health care systems for all children attending schools in which the poverty level of the school population exceeds 75 percent.
3. Funding several State-level grants for planning learning readiness strategies.

As an accompaniment to the President's AMERICA 2000 program, Secretary Sullivan has also established the *Ready-To-Learn School Health Program*. This program will help minority communities in areas of high poverty that have few primary care services by linking schools with community and migrant health centers and other sites that provide health care to the poor. It is expected that this program will serve 50,000 children age 3-12 who might otherwise suffer from poor



**VOLUNTEERISM:  
A THOUSAND  
POINTS OF  
LIGHT**

*President Bush has long recognized the need for public service by all Americans. "From now on in America, any definition of a successful life must include serving others," he stated in 1989.*

*The President's Points of Light Initiative reflects his deep concern for those less fortunate. This movement is aimed at engaging all individuals, families, businesses, unions, places of worship, and many other groups and organizations in America to take direct action to solve community problems.*

*Three new institutions have been organized to enable the President to personally support the growing nationwide community service movement.*

- *The Points of Light Initiative Foundation serves as a catalyst for implementing the President's community service strategy.*

- *The President's Daily Point of Light publicly recognizes initiatives, groups, organizations or individuals across the country who share the President's commitment to making community service central to the life and work of everyone in America.*

*Every day, in many ways, thousands of volunteers in communities across the nation team together to help those less fortunate improve their lives. In San Francisco, the volunteers of the Larkin Street Youth Center seek out and offer friendship, shelter, education and care to teenagers who are homeless or have run away from their homes, many of whom have lived day to day by panhandling, theft, or prostitution. More than 70 volunteers work with the center, ensuring that these young people are no longer alone and afraid. Of the 360 young people who visited the center in 1989, 66% no longer live on the streets.*

*The Parent and Child Enrichment Center of Dothan, Alabama, helps prevent child abuse and neglect. More than 60 volunteers help facilitate the programs offered by PACE, such as the First Step Program which offers companionship and emotional support to new mothers still in the hospital after the birth of their children. The new mothers are also provided information on resources and services available in the community if child abuse becomes a potential problem in their lives. Volunteers operate a 24-hour "helpline" for new mothers who are coping with a crisis.*

*Other services include support groups for parents and teens, counseling for adults who were abused as children, workshops in teen pregnancy, and parenting classes. The children are also taught how to prevent abuse, protect themselves from abuse when it does occur, and how to report abuse.*

*In Bryan, Texas, the volunteers of Brazos Maternal and Child Health Clinic ensure that low-income women have healthy, safe pregnancies, thereby reducing prenatal and infant mortality rates and low birth rates.*

*With a staff of six, volunteers play an integral role in caring for the low-income women. More than 60 community members, including obstetricians and gynecologists, volunteer on a rotating basis. They teach prenatal nutrition, prenatal and postpartum exercise, preparation for labor and birth, parenting skills, breastfeeding, and newborn care.*

*They also refer clients to organizations that assist with housing, employment, other medical services, and education. The clinic serves approximately 700 women each year, following them through pregnancy until two weeks after birth.*

*At Project Love in Bartow, Florida, volunteers assist mothers and their children through educational programs. Included are a tutoring program, a meal program, and other activities to benefit the children.*

*Project Love's Morning with Moms program helps women learn to be better mothers, improve their reading skills, and obtain high school General Equivalency Diplomas. To date, more than 300 mothers have been involved in adult education, English as a Second Language, and Parenting classes or have received their GEDs because of support from the program.*

*Project Love also includes several other initiatives. For example, volunteers "adopt" and befriend migrant families, provide holiday packages for them, and refurbish homes in need of repair.*

*These are but a few examples of the kind of hard working and sharing Americans perform every day, with the belief that if everybody joins in, the nation — its children and its families — will be better off.*

health and low grades in school.

Sullivan asked the Surgeon General to assume leadership for this program. In fall 1990, the Surgeon General responded by establishing a "Healthy Children Ready to Learn" advisory group consisting of representatives from Federal agencies, including the Department of Education, and from the White House. The advisory group identified two areas of concern: (1) the need to know what existing programs are already working in this area; and (2) the need to work with parents and families to help children excel in school.

The Surgeon General is overseeing two major activities under this program. The first will determine how many preschool readiness programs exist. The second activity was to organize a conference, which took place in February 1992. This conference brought together parents, professionals, government officials and program directors to devise a plan that would ensure that young children would be both healthy and ready to start school.

The Department of Defense (DOD) is also committed to the President's National Education Goals and AMERICA 2000. DOD operates 318 schools with a student population of 174,000. Among the initiatives DOD is implementing are preschool programs to help parents participate in child development activities.

## **THE ROLE OF THE FAMILY IN SCHOOL READINESS, EDUCATION AND LITERACY**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Every parent in America will be a child's first teacher and devote time each day to helping his or her preschool child learn; parents will have access to the training and support they need.*

### **PROGRESS MADE IN THE UNITED STATES**

Children's first efforts to learn should begin a zest for learning that ensures success in school and in adult life. To do so, early childhood experiences must help children become stronger, smarter, and more mature.

While the notion of school readiness concentrates on the years just prior to formal schooling, it includes the period from birth to about age 8. During this time, children's knowledge of the world primarily comes from their parents. In fact, parents are children's first and foremost teachers. As First Lady Barbara Bush observed:

"Throughout our history, sometimes against tremendous odds —

slavery, migration, generations of poverty and ignorance — American families have instilled in their children a love of learning, and when they did, they gave their children the future. Some people say our families are losing that ability. Those people are wrong. It may be dormant in some families, but there is no question in my mind; it is there.”

Many parents can teach their children the skills needed to attend school. When parents could not do the job, either because of poverty, divorce or other reasons, the government has offered programs providing training. These programs often competed against each other for clients. Some programs gave aid to children, others assisted parents, few worked together. But in the past few years, agencies have combined their resources, and many agencies now offer early childhood education, adult literacy and parenting courses.

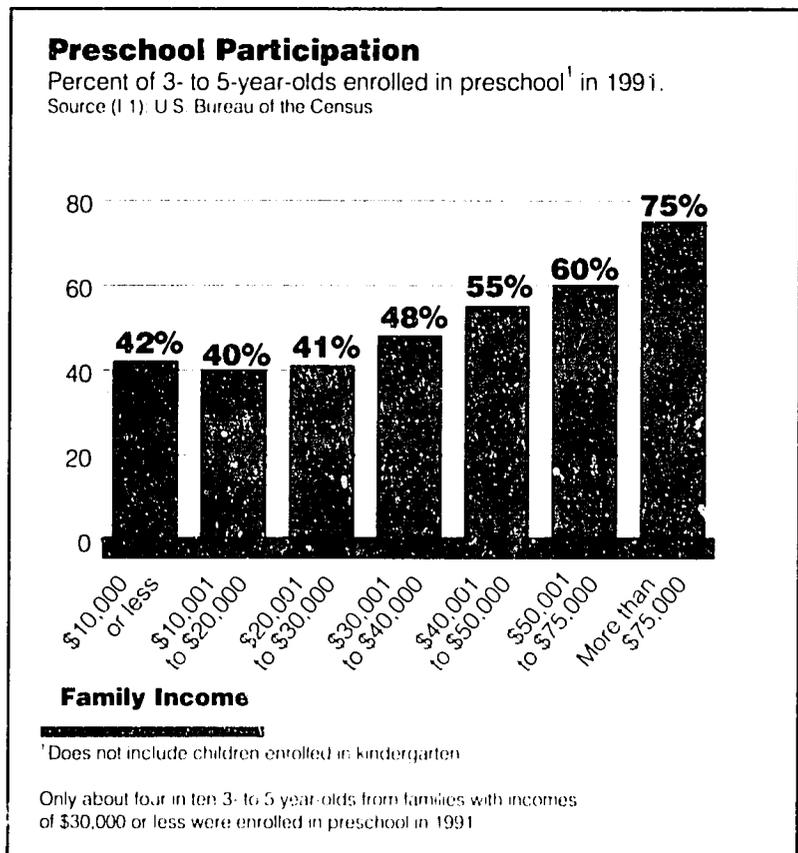
**CURRENT NEEDS AND NATURE OF THE PROBLEM**

Many families still need help. Parents struggling to pay the rent frequently don't have time to teach their children. Adults who can't read cannot convey a love of books and reading to the young.

**FEDERAL ACTION**

The Department of Education has released “Preparing Young Children for Success: Guideposts for Achieving Our First National Goal” focussing on school readiness and children learning in the home, in preschool and in early elementary school. Written with the help of childhood experts and staff of the Department of Agriculture and Department of Health and Human Services, the publication provides recommendations for parents and professionals on making sure young children can participate successfully when it comes time to begin school.

The Department of Education has also published “Working with Families: Promising Programs to Help Parents Support Young Children’s Learning.” In this study, 17 promising family education programs for troubled families were summarized. The studies





## HEAD START

*Head Start has served more than 12 million low-income preschool children and their families in the United States. The Program provides educational, social, medical, dental nutrition and mental health services. The Program has a low child-staff ratio to give children individual attention and a variety of learning experiences to help lay the groundwork for success in elementary school. Children also get: a hot meal each day, a health care program that includes physical and dental exams and treatment of any problems, mental health services to foster their emotional growth and social activities to help children learn to get along with others and gain self-confidence.*

*Each year, Head Start provides developmental services to more than 600,000 disadvantaged preschool*

*children and their families through 1,900 grantees and delegate agencies. It is managed at the local level by Head Start directors who oversee more than 34,000 classrooms with almost 97,000 paid staff and about 900,000 volunteers.*

*President Bush is a firm believer in Head Start. In 1990, 1991 and 1992, the President requested the three largest funding increases in the history of Head Start. In the past two years, \$700 million in new funding has been gained for Head Start, which will allow 145,000 additional children to participate.*

*Parents are involved in all phases of the Head Start program. About 55 percent of Head Start families are headed by a single parent and 46 percent have an annual income below \$6,000.*

indicated that family education programs could help some parents do a better job in helping their children learn and develop.

The Department of Education is expanding *Even Start*, a program integrating early childhood education and parent education into a unified program. This program provides funds to communities so they can offer instruction in reading, child development, parenting and in ways to help children learn. Parents can, depending on the program, attend classes or study at home. The Even Start program helps parents become full partners in the education of their children; assists children in reaching their full potential as learners; and provides literacy training for their parents. To be eligible an adult must be a parent of (1) a child under 7 who resides in an elementary attendance area served by Chapter I (Elementary and Secondary Education Act) and eligible to participate in an adult education program, or (2) a child under 7 who resides in a Chapter I participating attendance area.

The Department of Education's Office of Educational Research and Improvement (OERI) is planning to give information to disadvantaged parents on what they can do to better prepare their children for school. During the past year, OERI has held three meetings with early childhood experts to help plan this strategy. Two products have resulted from these meetings: a paper synthesizing research on parent contributions and school readiness, and another paper (in preparation) assessing materials on parenting and child development.

Another OERI program called "*Parents Teach!*" recognizes that a parent is a child's first and most important teacher. Schools participating in the "Parents Teach!" program help parents develop skills to ensure that their offspring learn more efficiently.

## HEAD START

Head Start, launched in 1965, helps prepare children for school in the following ways:

- **Education:** Provides children with varied experiences helping them to develop socially, intellectually, physically and emotionally; assists parents in increasing their knowledge and understanding of school readiness, child growth and development.
- **Health Services:** Provides children with medical, dental and mental health care as well as nutrition services; provides parents with skills and information on basic health issues and on how to judge health services in their community.
- **Social Services:** Makes parents aware of resources in their community; assists parents in their efforts to improve family life.
- **Parent Involvement:** Provides activities that help adults improve their parenting skills and confidence; provides parents with health, mental health, dental and nutritional education; and aids in providing educational and developmental activities in home and community.

Now run by the Administration for Children, Youth and Families within the

Department of Health and Human Services, Head Start has served more than 10.9 million children and their families since 1965.

Recruiting children age 3 to school entry, Head Start over the years became an 8 month program. In 1990, the program served 583,471 children and their families in all 50 States, the District of Columbia, and the U.S. Territories. Of those, 38 percent were Black, 33 percent White, 33 percent Hispanic, 4 percent Native American and 3 percent Asian. A total of 26,400 were children of migrant agricultural workers (Head Start statistics). Funding for the program increased 78 percent between 1989 and 1992. An increase of \$600 million to \$2.8 billion has been proposed for Fiscal Year 1993. That would allow Head Start to serve 779,000 children, including all eligible 4-year-olds whose parents want them to enroll.

## **STUDENT ACHIEVEMENT AND HIGH SCHOOL COMPLETION**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Universal access to basic education and achievement of primary education by at least 80 percent of primary school age children through formal schooling and non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.*

### **U.S. GOALS FOR THE YEAR 2000**

*By the year 2000, American students will leave grades 4, 8, and 12 having demonstrated competency in English, mathematics, science, history, geography and other subjects. Every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning and productive employment in our modern economy.*

*By the year 2000, American students will be first in science and mathematics achievement.*

*The high school graduation rate will increase to at least 90 percent.*

### **U.S. OBJECTIVES FOR THE YEAR 2000:**

*The academic performance of elementary and secondary students will increase significantly, and the achievement of minority students in each level will more closely resemble the student population as a whole.*

*The percentage of students who demonstrate the ability to reason, solve problems, apply knowledge, and write and communicate effectively will increase substantially.*

*All students will be involved in activities that promote and demonstrate good citizenship, community service, and personal responsibility.*

*The percentage of students who are competent in more than one language will substantially increase.*

*Math and science education will be strengthened throughout the system, especially in the early grades.*

*The number of teachers with a substantive background in mathematics and science will increase by 50 percent.*

*The number of United States undergraduate and graduate students, especially women and minorities, who complete degrees in mathematics, science, and engineering will increase significantly.*

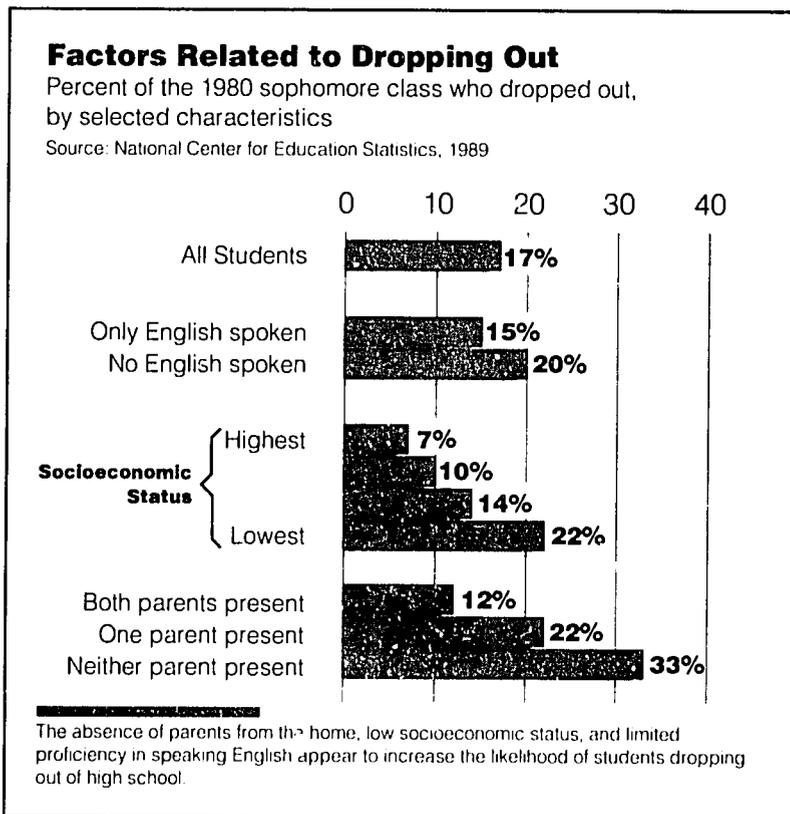
*All students will be knowledgeable about the diverse cultural heritage of this nation and about the world community.*

**PROGRESS MADE IN THE UNITED STATES**

Mathematics, science and engineering expertise ensured many American “firsts,” from the first spaceflight landing a man on the moon to the establishment of “Silicon Valley,” home to some of the most innovative computer companies in the world. The research that has deciphered the genetic basis of several diseases, making possible the hope for a “cure” for these previously intractable conditions, would not exist without the mathematical and scientific skills of many Americans. American scientists, mathematicians and engineers are respected the world over.

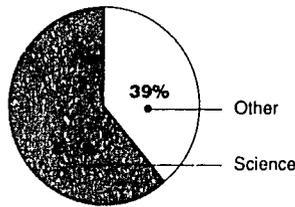
Improvements in high school achievement include the following:

- From 1975 to 1990, the percentage of 19- to 20-year-olds who had completed a high school degree or its equivalent rose from 81 to 83 percent. Improvement was greatest among blacks (66 to 78 percent), but performance remained essentially unchanged for Hispanics (60 percent).
- The percent of high school graduates completing core academic courses in English, mathematics, science, history and foreign languages increased substantially between 1982 and 1987.
- Although science and mathematics achievement has improved somewhat over the last decade, fewer than one in five students in grades 4, 8 and 12 has reached a defined standard of competency in mathematics as measured by the National Assessment for Educational Progress.

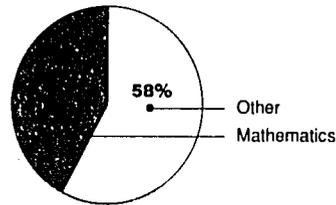


### Science and Mathematics Teacher Preparation

Percent of all high school science and mathematics teachers who have a degree in the field in which they teach, 1988  
Source: National Center for Education Statistics, 1991



**All high school science teachers**



**All high school mathematics teachers**

Only four in ten high school mathematics teachers in 1988 held degrees in mathematics.  
Six in ten science teachers held science degrees.

## CURRENT NEEDS AND NATURE OF THE PROBLEM

While America's best students of science, mathematics and engineering are superb, evidence is increasing that the majority of students are in trouble in these areas. American students scored poorly on recent international science and math tests compared with students from other industrialized countries and even some Third

World nations. When compared with all students in other industrialized countries, even our top students are only average. Fewer than one in five students in grades 4, 8 and 12 were considered competent in math in 1990.

Many teachers are ill-equipped to teach mathematics or science, and many classrooms have few of the materials necessary to do a proper job in teaching these subjects. In addition, students are not doing enough mathematics and science in class.

## FEDERAL ACTION

The United States is working to improve student achievement and instruction in core academic subjects — English, mathematics, science, history and geography. Its greatest challenge will be improvement in mathematics and science.

- Work on mathematics standards has already been undertaken by the National Council of Teachers of Mathematics, with Federal support.
- The Department of Education is urging each State to develop curriculum guidelines that define what its students should know and be able to do from kindergarten through the 12th grade in mathematics and science, as well as other subjects. These frameworks will provide a foundation for educational decision-making. Schools of education, for instance, should prepare future teachers to teach what their students are supposed to learn.
- Local school districts are using Government funds to expand pre-service and in-service training for teachers or other school personnel; recruit or train minority teachers; or train teachers in the instructional use of computers, video and other telecommunications technologies. They may also award competitive mini grants to individual teachers for special projects.

- In 1991, the Department of Education's Office of Educational Research and Improvement (OERI) produced "Helping Your Child Learn Science." This publication is targeted for parents of children 3 to 10 years. It includes basic science information, 16 experiments parents and children can do together, suggested activities to be undertaken near home and a list of science books and projects.
- The Department of Defense is offering at least two advanced placement classes at all high schools and foreign language courses to all seventh and eighth graders; training teachers and administrators in the National Council of Teachers and Mathematics proposed curriculum, evaluation and professional standards; and increasing the percentage of high school graduates qualified to enter college.

## **SPECIAL EDUCATION**

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*All disadvantaged and disabled children will have access to high-quality programs in all areas and developmentally appropriate preschool programs that help prepare children for school.*

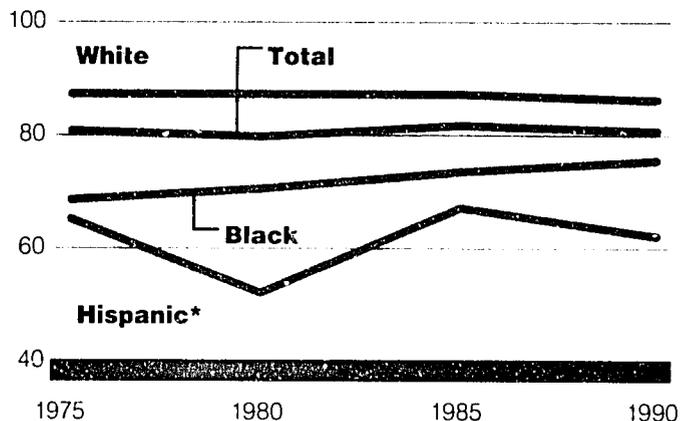
### **PROGRESS MADE IN THE UNITED STATES**

In the past two decades, the Federal Government has worked to

### **High School Completion Trends**

Percent of 19- to 20-year-olds who have completed high school, 1975 to 1990

Source: National Center for Education Statistics, 1991



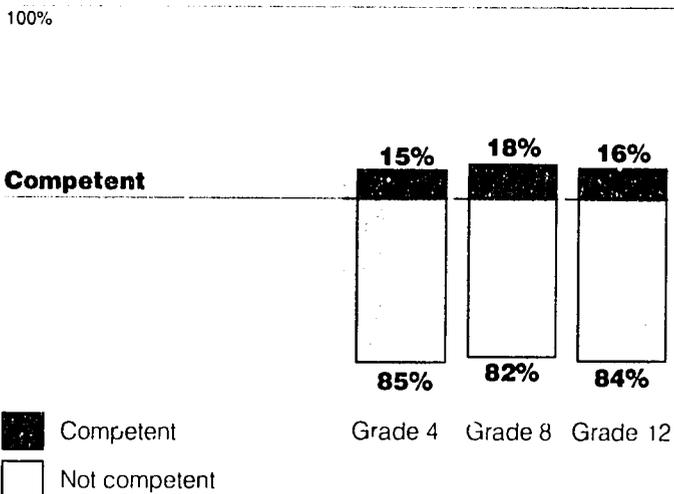
\* Hispanic rates may vary more than rates for other groups because of small sample size

The number of Blacks completing high school increased dramatically from 1975 to 1990, while the completion rate for Whites increased slightly. Completion rates for Hispanics remained lower than those for other groups.

### **Competency in Mathematics**

Percent of 4th, 8th, and 12th graders who are competent in mathematics, 1990

Source: National Assessment Governing Board, 1991



Fewer than one in five students in grades 4, 8, and 12 has reached the National Education Goals of demonstrating competency in mathematics.

make sure that the needs of children with disabilities, such as those with sensory or motor impairment, a learning disability, an emotional condition or a chronic illness are met. Three laws protect these disabled children:

- *The Individuals with Disabilities Education Act*, passed in 1975, requires all states to provide free, appropriate public education in the least restrictive environment to all children determined to be eligible.
- *Section 504 of the Rehabilitation Act of 1973*, which prohibits discrimination on the basis of a handicap in institutions that receive Federal financial assistance;
- *Title II of the Americans with Disabilities Act*, passed in 1991, which prohibits discrimination by State and local agencies and post-secondary institutions.

The Department of Education's Office of Special Education and Rehabilitative Services offers programs to help youth with learning disabilities and their families use all available networks and services.

## **ADULT LITERACY AND LIFELONG LEARNING**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Reduction of the adult illiteracy rate to at least half its 1990 level (the appropriate age group to be determined in each country) with emphasis on female literacy.*

### **U.S. GOAL FOR THE YEAR 2000**

*By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.*

### **PROGRESS MADE IN THE UNITED STATES**

Evidence of the strong national commitment to the survival, protection and development of children is reflected in First Lady Barbara Bush's leadership in the fight against illiteracy. Her efforts to promote literacy have caught the attention of the world.

### **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Perhaps 25 million American adults and millions of teenagers are functionally illiterate. As many as 25 million more adult workers need to update their skills or knowledge. Business and the military complain they have to spend millions of dollars on remedial courses to teach reading, mathematics and other skills to employees.

### **FEDERAL ACTION**

In 1991, the National Literacy Act became law. As a result, the National

Institute for Literacy was established to focus attention and resources on addressing literacy needs of the country. The Institute supports literacy services, provides assistance to literacy programs, collects and disseminates information, promotes communication among literacy providers, clients, educators and volunteers, and advances academic scholarship among literacy professionals.

The Adult Education Act, administered by the Department of Education's Office of Vocational and Adult Education, is the major source of Federal funds for programs that improve the education of adults. Over 3.5 million adults were enrolled in adult education and literacy programs sponsored under the Act in Fiscal Years 1989 and 1990. Of the total served, approximately 51 percent were women, many of them mothers.

Among the programs the Act authorizes is the Adult Education-State Administered Basic Grant Program, which this year has provided \$201 million in grants to States to fund local programs of adult basic and secondary education. Local and State sources contribute \$1 billion annually to these grant programs. Separately, some 700 family literacy programs funded by the Act work to increase literacy among parents and children. These programs bring parents and their children together to improve their learning. Parents are offered instruction in skills such as nurturing, disciplining, and parent-child communication. Participants include single parents, low-income parents and parents of children in Head Start, Title XX of the Act and other Federally supported programs. Programs vary from community to community.

U.S. Government literacy projects include the following:

- ***The National Adult Literacy Survey*** will be completed in 1993 and will provide information on adult literacy. The Administration will also work with Congress to enact literacy and adult education legislation. A conference will be called to develop a nationwide effort to improve the quality and accessibility of the many education and training programs, services and institutions that serve adults. The Administration's Interagency Task Force on Literacy will continue to coordinate Federal programs dealing with adult literacy and basic skills instruction.
- The Department of Education, along with the Departments of Labor and Health and Human Services, has established a ***Center on Adult Literacy***, which conducts research on designs for adult literacy programs and disseminates information on the most effective teaching methods.
- ***The National Literacy Act*** of 1991 established ***The National Institute for Literacy***, managed by an interagency group comprised of the Secretaries of Education, Health and Human Services and Labor. The Institute assists Federal, State and local agencies in the development, implementation and evaluation of policy with respect to literacy by establishing a national data base and providing technical and policy assistance. The Institute also conducts basic and applied research on literacy.
- The Department of Education named nine of the President's ten nominees to the ***National Literacy Board of Directors*** in July 1992. The new Board is charged with clarifying the nation's literacy policies. The Board members are to be

## THE POWER OF ADULT EDUCATION

*Ronnie Watts of Gaston, South Carolina, who describes herself as the product of a broken home where there was "a lot of dysfunction," quit school in the 10th grade when she found out she was pregnant. She spent five years in an abusive marriage and, with the full responsibility of supporting her family, in and out of dead-end jobs.*

*At the age of 22, she was divorced, fighting for \$7,200 in back child support, working two jobs and facing bankruptcy.*

*In 1987, she decided to visit an Adult Education Office in Lexington County. The reason: She wanted her high school diploma; and despite the harshness of her life up to that point, she had a dream. She wanted to teach high school math.*

*"I spent two years in adult ed," she stated at a U.S. Department of Education hearing in Charleston in 1991, "and I witnessed some truly amazing things. I watched the teachers there do everything from motivate young high school dropouts to fulfilling the eagerness of older students who had waited many years on their education."*

*Ms. Watts was graduated with 16 A's, two B's, and two C's, but she got much more out of the classwork than that.*

*"I got the opportunity to meet some truly successful women. Not only the teachers, but also several success stories that make a person want to stand up and cheer.*

*"Furthermore, just last week I realized that the successes have not stopped coming when my 10-year-old daughter was studying out loud for a social studies test. She was looking for the name of the branch of government that decides if laws are unconstitutional. She had decided it was the executive branch. It felt so good to tell her with confidence that it was the judicial branch and not the executive.*

*"This is an example of how important adult education is. Not only was she glad to have my help, I was tickled to be able to support her in her studies. While I am sure that she will have many homework questions that I won't know off the top of my head, it will not be because I dropped out of high school."*

*"Adult ed," said Ms. Watts, who has gone on to college, "has literally been the only opportunity I have received to act instead of react."*

confirmed by the Senate for 3-year terms. The Board is to provide independent advice to the National Institute for Literacy on its operation as a national literacy clearinghouse.

- **The Adult Education Act** annually provides more than \$7 million to States to plan and implement programs to provide training in literacy and other skills for the homeless. Overall, 30,000 adults participating in these programs, a third of them women, many of whom are mothers. More than half the women participating in these programs are between the ages of 25 and 44.
- **Workplace Literacy Project for Limited English Speakers:** This Department of Labor project, through partnership with two community organizations, provides literacy services to limited-English speakers at selected employer sites. This project also aims to improve employer understanding of the cultural backgrounds of limited-English speaking employees, as well as help the employees develop skills for a variety of electronic and service occupations.
- **Rural Workplace Literacy Demonstrations:** The Departments of Commerce and Labor are conducting a National demonstration project to overcome problems of low-level workplace literacy and improve basic skills in rural areas. Other agency participants include the Tennessee Valley Authority, the Departments of Agriculture, Education and Veterans' Affairs and the National Association of Broadcasters.

## **WORKFORCE PREPARATION AND SKILLS TRAINING**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Vocational training and preparation for employment.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*All workers will have the opportunity to acquire the knowledge and skills needed to adapt to new technologies, work methods and markets via public and private educational, vocational, technical, workplace or other programs.*

*The proportion of college graduates who demonstrate an advanced ability to think critically, communicate effectively, and solve problems will increase substantially.*

### **PROGRESS MADE AND CURRENT NEEDS**

American workers' skills have been rising in recent years. But workers need to learn new skills to adapt to a rapidly changing job market and a highly competitive and increasingly global marketplace.

### **FEDERAL ACTION**

In January 1992, President Bush announced the Job Training 2000 Initiative.

The initiative is designed to ensure:

- High standards of accountability and quality in job training services.
- Greater private sector involvement in the administration of these services.
- Improved coordination and better access to job training, employment and work-related services. Initiatives include the development of one-stop, full-service skill clinics to provide assessment and referral services, and information and counseling on education and training opportunities.
- Improved transition from school to work. Initiatives involve enabling schools to create youth apprenticeship programs and promoting voluntary, industry-based occupational skill standards and certificates of mastery.

The Labor Department's National Advisory Commission on Work-Based Learning, composed of business, labor, education and public interest group leaders, will help in the development of guidelines for these standards.

Complementing these activities is the work of the Labor Secretary's *Commission on Achieving the Necessary Skills (SCANS)*, which has defined the fundamental skills and competency areas needed to gain access to jobs with career potential in the 1990s. SCANS offers practical suggestions to help schools, businesses, parents and students themselves improve the U.S. educational system. The commission's final report was released in July 1992.

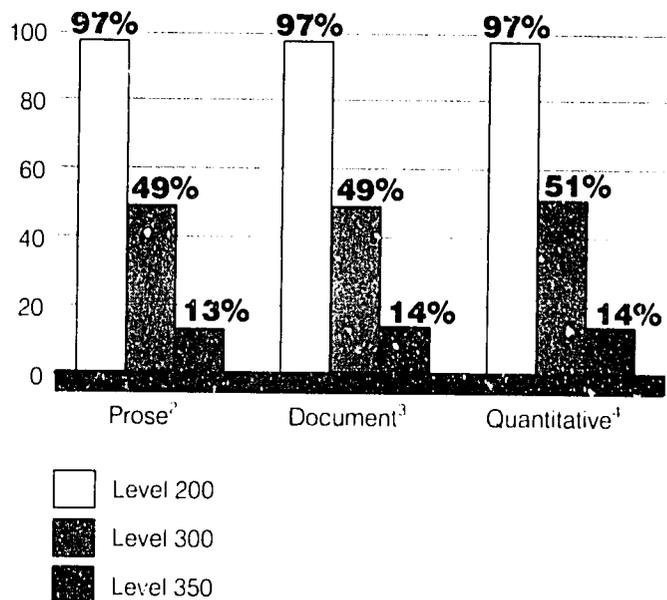
The Department of Labor's numerous education and training activities include:

- **Job Training Partnership Act (JTPA) Programs:** JTPA Programs, with total 1992 funding of \$4.2 billion, fund training and employment for disadvantaged youths and adults, dislocated workers, migrant and seasonal farm workers and Native Americans.
- **Job Corps:** This program provides basic education and vocational training, primarily in a residential setting, for disadvantaged youth ages 16 through 21. The program prepares them to obtain and hold jobs or enroll in vocational and

### Literacy Achievement

Higher levels indicated mastery of more complex tasks  
Percent of all young adults<sup>1</sup> who scored at or above three levels, 1985

Source: Educational Testing Service 1990



<sup>1</sup> Includes persons who were 22- to 25-years-old during 1985

<sup>2</sup> Prose literacy tasks require readers to understand and use information contained in texts such as newspapers and pamphlets

<sup>3</sup> Document literacy tasks require readers to locate and use information contained in materials such as tables, charts, and maps

<sup>4</sup> Quantitative literacy tasks require readers to perform arithmetic computations using numbers printed in materials found in everyday situations

While most Americans have mastered basic literacy skills, few can perform more complex, analytical tasks.

technical schools, junior colleges or other institutions for further training.

Services are provided through a network of 108 Job Corps Centers, 30 of which are Civilian Conservation Centers operated by the Departments of Interior and Agriculture, and staffed by Federal employees. The remaining Centers are operated under contracts with the Department of Labor primarily by major corporations although in some instances by various non-profit organizations. Job Corps has developed a new curriculum on parenting skills that will be required for all students at Job Corps centers. It is designed to teach how to help a child learn, keep a child safe and healthy and provide constructive discipline.

- **Summer Training Education Program:** This program, continuing through June 1992, offers summer reading and math classes combined with employment and life skills at 73 sites in 14 States.

In addition, the Department of Health and Human Services' Administration For Children and Families provides funding to States for the **Job Opportunities and Basic Skills Training (JOBS)** Program. The program is designed to increase the employability of Aid to Families with Dependent Children (AFDC) recipients (particularly teenage parents) and help them achieve economic self-sufficiency. Approximately 550,000 AFDC families participated in the JOBS program each month in the first half of Fiscal Year 1992. The program is being implemented with extensive involvement from local JTPA and education programs.

The Federal Government also offers a variety of vocational education programs under the **Carl D. Perkins Vocational and Applied Technology Education Act**. These are carried out through State and local governments. Some of the programs seek to improve the lives of women and the employment skills of single parents, displaced homemakers and single pregnant women who have low incomes and little education. Others assist youth and adults in developing skills and knowledge of home economics used in occupations such as child development and child care; food production and service and management; and in institutional, home management and hospitality services. Other programs help youth and adults develop general homemaking skills, such as managing individual and family resources, making consumer choices, balancing work and family, improving responses to family crises, parenting, assisting aged and handicapped individuals and improving individual, child and family nutrition.

The programs also seek to eliminate sex bias and sexual stereotyping in secondary and post-secondary vocational education.

Another program provides financial assistance to American Indian tribes and Federally recognized tribal organizations, as well as to Alaskan Native groups, to plan similar vocational and applied technology classes.

All 50 States have developed and implemented vocational education programs, which increase acquisition of knowledge and skills required by individuals and families for earning a living and caring for their children. Offered by a variety of institutions, vocational education is received in comprehensive high schools, vocational high schools, area vocational high schools, community colleges, techni-



## **THE TRAINING AND THE “SECOND CHANCE” SYSTEMS**

*The Federal government spends over \$14 billion annually on postsecondary vocational education, job training and related services which help individuals access such training, complete it, and find employment.*

*Several Federal programs, such as the Job Training Partnership Act (JTPA), the Adult Education Act, and the Job Opportunities and Basic Skills Program in the Family Support Act, are specifically designed for job training. Under the JTPA, States and localities receive funds for training and employment services for low-income youth and unemployed adults.*

*One who made this transition with the help of JTPA was Yolanda Winchester. Yolanda was a single, unemployed mother receiving public assistance when a friend told her about the Women in Skilled Trades (WIST) Program.*

*The WIST program, a collaborative effort between the JTPA Oakland Private Industry Council and the Peralta Community College District, was designed to prepare women for work in both the skilled and blue-collar trades. Training included classroom and hands-on instruction in plumbing, electricity, industrial maintenance, welding, math and weight training.*

*The training Yolanda received through JTPA allowed her to develop her talents and helped her land a job as an airline mechanic with a major airline.*

cal institutes, adult schools, the lower division of some 4-year colleges and universities and private sector training programs.

## **COMMUNITY-BASED EDUCATION PROGRAMS**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Increased acquisition by individual and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioral change.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*American communities will be places where learning takes place.*

### **FEDERAL AND COMMUNITY ACTION**

Towns and cities sponsor adult literacy programs, many with the help of Federal funds; various training programs take place at the local and county level.

President Bush has asked every community in America to take part in AMERICA 2000 by undertaking these tasks:

- Adopt the six National Education Goals.
- Develop a community wide strategy to achieve them.
- Design a report card to measure results.
- Plan for and support a New American School.

### **WHAT AMERICA 2000 COMMUNITY EFFORTS**

Some AMERICA 2000 community efforts are citywide, spanning a number of school districts. Others are only as big as a group of parents or a neighborhood with only a few schools in rural areas, towns and suburbs.

Typical examples of AMERICA 2000 efforts include: a year-round, 12-hour-a-day child development center, an intergenerational day-care program and home visits by parent educators to prepare preschoolers for success in school; hot meal services, medical screenings and immunizations; a drop-out re-entry fair; a program where junior high students can advance two or three grades in a single year and catch up with their peers; year-round schools with extra math and science courses for students who want and need them; satellite technology and public television to teach adults how to read; a student homework "hotline" for help with lessons in five different languages; comprehensive drug use prevention support groups plus peer and staff training with parent involvement; performing arts curriculum to design arts education programs or implement a K-12 visual arts curriculum; and plans to assess progress toward the six National Education Goals and determine

how to allocate resources for support at State, local and Federal levels.

To date, over 30 States and 1,500 communities have joined AMERICA 2000. A network of adult and continuing education professional and voluntary associations participates in community-based education and partnerships, programs and services, designed to assist adults at all levels of school attainment. These programs and services are designed as orientation, training and continuing education programs for adults, many of whom are responsible for the development of children or their general care as parents or caregivers. The following are further examples of efforts that are part of the AMERICA 2000 campaign.

The *Cooperative Extension System (CES)*, a nationwide network of Federal, State and local agencies, designs and offers education programs to meet the needs of people where they live and work. Its components are the Extension Service of the Department of Agriculture, extension professionals at land-grant universities throughout the United States and its territories and extension educators in nearly all of the Nation's 3,150 counties.

One component of CES outreach is 4-H, a program of informal education for youth. In Fiscal Year 1990, more than 1.2 million youth participated in food and nutrition projects, clubs and activities.

In 1989, the CES initiated a special *Youth at Risk Initiative* that provides programs to help youth acquire knowledge and skills to become productive citizens, and avoid the hazards of drug use, teen pregnancy, school dropout, AIDS and other sexually transmitted diseases. The program is aimed at youth who come from families that may suffer from poverty, child abuse or other problems.

*The Plight of Young Children*, a CES national initiative established in October 1991, addresses issues faced by children up to age 5 and their families. The program coordinates nutrition and health, money management and parent education programs.

## **EDUCATION RESEARCH AND TECHNOLOGY**

### **THE WORLD SUMMIT PLAN OF ACTION CALLS FOR:**

*Further research and development to facilitate resolution of problems confronting children and families.*

### **U.S. GOALS FOR THE YEAR 2000:**

*All six National Education Goals stated in AMERICA 2000.*

The Department of Education's National Center for Education Statistics (NCES) develops and monitors educational indicators. NCES conducts a data collection program which gathers information that monitors progress towards achieving the National Education Goals and many other issues related to education in the United States and in other countries. The Center supplied much of the data

for the "National Education Goals Report." NCES also appointed a panel in 1990 to advise the Department of Education on what types of data it should be collecting and reporting on a regular basis to monitor the U.S. education system.

A major component of the Center's data collection program is the National Assessment of Educational Progress (NAEP), which has collected data on the performance of students in a number of subjects since 1970. NAEP currently is conducted every 2 years and assesses the performance of 4th, 8th and 12th-graders in reading, writing, history, mathematics and science. In the past, NAEP has only provided National data, but voluntary state-level assessments were conducted in 1990 and will be again in 1992.

## FEDERAL ACTION

In addition to its support for the development of standards and assessments, the U.S. Department of Education's Office of Educational Research (OERI) and Improvement supports:

- 10 Regional Education Laboratories and 25 Educational Research and Development (R & D) Centers. The labs identify solutions to educational problems, furnish research results and publications, support and improve library education and service, and provide training to teachers and school administrators. The R & D centers conduct research and dissemination activities on a wide range of topics on education. As a group, the 25 centers are designed to reflect a comprehensive approach to education aimed at improving teaching and learning for students of all ages, languages, and cultures in all schools. The centers' purpose is to find imaginative ways to create educated graduates, accountable teachers and schools, productive workers, and knowledgeable citizens — all of which are vital to our National well-being.
- Research, through contracts, to evaluate education reform and generate information that will help future efforts to improve American education. The work is designed to find models and practices that others can emulate as they seek to reform American education at the elementary through secondary levels. Grants have been awarded for projects in areas that include assessment of student performance, curricular reform and early childhood education.
- Research projects pertaining to development and use of computers, television, videotapes, audiotapes, interactive software and other new technologies in the Nation's schools.
- Expansion and improvement of educational opportunities in rural, disadvantaged and isolated areas under the *Star Schools Program*. Grants were awarded in Fiscal Year 1990 to four regional partnerships to expand and enhance educational opportunities in rural, disadvantaged and isolated areas. Grantees develop high-technology teaching networks using telecommunications and audiovisual

techniques to provide students with advanced courses in math, science and foreign languages. The partnerships provide classroom instruction from central locations using such methods as live interactive instruction via satellite, hands-on microcomputer programs and videodisc software. The program is expected to expand to include schools in all States.

- ***The Fund for the Improvement and Reform of Schools and Teaching (FIRST)*** Program supports activities designed to improve educational opportunities for elementary and secondary school students, as well as to enhance the performance of their teachers. FIRST's Family-School Partnership Program supports activities designed to develop family-school partnership projects to increase the involvement of families in improving the educational achievement of their children, especially among disadvantaged children.

## **EDUCATION AND OUR CULTURAL AND HISTORICAL HERITAGE**

The Smithsonian Institution's Office of Elementary and Secondary Education (OESE), develops and distributes materials from the Institution that are distributed to elementary and secondary schools. The materials are designed to help children and educators learn how museums and related institutions can be used as learning resources in the arts, sciences and humanities. OESE programs include:

- ***"Protect Patriotism: A History of Dissent and Reform"*** shows the role of freedom of opinion and related protests and reform in American life, with emphasis upon the populist era, the civil rights movement, and the environmental movement.
- ***"Art to Zoo,"*** a monthly newsletter of the Smithsonian, brings news to teachers of grades three to eight on museums, parks, libraries, zoos and other resources. Topics in recent issues include the migration of African-Americans from the South to northern cities in 1916-1940 and how the colonists who followed Columbus to the New World survived.
- Since 1985, ***Discovery Theater***, the Smithsonian's live theater for young audiences has produced seven shows showcasing minority artists, including "Take the A Train — the Life and Work of Duke Ellington;" "Rosa Parks — Speaking Out," (performed in spoken English and American sign language, with a deaf and hearing cast); and "A Woman Called Truth," the life of abolitionist Sojourner Truth.
- ***Image and Identity*** is a kit sponsored by Brother International Corporation that shows students and their teachers ways to study culture by examination of the objects and artifacts of daily life. The kits are based on approaches used by historians and curators at the Smithsonian Institution and other museums.

Over the past 2 years, the National Park Service and the National Trust for Historic Preservation have joined together to launch The *National Park Service Heritage Education Program*, an ambitious education program based on properties listed in the National Register of Historic Places. National Register files and a computerized database contain information on over 58,000 historic places significant in America's history, architecture, archeology, engineering, and culture. Located throughout the country and its associated territories, these properties reflect nearly every facet of our past. Many of these resources are related to aspects of our history not well represented in textbooks, and are especially rich in information on community history.



## **INTERMEDIA: BOOKS FOR THE RIGHTS OF CHILDREN**

**INTERMEDIA: BOOKS  
FOR THE RIGHTS OF  
CHILDREN**

*Working through Intermedia, the Committee on Christian Literature for Women and Children (CCLWC) of the National Council of Churches has launched a program entitled Books for the Rights of Children 1988-1992. This program helps create, publish, and distribute books that improve literacy and help children have pride in their own identity.*

*CCLWC has assisted in the printing costs of the first alphabet book with local content to be printed in Zambia. It supports projects that develop cloth books, including "Kanga that is a Book," produced by the Children's Literature Association of Kenya.*

# THE ENVIRONMENT



The Environmental Protection Agency (EPA) is responsible for implementing the Federal laws designed to protect the environment. Carrying out this mission through research, monitoring, standards setting, enforcement and educational activities. EPA also coordinates and funds research and anti-pollution activities of State and local Government, private and public groups, individual and educational institutions. In addition, the Agency monitors the potential environmental effects of the operations of other Federal Agencies.

Most of the Environmental Protection Agency's standards affect children as they are designed to curb air, water, and soil pollution. The Agency also conducts and sponsors research on the reproductive and developmental effects of pollutants.

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# **LEAD POISONING**

## **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce the prevalence of blood lead levels exceeding 10 micrograms per deciliters of blood (ug/dL) to no more than 500,000 children age 6 months through 5 years, with no cases exceeding 20 ug/dL (baseline: An estimated 3 million children had levels exceeding 15 ug/dL, and 234,000 had levels exceeding 25 ug/dL in 1984).*

*Perform testing for lead-based paint in at least 50 percent of homes built before 1950 (baseline data under analysis).*

*Reduce lead in the air by phasing out lead in gasoline and industrial processes.*

## **PROGRESS MADE IN THE UNITED STATES**

Lead poisoning is a major health hazard among children in the United States. For children, the three primary sources of lead exposure are lead-based paint in older houses, urban soil and dust contaminated by paint and past use of leaded gasoline, and drinking water. Other exposures include air, industrial soil contamination, food contact products such as ceramicware, consumer products containing lead and secondary exposure from parents whose clothing or skin comes into contact with lead in the workplace. Adverse effects of lead exposure in children may include retarded neurological and physical development, cognitive and behavioral alterations and changes in red blood cell metabolism. Research has shown subtle effects may occur even at relatively low blood-lead levels.

Regulations have resulted in the percentage of children with elevated blood-lead levels having declined substantially over the last 20 years. Under EPA requirements, the lead content of gasoline has been reduced by 97 percent since 1970, thus decreasing the amount of lead in the air. Lead-based paint for residential use was banned in 1978.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Despite recent improvements in control of lead exposure, 15 percent of U.S. children still have blood lead levels above 10 ug/dl.

A National Government-sponsored survey indicated that, of the 77 million privately owned homes built before 1980, 57 million, or 74 percent, are estimated to contain lead-based paint. Of these homes, 3.8 million are occupied by children and have peeling paint or excessive household dust containing lead.

The Consumer Product Safety Commission (CPSC) is involved in several lead poisoning prevention activities associated primarily with lead paint. The present 0.06 percent maximum allowable level of lead in consumer paints is undergoing review in light of recent data on the toxicity of lead and the Center for Disease Control's (CDC) October 1991 statement on childhood lead poisoning. Consumer

lead test kits are being evaluated for sensitivity, consumer-friendliness and reliability. Voluntary standards for lead abatement materials and methods are being developed in conjunction with industry and other Federal agencies. Toys and other children's products remain under surveillance for lead levels in paint.

## FEDERAL ACTION

- The control of lead-based paint in private housing is up to the homeowner, but the U.S. Department of Housing and Urban Development (HUD) sponsors programs to assist public housing authorities and home and property owners in the removal of lead-based paint. In early 1990, HUD published interim guidelines for the identification and abatement of lead-based paint in public and Native American housing. Then, later in the year, the Agency released "The Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing". Besides giving the results of the national survey mentioned above, this report describes a plan to address the hazards of lead in the Nation's private housing stock.

A plan for abating lead in public housing, some 800,000 units of which may be occupied by children, is scheduled for completion later in 1992. The plan incorporates guidelines jointly developed by the Department of Housing and Urban Development and the Department of Labor's Occupational Safety and Health Administration (OSHA) for the protection of lead-based paint abatement workers. By law, all public housing must be tested for the presence of lead paint by December 1994. If lead is present above a specific level, then it must be abated.

- A consumer safety alert pamphlet, "What You Should Know About Lead-Based Paint In Your Home," was issued by the CPSC in September 1990 to inform consumers about the hazards, identification, and abatement of lead paint. The pamphlet will be updated in 1993. In addition, a checklist to inform consumers about the lead, asbestos, and electrical hazards of older homes being remodeled is planned for 1994.
- HUD has also demonstrated removal techniques in privately owned housing and is evaluating abatement methods in public housing. In 1992, HUD will make \$50 million available for abatement of lead-based paint in private housing occupied by low-income families.
- In early 1991, the Department of Health and Human Services, through the CDC released its *Strategic Plan for the Elimination of Childhood Lead Poisoning*, a plan for the first 5 years of a 20-year National effort to eliminate childhood lead poisoning. The HHS plan calls for increasing childhood lead poisoning prevention programs, removal of leaded paint and lead-paint contaminated dust in high-risk housing, continued efforts to reduce children's exposure to lead in water, food, air, soil and the workplace, the establishment of national monitoring of children with elevated blood lead levels, and research activities to support program components.

- Also in early 1991, the Environmental Protection Agency issued its *Strategy for Reducing Lead Exposures*. EPA's goal is to reduce lead exposures to the lowest practicable levels, with particular emphasis on reducing the risk to children. The EPA Lead Strategy, in conjunction with HUD, the Department of Health and Human Services, and other Federal agencies, will accomplish its risk reduction goals by: (1) issuance or revision of regulatory standards or guidance concerning lead in air, drinking water, hazardous waste sites, etc.; (2) remedial abatement of existing exposure sources and pathways; (3) pollution prevention and waste minimization efforts to reduce entry and flow of lead into industrial/commercial use and waste disposal streams; and (4) public education and other technology-transfer activities supporting U.S. and international lead risk reduction efforts.
- An estimated 30 million children are exposed to lead in drinking water. Lead comes from household and school plumbing and from public and private water distribution systems. The EPA Office of Drinking Water has issued more restrictive lead exposure standards under the Safe Drinking Water Act; these go into effect in 1992. Lead-containing materials used in drinking water systems and water coolers have also been banned; schools are required to monitor lead levels in kitchen faucets, water coolers, and other sources of water that the pupils drink. The EPA Office of Solid Waste has issued a number of regulations involving smelter and other types of lead waste, and is currently reviewing its policy in those areas.
- The Office of Pollution Prevention and Toxics is examining risks related to the use of lead in manufactured products. The office is considering several rules that may restrict lead use in specific products and would encourage environmentally compatible lead-acid battery recycling.
- More than 400 sites contaminated with toxic wastes and targeted for a cleanup for lead. EPA has provided guidance on this cleanup and is working to provide methods to determine site-specific soil contamination levels.
- The Labor Department's OSHA has a comprehensive lead standard (29 CFR 1910.1025), which regulates lead exposure in general industries. The standard sets a permissible exposure limit (PEL) for lead and contains requirements for work practices, personal protective equipment, medical surveillance, respirators, and training and education. In addition, the standard contains provisions for clothing removal and showers at the end of the work shift to ensure that lead does not leave the workplace. OSHA is beginning to formulate a lead standard for the construction industry, which is currently covered only by a PEL.

A number of ongoing interagency efforts address problems associated with lead. EPA, HUD, CPSC, HHS and Labor participate on an interagency task force which deals with lead abatement issues. EPA and OSHA, under an existing memorandum of understanding, are sharing information to promote better enforcement of these standards.

## **FEDERAL ACTION — SERVICES AND PREVENTION RESEARCH**

- All children ages 1-5, and others under age 21 where appropriate, who are eligible for the Federal Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program must be screened for lead poisoning. Children diagnosed with lead poisoning must be treated and periodically reevaluated, and an environmental evaluation must be performed to identify the source of the lead.
- The Government has published "Preventing Lead Poisoning in Young Children," guidelines for physicians and screening programs on how to screen children for lead poisoning and provide follow-up care.

## **WATER SUPPLY AND SANITATION**

### **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Bring universal access to safe drinking water and sanitary means of excreta disposal.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce outbreaks of waterborne disease from infectious agents and chemical poisoning to no more than 11 per year (baseline data: average of 31 outbreaks per year during 1981-88).*

*Increase to at least 85 percent the proportion of people who consume drinking water that meets EPA safe drinking water standards (baseline data: 74 percent of 58,099 community water systems serving approximately 80 percent of the population in 1988).*

### **PROGRESS MADE IN THE UNITED STATES**

In 1974, the Safe Drinking Water Act authorized development of enforceable standards applying to all public water systems. Amendments in 1986 established deadlines for promulgation of primary regulations governing 83 contaminants and a continuing requirement for 25 new products every three years, beginning in 1990.

Water quality in the United States is generally high. The most acute and severe public health effects from contaminated water, such as cholera and typhoid, have been eliminated, and most water is clean and safe to drink. Guinea worm disease, targeted for elimination in the developing world and mentioned in the World Summit documents, is not a problem in the United States. In addition, U.S. laws and regulations ensure safe drinking water and adequate toilet facilities at the workplace.

Under a number of Federal environmental laws, EPA recognizes American Native governments on a government-to-government basis, and delegates responsibility to those governments to implement regulations involved. Such regulations may include safe drinking water, pesticide use, and waste disposal.

During the Federal Fiscal Year ending September 30, 1990, less than 5 percent of the population received drinking water from a public water supply with an occasional violation of the Government's microbiological standards. Fewer than 1 percent of the public water supplies significant microbiological violations. Almost all significant public water supply violations were in systems that served fewer than 3,300 people.

## **CURRENT NEEDS AND NATURE OF THE PROBLEM**

Between 1971 and 1988, a total of 564 waterborne outbreaks of disease or incidents of contamination, affecting approximately 140,000 people, were reported in the United States. The most frequently occurring conditions were gastroenteritis, giardiasis and chemical poisoning. The number of such outbreaks reported to the CDC and EPA has tripled since 1961. This is due, in part, to better reporting.

Lead, covered in depth in earlier pages of this report, is usually present in water at very low levels, and it affects much of the U.S. population.

Small suppliers manage the majority of water systems that are not in compliance with national standards. About one-third of these small systems exceed maximum accepted levels for contaminants in drinking water, or do not meet reporting requirements.

## **FEDERAL ACTION**

- The EPA has produced a number of new regulations under the 1986 Amendments to the Safe Drinking Water Act. These regulations were designed to protect against the effects of short-term exposures, such as those caused by microbiological contaminants, as well as long-term exposures to such substances as carcinogens and non-carcinogenic pollutants. The EPA also sets effluent emission standards for waste-water treatment plants.

Current regulations require all public water supplies to periodically sample and perform a laboratory analysis to determine the level of each regulated contaminant. When laboratory analysis indicates the level of contaminants is above the level deemed safe, the public utility is required to notify consumers and install appropriate treatment.

- More stringent lead regulations became effective January 1, 1992, for public water services serving 125 million people. In July 1992, new regulations go into effect for the water supplies for 82 million more people.

The specific requirements for each public water supply are based on the characteristics of the water source. For example, a public water supply using a surface source has different requirements from one using ground sources exclusively. Each State, following EPA rules, establishes a schedule of requirements for each public water supply. If a water supply fails to meet the requirements, the State takes action to bring the utility into compliance. If the State doesn't, the EPA does. In 1990, for example, operators of 190 migrant farm labor camps serving 8,500 people were found to be violating drinking water standards. The violators were required to remedy all regulatory violations.

- Under the Clear Water Act, the Safe Drinking Water Act, and other laws, EPA programs are directed toward reducing toxic pollutants deposited in streams, lakes and other water bodies used by children for recreational purposes, and to protect children from eating contaminated fish.
- While EPA enforces general drinking water standards, OSHA's enforces standards regulating workplace sanitation in agriculture and general industry.

OSHA field sanitation standards require agricultural employers of 11 or more field workers to provide toilets, potable drinking water and hand-washing facilities to hand laborers in the field. Many of these laborers are migrant women, young adults and children under age 18. In addition, OSHA administers general industry and construction industry sanitation standards that require potable water and toilet and hand-washing facilities at the worksite.

OSHA visits farms to enforce field sanitation standards and inspects U.S. workplaces to ensure compliance with sanitation standards. In Fiscal Year 1991, OSHA assessed employers \$118,000 in civil money penalties for 924 violations of the general industry sanitation standard. During the same time period, construction firms paid over \$21,000 in fines for 187 violations of the construction industry standard. In addition, agricultural employers were assessed \$87,000 in civil money penalties for 487 violations of U.S. field sanitation standards.

In 1992, OSHA will print and distribute a booklet on reducing risks for farmers, farm workers and their families, field staff and others.

## AIR POLLUTION

Smog resulting from automobile emissions and other industrial and automobile pollutants is a serious threat to children and adults living in urban areas and around industrial sites.

The quality of indoor air has a major impact on the health and well-being of children as well as adults. Adverse health effects associated with indoor air pollutants include respiratory illness, neurobehavioral disorders, cancer and death.

### FEDERAL ACTION

- Under the *Clean Air Act*, States must develop and implement plans to reduce harmful emissions to specific levels. If they do not succeed by given deadlines, they are subject to sanctions. Specific industries too must comply with permits that limit their toxic emissions. The 1990 Amendments to the Clean Air Act tightens the regulations and provides various incentives that it is hoped will reduce the pollutants in the air by 56 billion pounds annually. Automobiles will be made "cleaner," and a major effort is being directed at reducing emissions from power plants, industry, small businesses and household products.
- Under the *Asbestos Hazard Emergency Response Act of 1986*, all schools must develop asbestos abatement and management plans. Another law permits the U.S. Government to fund schools with serious financial problems to assure that asbestos abatement or management plans are implemented. Under the *Toxic*

*Substances Control Act*, schools being renovated or demolished must first remove any asbestos to assure that the work will not release asbestos fibers into the air. EPA favors leaving asbestos in place rather than removal, if the asbestos is not already damaged and crumbly.

- The CPSC works to improve indoor air quality by eliminating hazardous ingredients in consumer products such as asbestos, formaldehyde and methylene chloride. CPSC actions include bans, working with industry to reformulate products, requiring labelling, and preparing informational material for consumers concerning hazards.

## **PESTICIDES**

### **THE WORLD SUMMIT PLAN OF ACTION URGES THAT:**

*Still more action is needed to prevent the degradation of the environment, and calls for measures to protect the health of children.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Reduce human exposure to toxic agents by confining total pounds of toxic agents released into the air, water and soil each year to no more than: 0.24 billion pounds of those toxic agents included on the Department of Health and Human Services list of carcinogens (baseline data: 0.32 billion pounds in 1988) and 2.6 billion pounds of those toxic agents included on the Agency for Toxic Substances and Disease Registry list of the most toxic chemicals (baseline data: 2.62 billion pounds in 1988).*

### **PROGRESS MADE AND CURRENT NEEDS IN THE UNITED STATES**

The Federal Insecticide, Fungicide and Rodenticide Act requires EPA to register new pesticides, review and re-register existing products, enforcement of pesticide use rules and conduct research to evaluate the risks and benefits of pesticides. The Department of Agriculture and the Food and Drug Administration also have regulations in this area.

### **FEDERAL ACTION**

The Environmental Protection Agency and Food and Drug Administration programs in pesticide regulation include:

- EPA estimates the exposure to a pesticide that can be expected over a lifetime, taking into consideration the relatively higher rates of exposure that occur in infancy and childhood. Cancer risk from exposure to the pesticide is calculated based on these exposures, along with other variables. If the risk is too high, the pesticide is banned.

The Agency reviews pesticides and fungicides for their effects after long-term exposure, and after a short time of use. For instance, data shows that nitrates cause blue-baby syndrome, a cardiac defect that permits unoxygenated blood to mix with oxygenated blood and circulate in arteries. The Agency has proposed to cancel more than 45 food uses of certain pesticides and fungicides after finding the dietary risks from a lifetime of exposure are unreasonable.

EPA now requires that pesticides be tested for their potential to cause developmental neurotoxicity. In these tests, pregnant animals are given the test substance during gestation and early lactation. Offspring are evaluated for gross neurologic and behavioral function, motor activity, brain weight and learning capability. The Agency also is studying regulation of pesticides and fertilizers used on lawns and home gardens.

- The FDA analyzes the amount and types of food consumed by eight groups of Americans for essential minerals (iron, calcium, phosphorus, copper, magnesium, manganese, potassium, sodium, iodine and zinc), for toxic elements such as arsenic, lead, cadmium and mercury and for a wide range of pesticide residues. Four market baskets, each containing 234 food items representing the eastern, western, central and southern regions are examined every year. The data are compared to the recommended daily allowance for essential minerals and to the daily intake levels of contaminants found acceptable by the Food and Agricultural Organization of the United Nations. This *Total Diet Study* evaluates the diets of infants, toddlers, teenage females and males, adult females and males and older females and males.

## **FEDERAL ACTION — SERVICE AND PREVENTION RESEARCH**

EPA has commissioned the National Academy of Sciences to study the potential effects of pesticides in the diet of children under age 12. The Academy is using computer systems to analyze children's exposure to pesticides in food and examining methods the EPA uses to set safety factors and determine permissible levels of exposure to toxic and potentially carcinogenic pesticides for infants and children. Based on this information, the Academy will determine whether unreasonable risks exist and what changes in regulations are required.

## **SURVEILLANCE AND GENERAL RESEARCH**

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Establish and monitor, in at least 35 States, plans to define and track sentinel environmental diseases (baseline data: 0 states in 1990).*

*Healthy People 2000 recommends research be given a high priority.*

### **PROGRESS MADE IN THE UNITED STATES**

Laboratory-based toxicologic studies and basic biomedical research have provided the foundation for EPA's environmental health programs to date. EPA

continues to conduct scientific studies on the causes and effects of pollution and the techniques of pollution control.

### **CURRENT NEEDS AND NATURE OF THE PROBLEM**

The United States has no National surveillance system for environmental diseases, such as lead and other heavy metal poisoning, carbon monoxide poisoning, acute chemical poisoning and respiratory diseases, such as asthma, triggered by environmental factors. Data on these conditions have been provided by several ongoing studies. The *National Health and Nutrition Examination Survey* monitors some environmental diseases, such as lead poisoning, but data are available only every 10 to 15 years.

### **FEDERAL ACTION**

- EPA's Office of Research and Development conducts research to detect, interpret and extrapolate the effects of environmental pollutants. Agents currently under investigation include toxic substances, chemical and microbial pesticides, air pollutants, drinking water contaminants and hazardous waste chemicals.

In 1991, EPA published risk assessment guidelines for developmental toxicity. Reproductive toxicity guidelines will be published in 1992. The surveillance of health effects of exposure to toxic substances will be expanded over the next decade.

- The EPA is working with the Food and Drug Administration, including its National Center for Toxicological Research, and other Government agencies, along with a number of academic institutions and other non-profit organizations to improve methods for estimating the risk of reproductive and developmental toxicity in humans.

Projects include statistical models to predict the effect of chemicals on humans, particularly human embryos, and statistical models to extrapolate results of exposure between species, such as from lab animals to humans. EPA also contributes to a group of databases coordinated by the National Library of Medicine. These databases provide regulatory and governmental agencies, academia and industry with the most extensive database in the United States on reproductive and developmental toxicity.

## APPRECIATION OF THE ENVIRONMENT

### THE WORLD SUMMIT PLAN OF ACTION URGES THAT:

*Programs which provide children with respect for the natural environment with the diversity of life, beauty and resourcefulness that enhance the quality of human life, must figure prominently in the world's environmental agenda.*

### U.S. OBJECTIVES FOR THE YEAR 2000

*Foster appreciation of the environment among all ages.*

### PROGRESS MADE IN THE UNITED STATES AND CURRENT NEEDS

The *National Environmental Education Act* (NEEA) of 1990 mandates that the EPA improve environmental literacy in the schools, assist in the creation of a multidisciplinary environmental education program for students in grades K-12 and colleges, and inform the general public about the environmental consequences of their actions.

In August 1990, the EPA established an Office of Environmental Education (OEE) to carry out the mandates of the NEEA. The OEE funds public, non-profit and private sector groups creating environmental education programs.

### FEDERAL ACTION

Environmental Protection Agency programs that affect the education of children and teenagers include:

- The President's Environmental Youth Awards Program is a National effort that recognizes students who participate in environmental projects. The program includes a regional certificates program and a national awards competition. Regional certificates are awarded by the 10 EPA Regional Offices to all entrants, and one winner per region is selected. These winners come to Washington and receive recognition by the President in a White House ceremony.
- The Minority Research Apprentice Program provides training in science, engineering, and mathematics for 8th to 12th grade minority students interested in pursuing careers in environmental sciences.
- OEE began publication of "EPA Earth Notes" in November 1991. The quarterly contains material from elementary classroom teachers about their experiences in teaching environmental education. The first edition was distributed to 100,000 educators nationwide.
- A Memorandum of Understanding between EPA and the Boy Scouts and Girl Scouts of America has been signed and a steering committee will be created in the near future. Included will be three subcommittees: Boy Scouts of America Jamboree Subcommittee, Girl Scouts National Service Project and an Environmental Education Subcommittee.

- Students Watching Over Our Planet Earth (SWOOPE) is a science education program for teachers and students in elementary and secondary schools. The program is being pilot tested in five Washington, D.C., area schools and a West Virginia elementary school. It is expected that the SWOOPE program will be available nationally in the 1992-1993 school year.

The Department of the Interior (DOI) offers unique education opportunities at its 356 National Parks (including battlefields and seashores), 467 wildlife refuges, 75 fish hatcheries and millions of acres of public lands. In effect, these sites serve as outdoor classrooms where learning occurs by observing nature first-hand. These sites offer programs that are available for our nation's children and families to learn about natural and cultural resources and earth sciences.

The DOI's Fish and Wildlife Service (FWS) manages a system of National wildlife refuges designed to protect the habitats of endangered species. Nature walks, interpretive programs, guided tours and curriculum materials about water-fowl and wetlands are all part of the services and activities provided by FWS.

# CHILDREN IN SPECIAL CIRCUMSTANCES



*We will work to ameliorate the plight of millions of children who live under especially difficult circumstances — as victims of apartheid and foreign occupation, orphans and street children and children of migrant workers, the displaced children and victims of natural and man-made disasters, the disabled and the abused, the socially disadvantaged and the exploited. Refugee children must be helped to find new roots in life. We will work for special protection for the working child and the abolition of illegal child labor. We will do our best to ensure that children are not drawn into becoming victims of the scourge of illicit drugs.*

*World Summit on Children Declaration, September 1990*

Child Welfare services in the U.S. focus on improving the conditions of children and their families and on improving or providing substitutes for functions the parents have difficulty in performing. Many private, nonprofit and government entities work together to provide a range of child welfare services to families in need. The primary responsibility for child welfare services, however, rests with the states. The Federal Government provides funds to states for the family welfare services program, foster care program, adoption assistance program, and the social services block grant program.

Among the Federal Agencies involved in the problem of children in special circumstances are the Administration on Children and Families and the Public Health Service both within the Department of Health and Human Services, the Department of Labor, the Department of Education, the Department of State, the Drug Enforcement Administration, the Department of Justice, and others.

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## **THE WORLD SUMMIT PLAN OF ACTION URGES:**

*Improved protection of children in especially difficult circumstances and efforts to tackle the root causes leading to such situations.*

### **U.S. OBJECTIVES FOR THE YEAR 2000**

*Substance and Alcohol Abuse:*

- *Reduce drug-related deaths to no more than 3 per 100,000 people (age-adjusted baseline: 3.8 per 100,000 in 1987).*
- *Reduce the proportion of young people who have used alcohol, marijuana and cocaine in the past month as follows:*

<i>Drug/age group</i>	<i>1988 Base</i>	<i>2000 Target</i>
<i>Alcohol/aged 12-17</i>	<i>25.2%</i>	<i>12.6%</i>
<i>Alcohol/aged 18-20</i>	<i>57.9%</i>	<i>29.0%</i>
<i>Marijuana/aged 12-17</i>	<i>6.4%</i>	<i>3.2%</i>
<i>Marijuana/aged 18-25</i>	<i>15.5%</i>	<i>7.8%</i>
<i>Cocaine/aged 12-17</i>	<i>1.1%</i>	<i>0.6%</i>
<i>Cocaine/aged 18-25</i>	<i>4.5%</i>	<i>2.3%</i>

- *Provide to children in all school districts and private schools, primary and secondary school education programs on alcohol and other drugs, preferably as part of quality school health education (baseline: 63 percent provided some instruction, 39 percent provided counseling, and 23 percent referred students for clinical assessments in 1987).*
- *Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning (AMERICA 2000).*

*Violence and Child Abuse*

- *Reduce homicides to no more than 7.2 per 100,000 people (age-adjusted baseline: 8.5 per 100,000 in 1987).*

<i>Special Population Targets</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
<i>Children aged 3 and under</i>	<i>3.9</i>	<i>3.1</i>
<i>Spouses aged 15-34</i>	<i>1.7</i>	<i>1.4</i>
<i>Black men aged 15-34</i>	<i>90.5</i>	<i>72.4</i>
<i>Hispanic men aged 15-34</i>	<i>53.1</i>	<i>42.5</i>
<i>Black women aged 15-34</i>	<i>20.0</i>	<i>16.0</i>
<i>American Indians/Alaska</i>	<i>14.1</i>	<i>11.3</i>

- *Reverse to less than 25.2 per 1,000 children the rising incidence of maltreatment of children younger than age 18 (baseline: 25.2 per 1,000 in 1986).*
- *Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 through 17 (baseline: 18 physical fighting incidents per 100 students per month).*
- *Reduce by 20 percent the incidence of weapon-carrying by adolescents aged 14 through 17 (baseline: 71 weapon-carrying incidents per 1000 students per month).*
- *Increase to at least 30 the number of States in which at least 50 percent of children identified as neglected or physically or sexually abused receive physical and mental evaluation with appropriate follow up.*
- *Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as a part of quality school health education.*

*Child Labor*

- *Protect children and young people in the work place through enforcement of child labor laws while providing suitable employment for American youth who want or need to work.*

*Homeless and Runaway Youth*

- *Decrease the number of homeless and runaway youth through educational and social programs and provide for the needs of those youth who fall within these categories.*

*Health Services for Special Population Groups*

- *See Health Section for Objectives.*

# MIGRANT CHILDREN AND THEIR FAMILIES

## CURRENT NEEDS AND NATURE OF THE PROBLEM

Migrant workers traverse the country, picking crops as they come into season. Some travel with their families; some have left their families in their home countries or their home towns in the United States, and see them once or twice a year.

## FEDERAL ACTION

- The Health and Human Services-funded *Community and Migrant Health Center Program* sponsors 550 centers throughout the Nation providing health care at 1,400 sites. The program provides health care to 2.5 million children, including those of migrant workers. The provision of immunizations to children under age 2 is being emphasized. For women of child-bearing age, program services include family planning counseling, prenatal and postnatal care, general internal or pediatric medicine, substance abuse prevention and treatment, nutrition counseling and psychosocial counseling.
- The Government has also awarded 100 three-year demonstration grants for health care projects in rural areas. Of these, 13 provide health care for migratory and seasonal workers. Services include primary health care for workers and their families, including prenatal care and delivery, well child care and immunizations, outreach and preventive education. Health workers have also been trained to diagnose agrichemical exposure related illness. All services are bilingual and the clinics are mobile.
- The *Comprehensive Prenatal Care Program* increases access to prenatal care for low-income women and infants in areas served by community and migrant health centers. The program provides services to over 160,000 pregnant women ages 15 to 44, annually, including women of migrant families.
- The Office of Migrant Education of the Department of Education administers and coordinates programs related to the education of children of migratory agricultural workers and fishers. This includes the *Migrant Student Record Transfer System*, which transfers school records of migrant children as they move among communities, from school to school.
- The Department of Education maintains three *Program Coordination Centers*, located one each in Texas, Oregon and New York, to coordinate education programs for migrant youth. Among these programs are the *High School Equivalency Program*, which helps seasonal farm workers or their children who dropped out of school to obtain high school diplomas or the equivalent. Another program, the *State Formula Grant Program*, establishes or improves programs to meet the needs of children of migrant farm workers and fishers.

- The Environmental Protection Agency has formulated new regulations relating to education of migrant farm workers, developed educational materials and conducted research into exposure levels of farm worker children.
- EPA is working to pass new standards that will require growers to educate farm workers on proper handling of pesticides, including protection against accidental exposure, such as contact with contaminated clothing.
- EPA and the *National Migrant Resource Program* are co-sponsoring a video that will educate children about pesticides. Other educational materials relating to pesticide safety issues produced by the EPA include "Protecting You and Your Unborn Baby in the Fields" and "Protect Your Family—Tips for Laundering Pesticide-Contaminated Clothing."
- A cooperative agreement between the EPA and the University of Texas Medical Center is being developed to study pesticide exposure in infants and children of migrant farm workers and the youngsters' physical condition, learning and memory, and general intellectual and cognitive skills. The EPA is working with the University of Washington to study exposure to pesticides in the home and any possible link to cancer.

## REFUGEE CHILDREN

The United States remains a beacon of hope to many from strife-torn and impoverished areas of the world. Since 1975, more than 1.4 million refugees have resettled in the United States. A majority arrive with no financial resources.

Families often arrive on U.S. shores intact; but, sometimes, children are separated from their parents during the migration and, sometimes, they are sent on alone to join relatives who have already resettled in the United States.

## FEDERAL ACTION

- The Federal Government makes cash and medical assistance available for up to a year for those who are not eligible for other assistance programs such as Aid for Families with Dependent Children or Medicaid.
- The Department of Education's *Office of Bilingual Education and Minority Language Affairs* and the *Office of Refugee Resettlement (ORR)* in the Department of Health and Human Service work to reunite unaccompanied minor refugees who have resettled in the United States with their parents, or with non-parental relatives, if child welfare regulations permit.
- ORR also helps unaccompanied minor refugees in the United States find family or institutional care. Programs support extended families, relatives and community institutions in helping to meet the needs of orphaned, abandoned and displaced children. Unaccompanied minor refugee children are taken care of, once they are admitted to the United States, by voluntary agencies, which place them in foster homes, preferably from the same cultural background. Voluntary child welfare organizations, using Federal funds, have helped resettle 10,000 immigrant children throughout the United States.

- The *Emergency Immigration Education Program* and the Recent Arrivals Program, managed by the U.S. Department of Education's Office of Bilingual Education and Minority Languages Affairs (OBEMLA), helps refugee children settle in a new area and start school. OBEMLA also collects data on children with limited English proficiency, with the help of State educational agencies.
- Children of U.S. soldiers and Vietnamese mothers born during the Vietnam War may enter the United States, pursue an education and become citizens under the *Amerasian Homecoming Act*.

## **DISASTER RELIEF**

As part of its programs of providing relief from natural disasters, the *Federal Emergency Management Agency (FEMA)* works to aid children who are victims of major floods, fires, tornadoes, earthquakes, or other incidents. In officially designated disaster areas, FEMA coordinates Federal emergency relief with other Federal, State and local agencies and organizations. FEMA provides funding for crisis counseling services to relieve mental health problems caused or aggravated by disasters or their aftermath.

### **FEDERAL ACTION**

- Outreach teams use disaster assistance centers, schools, Red Cross evacuation centers, and other community centers to provide information on the availability of crisis counseling services for children and families. These teams can also go to homes, mobile centers, or other relocation areas.
- FEMA's *Civil Defense Family Protection Program* supports volunteer organizations and individuals in programs designed to increase family and neighborhood emergency preparedness. The program uses public and private sector resources to assist families, neighborhoods, and communities improve their preparedness for emergencies.
- FEMA publications help citizens learn about the types of disasters that could affect them and helps create response plans, including warning systems, evacuation routes and assistance to children, the elderly and disabled persons.
- FEMA promotes the development and of maintenance of communication systems for use in disasters.
- Educational materials directed toward assisting families and communities in preparing for emergency situations are produced by FEMA. "Get Ready for Hurricanes" helps parents teach their children safety measures should a hurricane ever strike. Sesame Street characters and a recording of "Hurricane Blues" are included.
- The Department of Health and Human Services, through the U.S. Public Health Service *Office of Emergency Preparedness*, assists State and local authorities with health problems during major disasters and emergencies. Programs that affect children include:

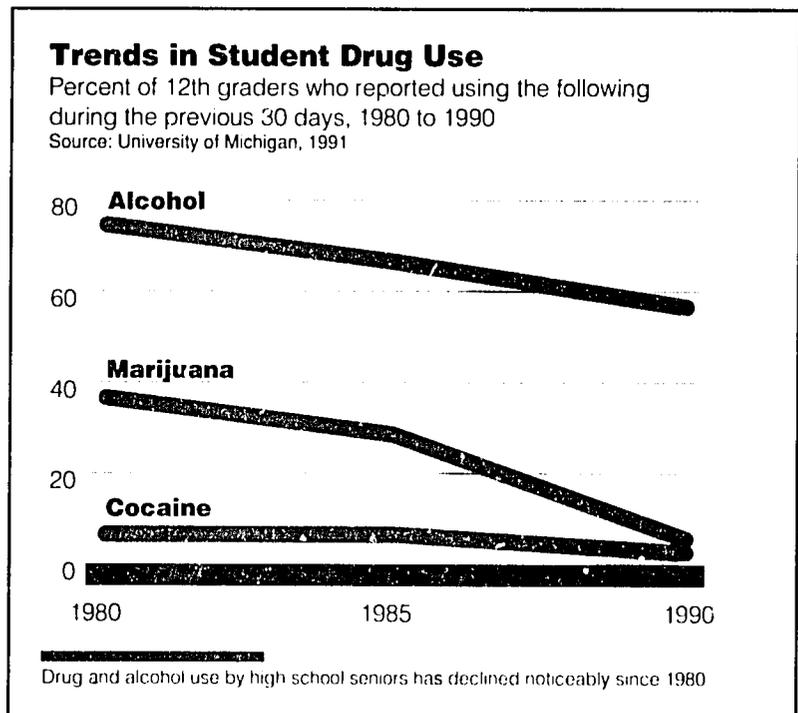
- Provision, through the National Institute of Mental Health (NIMH), of expertise and technical assistance in crisis counseling. In addition, the NIMH provides mental health training materials and other assistance used by disaster response, relief and outreach workers to help children and families affected by disasters.
- The National Disaster Medical System (NDMS), administered by the Public Health Service, includes civilian volunteer Disaster Medical Assistance Teams (DMATs) that provide medical and mental health needs in disaster areas. The DMATs include specialized capability for dealing with pediatric trauma and mental health needs of children resulting from disasters.
- The NDMS has available a national network of volunteer pre-committed hospital beds for providing care to disaster victims. This network includes capabilities for the care of children.
- The PHS Centers for Disease Control has established surveillance systems to provide early alerting and action on special health needs of high-risk populations, including children, following a disaster.

## SUBSTANCE ABUSE

While the prevalence of drug abuse among children and adolescents in the United States is declining, approximately 6.8 percent of youths between the ages of 12 and 17 are "current" drug users; that is, 6.8 percent of children report having used illicit drugs during the past month.

The National Institute on Drug Abuse has tracked the attitudes and illicit drug use behavior of America's high school seniors since 1975 through the *Monitoring the Future* project. Each year, approximately 16,000 seniors are surveyed. Follow-up of a subsample of students is conducted at 1 to 10 year intervals. In 1991, for the first time, a representative sample of 8th and 10th graders were also surveyed. The 1991 survey showed that drug use by America's seniors in 1991 stood at its lowest level since the survey began in 1975. Moreover, there were no increases in any drug use category from 1990 to 1991.

Although the average age of first use of alcohol and marijuana is 13, pressure to begin use starts at even earlier ages. Results from the 1990 Youth Risk Behavior Survey show



that of all students in grades 9-12, 88.1 percent had consumed alcohol in their lifetime, and 58.6 percent had consumed alcohol at least once during the 30 days preceding the survey. Male students (62.2 percent) were more likely than female students (55.0 percent) to have consumed alcohol during the 30 days preceding the survey.

More than one-third (36.9 percent) of all students had consumed five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey. Male students (43.5 percent) were more likely than female students (30.4 percent) to report heavy drinking.

Almost one-third (31.4 percent) of all students had used marijuana at least once, and 13.9 percent had used marijuana during the 30 days preceding the survey. Male students were more likely to have used marijuana in their lifetime (35.9 percent) and to have used marijuana during the 30 days preceding the survey (16.9 percent) than were female students (27.0 percent and 11.1 percent, respectively).

Of all students in grades 9-12, 6.6 percent had used cocaine at least once, and 2.1 percent had used cocaine during the 30 days preceding the survey. Male students were more likely to have used cocaine in their lifetime (8.1 percent) and to have used it during the 30 days preceding the survey (3.3 percent) than were female students (5.2 percent and 1.0 percent, respectively).

## **FEDERAL ACTION**

- The Government's *National Drug Control Strategy* recognizes the roles of Federal, State and local governments, the private sector and the communities and individuals across the nation in helping to prevent drug and alcohol abuse among the Nation's young people. The strategy calls for application of pressure across all fronts of the drug war simultaneously, recognizing that demand reduction, through effective treatment and prevention, is the long-term answer, but that law enforcement efforts are an important part of the short-term solution.
- The President has requested \$12.7 billion for Fiscal Year 1993 to fight the war on drugs, an amount representing a 7-percent increase over Fiscal Year 1992 and nearly double the amount in Fiscal Year 1989. The total includes \$8.6 billion for drug law enforcement, a 5-percent increase over Fiscal Year 1992 and an 88-percent increase since 1989, while more than a quarter of the funds assist State and local programs.
- The Government is developing methods that prevent children from turning to drugs, tobacco and alcohol. It has launched a 2-year urban youth public education campaign on alcohol and other drug use prevention targeting high-risk, 9- to 13-year-old African-American youths living in inner-city areas.
- The Government will continue to use appropriate moral persuasion in the battle against tobacco use, particularly when it affects young people. Forceful denunciations by the Secretary of Health and Human Services resulted in tobacco companies' canceling plans to target new brands specifically to African Americans and women.

- HHS has launched the Federal Government's largest-ever tobacco control demonstration project — the *American Stop Smoking Intervention Study (ASSIST)*. ASSIST, profiled separately in this report, is designed to reach over one-fifth of the U.S. population and at least 15 million smokers.
- Recognizing that maternal alcohol abuse is the leading environmental cause of mental retardation, HHS is providing financial and technical assistance to States for the prevention of fetal alcohol syndrome and resulting mental retardation.
- In the Justice Department, the *Drug Enforcement Administration (DEA)'s Sports Drug Awareness Program* prepares high school coaches to start drug prevention programs for sports team members. Sports provide students a worthwhile alternative to drug abuse, and the athletes serve as positive role models for fellow students.
- The Department of Education's *Drug Abuse Prevention Program* includes a vital ongoing *Drug-Free Schools Campaign* to focus national attention on the problem of illegal drug abuse at schools and school sites and to create parent awareness of the importance of strong, positive family values and standards opposed to drug use and abuse.
- A handbook for parents entitled "Growing Up Drug Free: A Parent's Guide to Prevention," released by the Department of Education, is available in English and Spanish and helps families take an active role in drug prevention before they have a problem.
- The Department of Education Regional Centers and the *National Clearinghouse for Alcohol and Drug Information* make video tapes available on loan to assist schools in their drug abuse prevention education efforts. One-half inch videocassettes are mailed free of charge to school districts throughout the nation to inform students about the dangers of drug use. All are closed-captioned for the hearing impaired. Brief teacher guides are included.

Other features of the drug-free program include program grants for use with Native American youth, Native Hawaiians, for development of regional centers programs, school personnel training, counselor training, emergency grants and for innovative alcohol abuse prevention education.

- Awards are made by HUD to public and Indian housing authorities across the country to help in the reduction of drug-related crime in their communities. From 1989 to 1991, over \$240 million in awards was made. An additional \$165 million has been requested by the Bush Administration for Fiscal Year 1993. A major focus of local efforts under this program has been support of educationally related activities for public housing residents. Drug prevention efforts are a major part of the program. Through the Drug Information and Strategy Clearinghouse, HUD offers free-of-charge technical assistance and anti-drug resources information to public and Indian housing authorities and residents.
- The Department of Labor's *Job Corps* program offers drug counseling at all centers as well as a standard course for all Job Corps students on avoiding drug and alcohol abuse. The Labor Department also provides information and promotes the development of employer-based programs to prevent substance abuse.



## THE BEETHOVEN PROJECT

*The Center for Successful Child Development (CSCD), commonly known as the Beethoven Project, occupies 10 renovated apartments in Chicago's Robert Taylor Homes, a public housing project with a high level of poverty and crime. The program began in 1986 with one service—home visiting by para-professional community residents. Today, the Center provides services for pregnant women, preschool children and families, including primary health care, Head Start and full-day child care for children three months through age 5, a drop-in counseling center, psychological consultation and case management services.*

*The Program first tried to connect hire and train residents of the housing project to serve as home visitors, but they found women initially unenthusiastic about the Program and unwilling to even let the visitors into their homes. Now, parents are involved at every level of program planning through a community Advisory Council and a variety of informal center-based activities.*

*Researchers currently are conducting a retrospective analysis which will document how CSCD has affected families who have participated in the program from one to five years and identify the ways that low-income families can be encouraged to educate children too young to be in school. The report will be available in summer 1992.*

*"...Head Start is about family. Head Start couldn't be the success it has been without the direct involvement of parents."*

*President George Bush*

*At the Emily Harris  
Head Start Program  
Catonsville, Maryland  
January 1992*

- A variety of collaborative Federal activities fund State and local grants to support anti-drug efforts among parent groups, community-based organizations or other public and private nonprofit entities.

## VIOLENCE AND CHILD ABUSE

An estimated 2.7 million cases of suspected child abuse, child sexual abuse and child neglect are reported to child protective agencies every year. During the 1980s, reports on such abuse quadrupled. An estimated 1,100 U.S. children died as a result of maltreatment.

### FEDERAL ACTION

HHS Secretary Louis Sullivan has asked all Americans to take personal responsibility to curb the increasing incidence of child abuse, neglect and violence involving children. A five-part initiative has been launched to:

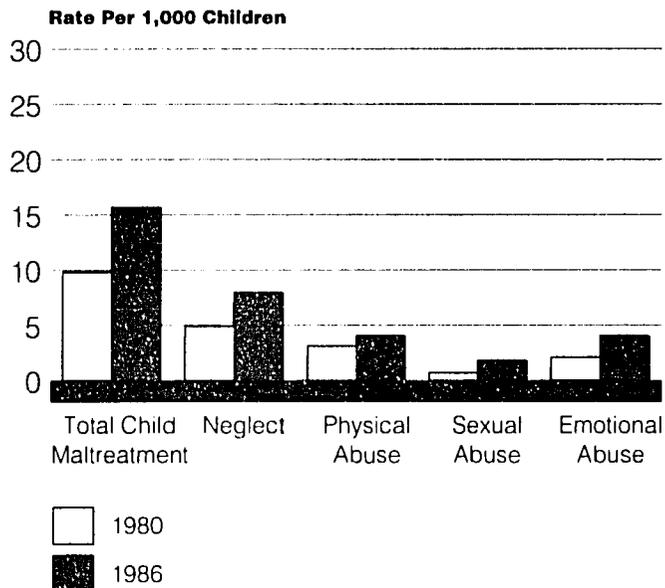
- Call attention to the problem and provide ways everyone can make a difference;
- Involve local government and civic leaders in the effort through national and regional meetings;
- Build coalitions and local strategies for preventing abuse and neglect and helping vulnerable children and their families;
- Integrate services between HHS and other Federal agencies to increase the effectiveness of child abuse services;
- Streamline the Department's ability to respond to the needs of vulnerable children and those serving them, with the emphasis on prevention programs to stop child abuse before it occurs.

The U.S. Government awarded more than \$48 million in grants in Fiscal Year 1991 to States and organizations for research, demonstration projects in prevention, intervention and treatment programs, and to support State child protection systems.

- **The Emergency Child Abuse and Neglect Prevention Services Program** was awarded \$19.5 million in FY '91 and FY '92 to address the problem of child abuse and neglect by substance-abusing parents.
- The **Family Violence Prevention and Services Program** helps States in their efforts to prevent family violence and provide immediate shelter and related assistance for victims of family violence and their dependents and to carry out research, training and clearinghouse activities.

### Incidence of Child Abuse and Neglect

Baseline Source: Study of the National Incidence of Child Abuse and Neglect, Office of Human Development Services.



Incidence defined as the number of children under the age of 18 who had experienced harm as a result of child maltreatment

- The Victims of Crime Act of 1894 established the *Crime Victims Fund* within the U.S. Treasury to receive criminal fines, penalties and forfeitures paid by defendants convicted of Federal crimes. The Fund supports a comprehensive network of victim assistance services such as counseling and crisis intervention as well as compensation benefits to cover out-of-pocket expenses incurred as a result of crime.
- In 1991, the Justice Department's Office for Victims of Crime awarded \$65.7 million in formula grants for assistance services. Of that money, over 12 percent went to services for child abuse victims, over 21 percent went to services for domestic violence victims, nearly 14 percent went to services for sexual assault victims, and over 10 percent went to services for underserved victims of violent crime such as survivors of homicide victims and victims of drunk driving crashes.
- Since 1986, the Justice Department's Office of Juvenile Justice and Delinquency Prevention has provided more than \$4 million to the National Court Appointed Special Advocate Association (CASA) to assist in developing programs to provide volunteer advocates for abused and neglected children in the court system. There are now more than 485 CASA programs and 28,000 volunteers in 49 States. CASA volunteers help judges review and monitor cases of children who become part of the juvenile justice system; the volunteers aim to prevent children from becoming "lost" in the child welfare system and to give children a chance to grow up in safe, permanent homes.
- Through awards to the National Council of Juvenile and Family Court Judges, the Justice Department's Office of Juvenile Justice and Delinquency Prevention is funding the *Permanent Families for Abused and Neglected Children Project*. The project aims to diminish unnecessary placements in foster care by emphasizing family preservation and reunification services as well as adoption. The project aims to ensure that foster care is a temporary, last resort for children, unless necessary for the protection of the child. Project activities include national training programs for judges, social service personnel, attorneys, and other child welfare workers, and development of a model risk assessment guide.

## **ANTI-CRIME EFFORTS**

Children are influenced by their environments, and if their neighborhoods are dangerous places to live, they are at greater risk of becoming involved in crime, drug abuse or drug dealing.

### **FEDERAL ACTION**

- An innovative new program called "Weed and Seed" uses a neighborhood-focused, two-part strategy to control violent crime and provide social and economic support to areas with high crime rates. Twenty Weed and Seed sites were established by mid-1992, and \$500 million in Weed and Seed funds has been requested for Fiscal Year '93.

The first step is to “weed out” gang leaders, violent criminals and drug dealers from neighborhoods using Federal law enforcement resources. The initiative then “seeds” neighborhoods with public and private services, community-based policing and tax credits to stimulate economic growth and create jobs. The neighborhoods are also provided with job training, drug treatment, health care, education and improved housing.

## **CHILD LABOR**

Child labor is strictly regulated; illegal users of child labor are punished.

### **FEDERAL ACTIO**

- The Government will continue to enforce the Fair Labor Standards Act, which establishes minimum wage, overtime pay, record-keeping and child labor standards affecting more than 80 million full- and part-time workers. Federal child labor laws apply to minors under age 18. These laws include restrictions on occupations and hours of work and prohibitions on employment of minors in farm and non-farm occupations declared by the Secretary of Labor as being hazardous for minors to perform. Violators may be charged civil penalties of up to \$10,000 for each illegally employed minor and, in certain circumstances, may be subject to criminal penalties. Every State has additional child labor laws.

The Department of Labor’s Employment Standards Administration’s Wage and Hour Division enforces the Fair Labor Standards Act’s child labor provisions. Its primary enforcement tools comprise: (1) education and outreach activities for employers, educators, parents and youth; and (2) investigation and review of child labor violations, supplemented by targeted enforcement initiatives, such as strike forces, where appropriate.

- The Wage and Hour Division has detected an increase in child labor violations since 1985. The 22,500 violations found in 1989 constituted a 128 percent increase over the 1985 figure of 10,000. Some of this increase comes from stricter enforcement of the laws and some may have resulted from economic and demographic changes.

In 1990, Congress increased the maximum allowable civil penalties for violations from \$1,000 to \$10,000. The Department of Labor increased funding for Wage and Hour Division child labor enforcement and outreach activities; made child labor regulations more restrictive; and improved cooperation in enforcement efforts both within the Department (particularly with the Occupational and Health Administration, OSHA) and with States and localities.

As a result of tougher regulations, tougher fines, better coordination and child-labor enforcement targeted to areas where more serious child labor violations were most likely to occur, (e.g. retail and services businesses, the amusement and recreation industries, the garment industry, agriculture and construction), the Wage and Hour Division assessed employers nearly \$8.5 million in fines — for nearly 40,000 child labor violations in Fiscal Year 1990. That’s

more than three times the amount assessed in Fiscal Year 1989. In addition, the Department of Labor distributed information about child labor laws to the Nation's school districts.

Similar efforts were undertaken in Fiscal Year 1991. While the number of child labor violations that year decreased to about 27,700, civil money penalties assessed for those violations increased to more than \$12.7 million.

In addition to its ongoing child labor enforcement program, the Employment Standards Administration (ESA)'s Fiscal Year 1992 enforcement activities will include a nationwide child labor strike force effort and another public education program.

## HOMELESS AND RUNAWAY YOUTH

Over the past several years, the Federal Government has taken a number of steps to augment entitlements provided to homeless families and increase efforts to stabilize those families who have become homeless.

### FEDERAL ACTION

- Funding for Federal, State, and local programs designed to aid the homeless have doubled in the past 5 years to a total annual level of \$4 billion to \$5 billion. As many homeless families as possible are provided with shelter, and they are eligible for a variety of support services, including housing and income assistance, and job training.
- A priority in Federal programs is improving access to services, including early childhood and community-based health care programs.
- The *Runaway and Homeless Youth Program* was initiated in 1974 under the Runaway Youth Act. This program makes grants to local organizations to operate centers that provide temporary shelter, outreach and counseling for runaway homeless youth and their families. Funding for the Runaway and Homeless Youth programs was \$63 million in 1992. Of the youth served, an estimated 50 percent return to their families, and about 30 percent are placed in another positive living arrangement. Less than 5 percent are known to return to the streets.
- The National Runaway Switchboard, a confidential telephone information, referral and counseling service to runaway and homeless youth and their families, is funded under the Runaway and Homeless Youth Program. The hotline responds to an average of 10,000 crisis calls a month.
- The Department of Health and Human Services has provided grants for pilot projects to deal with this population's health needs, such as a program of the Seattle/King County, Washington Health Department. Under this program, local social services agencies are seeking out and aiding homeless pregnant adolescents and are helping existing programs in seven communities to improve services to this population. In addition, this program will help communities gather national information to improve their programs and study results, and will host a regional conference on the subject of health care for homeless adolescents.

The program will be expanded to at least three additional states. HHS also sponsored a West Coast Symposium on Homeless and Runaway Youth.

- In 1991 the Centers for Disease Control funded four local health departments in cities with the highest number of cumulative AIDS cases to establish or strengthen the ability of these departments to treat teenagers with AIDS. Local health departments worked public and private agencies to build or strengthen a local coalition of youth-serving agencies that created a system to deal with adolescent AIDS patients.

See also the section on emergency support and housing for the homeless under the "Alleviation of Poverty and Revitalization of Economy Growth" section which follows.

## **MISSING AND EXPLOITED CHILDREN**

The U.S. Department of Justice is responsible for coordinating Federal efforts for the recovery of missing children and the prevention of abductions and exploitation through its Office of Juvenile Justice and Delinquency Prevention. This Office coordinates activities at all levels, operates a national clearinghouse and resource center, provides a 24-hour toll-free hotline, technical assistance, and training for law enforcement and State clearinghouses. It also makes grants to public and private agencies to train juvenile justice professionals and organizations and for research.

Continuing activities focus on building national awareness, training service professionals, increasing knowledge, and developing more effective procedures for handling cases. Government efforts are directed towards passage of new State legislation, improved treatment strategies, technological advances, improved case investigation techniques, prosecution of abductors, and creation and testing of new programs. The Justice Department also aims to deter and punish child exploitation through vigorous prosecutions by its Child Exploitation and Obscenity Section. The Section has won hundreds of convictions for child pornography since 1987, and recently expanded its prosecutorial scope to include all Federal sex crimes committed against children.

## **GANGS AND VIOLENT OFFENDERS**

The Office of Justice Programs (OJP) of the U.S. Department of Justice has initiated a comprehensive agency-wide program that emphasizes prevention, intervention and suppression of illegal gang activity. OJP activities include policy research, evaluation, program development, demonstration, training and technical assistance, and information dissemination. In addition, an interagency program with the U.S. Department of Education has been created to provide training and technical assistance on school safety to elementary and secondary schools, as well as to identify methods to diminish crime, violence, and illegal drug use in schools and at school sites.

The Administration on Children and Families began a Youth Gang Prevention Program in 1988 to provide prevention and early intervention services to youth involved, or at-risk of involvement, in gangs. The Program has awarded 84 multi year grants, primarily to community-based organizations and public agencies. The major emphasis has been on the development of community-based consortia to conduct innovative, comprehensive approaches to current and emerging problems of youth gangs and their involvement with illicit drugs. Many consortia programs bring together youth from rival gangs on a regular basis, to work on conflict resolution, anger management, cultural awareness, and other issues.

## **YOUTH IN JAIL**

The Government recently convened two conferences that included officials from State maternal and child health programs, juvenile justice agencies and State advisory groups nationwide. The first conference was held in Baltimore in June 1988, and the second in San Francisco in August 1989. The chief topic discussed in the conferences was the health problems and needs of juvenile offenders.

### **FEDERAL ACTION**

- The Department of Health and Human Services, in collaboration with the Department of Labor, has awarded three grants — one each in Oregon, California and Michigan — to begin community-based employment and service integration programs for youth who may commit crimes. The programs are designed to provide jobs and education for youth who have been convicted of crimes or who might become criminals. Each grant will develop and judge a system that will provide services in such areas as independent living, leisure skills, family interactions, mentors and university faculty involvement.

## **NEGLECTED OR DELINQUENT CHILDREN**

The Department of Education provides financial assistance to State educational agencies to aid neglected or delinquent children and youth under age 21 in State-run juvenile and adult correction facilities. Fiscal Years 1991-1992 funding for these programs is \$36 million. The Program provides supplemental classes for schools.

To qualify for this program, institutionalized youth must be enrolled in non-federally funded education programs for at least 10 hours per week with the curriculum consisting of the basic skills of reading, mathematics, and language arts. Nearly all of these students are below grade level, many having failed or dropped out of regular schools. The program provides additional instruction in these skills, teaching methods and computer-assisted teaching. The children and youth involved are encouraged to return to the local school system, to earn their General Educational Development (GED) certification, or to enter the job market.

## **DISABLED CHILDREN**

Detailed descriptions of educational programs and services for children with disabilities are included in the section on Basic Education, School Readiness, Literacy and Workforce Preparation.

## **FOSTER CARE AND ADOPTION ASSISTANCE**

The *Foster Care Program*, administered by the Administration on Children and Families, funds States that provide care for Assistance to Families with dependent Children (AFDC) eligible children who need placement outside their homes, in a foster home, or in an institution. The Adoption Assistance program assists in putting hard-to-place children in permanent adoptive homes, thereby preventing long, inappropriate stays in foster care. Hard to place children include adoptive children who are older, members of minority or sibling groups, and/or physically, mentally, or emotionally handicapped.

## **CITIES IN SCHOOLS**

*Cities in Schools (CIS) develops community-based public/private partnerships designed to provide entitlements to troubled youth. The program addresses such issues as attendance, literacy, job preparedness, health, teen pregnancy, drug and alcohol abuse, teen suicide, and school violence. CIS personnel work*

*in schools alongside teachers, volunteers, and mentors. Of the 61 CIS local programs, 31 have located health and substance abuse prevention services on-site in schools. Due to the geographic area of certain CIS sites, some projects have names themselves Communities in Schools.*



# REDUCING POVERTY AND ENHANCING ECONOMIC GROWTH



## THE WORLD SUMMIT PLAN OF ACTION STATED:

Every possible opportunity should be explored to ensure that programs benefiting children, women and other vulnerable groups are protected in times of structural adjustments and other economic restructuring.

As the most vulnerable segment of human society, children have a particular stake in sustained economic growth and alleviation of poverty, without which their well-being cannot be secured.

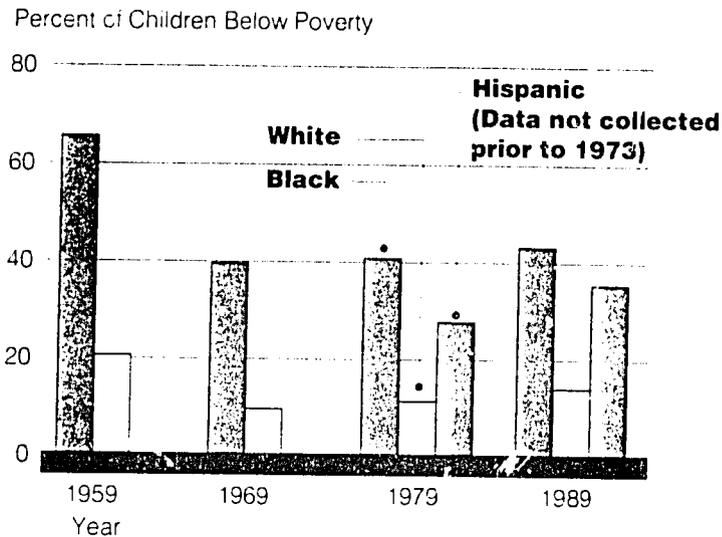
For the sake of the future of all children, it is urgently necessary to ensure or reactivate sustainable economic growth and development in all countries.

BEST AVAILABLE COPY

## Children in Poverty

Under 18 Years of Age: 1989

Source: (12) U.S. Bureau of the Census



## CURRENT NEEDS AND NATURE OF THE PROBLEM

In 1990, almost one in five children were living below the national poverty level, making the roughly 64 million Americans under age 18 the poorest group in the nation. About 44 percent of all black children and 36 percent of Hispanic children are poor, compared to fewer than 15 percent of white children. Further, approximately 43 percent of families headed by single mothers are poor, compared to only about 7 percent of two-parent families.

The poverty rate for children under 18 reached 19.9 percent in 1990, up from 19.0 percent in 1989, compared to a rise from 12.8 percent to 13.5 percent for the general population. The 1990 figure, how-

ever, is below the last decade's peak of 21.8 percent in 1983.

When both parents are present, a child is much less likely to live in poverty. One in four children is raised by a single parent, and 43 percent of children living only with a single woman are impoverished. Furthermore, about two-thirds of all children in female-headed black or Hispanic families live in poverty. Just 7 percent of children living with both parents are poor.

Children who are impoverished in their early years risk living in poverty later in life. About 22 percent of children who spent time in families with incomes below 150 percent of the poverty level continue to live at or below that level as young adults.

## FEDERAL ACTION

Government plans to address this Summit goal include:

- Direct aid is provided to the needy, combining financial assistance, subsidized food and housing, customized education programs and job training and other support.
- The Government seeks to aid the poor and all citizens by increasing economic growth, thus raising the overall standard of living.

Numerous State, local and private programs also provide aid and comfort to children in need; these programs also seek to lift these children out of poverty.

Many programs, some private, aid single-parent households. Many States, with Federal funding, are trying programs (such as workfare) to ensure that these

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households escape the “poverty trap” and become productive members of the workforce.

In 1991, the *Administration for Children and Families (ACF)* was created to bring together the many child and family programs being administered by the Department of Health and Human Services into a single administrative agency, in order to better coordinate Federal services to this population through such programs as Aid to Families With Dependent Children, Job Opportunities and Basic Skills Training, Head Start, and programs for abused, homeless, and runaway youths.

The Congress has mandated that the Department of Housing and Urban Development must take steps to provide decent and affordable housing for all Americans. Many of the Department’s programs are designed to ensure that poor people will ultimately earn enough money to be able to afford — and maintain — their own homes. These programs include transfer of some public housing stock to tenant-managed cooperatives, privatization where feasible, the creation of enterprise zones and homesteading programs. HUD also enforces fair housing laws and tries to make public housing drug-free.

In 1987 Congress created the *Interagency Council on the Homeless*. With the Secretary of Housing and Urban Development as Chair, the Secretary of Health and Human Services as Vice Chair, and a membership which includes the heads of 16 Federal agencies, the Council reviews Federal activities to help the homeless. The Council works with state and local governments and private organizations on homeless efforts and publishes information on homelessness.

The Federal Government has several programs that try to make poor people productive and self-sufficient community members. These include:

## **ECONOMIC EMPOWERMENT—EARNED INCOME TAX CREDIT**

- The *Earned Income Tax Credit* is a refundable credit to families with earned income below certain limits. The credit, indexed for inflation, either reduces the amount of taxes owed or directly subsidizes parents with incomes too low to qualify for a tax rebate. This is an important way for the Government to return tax dollars to parents struggling to provide for their children.

## **HOUSING**

- HUD provides housing for more than 5 million low- and moderate-income families. It is likely that most public housing residents are children, since there are many single parent families in these sites. About 2.6 million families hold certificates or vouchers, which entitle them to pay only 30 percent of their monthly income for rent in scattered private housing. The Government pays the balance of the rent between the amount paid by the program recipient and the local fair market rent. About 1.4 million families live in public and Indian housing owned and managed by local housing authorities.

- ***The HOPE (Housing Opportunities for People Everywhere) Programs***, administered by HUD, are designed to encourage homeownership in public and assisted housing. In Fiscal Year 1992, \$361 million was appropriated for these programs; over \$1 billion is being requested by the Bush Administration for Fiscal Year 1993. These programs include:
  - Under HOPE 1 and 2, resident management corporations, residents' councils, cooperative associations, and private non-profit organizations can apply for grants for activities designed to promote family self-sufficiency.
  - HOPE 3 provides similar assistance to low- and moderate-income families to purchase publicly owned single-family housing.
  - Under the ***Urban Homesteading Program***, vacant and unrepaired single-family properties are transferred for a nominal fee to eligible individuals or families, who bring the property up to local code standards.

## **ECONOMIC EMPOWERMENT PARTNERSHIPS**

- ***Economic Empowerment Partnerships*** to encourage economic self-sufficiency through job training, child care, and resident management and home ownership efforts in public housing sites are being funded at 14 locations in a joint effort, begun in October 1991, by the Departments of Housing and Urban Development and Health and Human Services. These programs will combine Federal entitlements currently contained in the ***Job Opportunities and Basic Skills (JOBS)*** program, including education, training, child care, transportation, and work opportunities with housing assistance.
- In order to assist ***Indian Economic Development***, the Department of the Interior's Bureau of Indian Affairs (BIA) is implementing an economic development initiative to coordinate Federal policies relating to economic development on Indian reservations and lands; explore the possibility of establishing enterprise zones; improve the BIA loan programs; expand the Buy-Indian Act; improve Indian Business planning and decision making, and provide economic development grants.

## **AID TO FAMILIES WITH DEPENDENT CHILDREN**

- ***Aid to Families with Dependent Children (AFDC)*** is provided to approximately 4.5 million families. In 1991, about 8.5 million children received AFDC benefits. Benefits are paid to needy families with children who are deprived of parental support or care because of a parent's death, continued absence, incapacity, or the unemployment of the parent who is the principal wage earner. Most eligibility requirements for cash benefits are set by Federal statute, but benefit levels are set by each State.

AFDC is administered by State welfare agencies, pursuant to a State plan that conforms with the Federal AFDC statute and regulations established by the U.S. Department of Health and Human Services. The cost of the program, which paid

benefits of approximately \$20 billion in fiscal 1991, is shared by the States and the Federal Government.

AFDC families automatically qualify for free health care under Medicaid. Because families receiving AFDC are low-income, most also qualify for other social welfare programs such as Food Stamps (discussed in detail in the Food and Nutrition section) and Low-Income Home Energy Assistance.

Although a majority of families receiving AFDC benefits do so for no more than a few years, the program stresses the need for parents to engage in activities that will enable them to move off welfare and become self-sufficient.

- Employment training, work experience and education are available to AFDC families through the *Job Opportunities and Basic Skills Training (JOBS)* program. To facilitate the parents' participation in a JOBS program, child care is paid for when it is necessary. Families who work their way off welfare into employment can receive up to one year of "transitional" medical care and child care. Approximately 550,000 AFDC recipients participated in the JOBS program each month in the first half of Fiscal Year 1992.
- The Departments of Health and Human Services, Education and Labor are actively collaborating in a multi year effort to provide technical assistance to the States in implementing the JOBS program.

## HEAD START

Head Start is providing education, health, nutrition and social services to children whose families are eligible for the program. The Bush Administration, as part of the Fiscal Year 1993 President's budget, proposed a \$600 million increase in the Head Start budget. That would allow Head Start to serve 779,000 children, including all eligible four-year-olds whose parents want them to enroll.

Studies have shown that there are long-term gains to pre-school children who participate in Head Start. A 1985 study showed that participants in programs like Head Start were much more likely than poor non-participants to become employed, graduate from high school, and enroll in college. They were also less likely to be arrested or become dependent on welfare.

In 1989, nearly 451,000 children participated in Head Start Programs. Funding for the program has been increased 78 percent since 1989.

(See Education Section for further information on Head Start).

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

- Much of the Community Development Block Grant Program (CDBG), administered by HUD, rehabilitates housing for low- and moderate-income families. Funds are also used for public facilities, economic development, community revitalization, and provision of services. Starting with 1991, at least 70 percent of these funds must be used to aid low- and moderate-income families. In 1989, some 7 million persons, many children, benefited from CDBG projects.

CDBG grants have built youth and child care centers, funded youth services and substance abuse programs, and other activities. The CDBG program has also been used to distribute entitlements, including training and child care, in such public housing sites as Lafayette Court in Baltimore, Maryland.

- The Community Services Block Grant Program distributes funds to States and Native American tribes or tribal organizations. Funds support projects designed to help low-income people find and retain employment, advance their education, find and maintain housing, and solve other problems that block self-sufficiency.

## SUPPORT FOR FAMILIES AND WOMEN WHO WORK

Between 1980 and 1981, women accounted for three-fifths of the 18.4 million increase in the U.S. civilian work force, as their numbers rose from 45.5 million to 56.9 million. By 1991, 57.3 percent of all women 16 years of age and over were either working or looking for work.

About 10 million women in the United States age 15 and older are raising children whose fathers are not living in the household. In 1989, of the 5.7 million women who had been awarded child support by courts, 25 percent received no payments, 24 percent received partial payment, and 51 percent received the full amount due. Of \$16.3 billion due, \$5.1 billion was not paid.

### Economic Impact of Marital Separation on Children

Economic status of children under 15 years old, 4 months before and 4 months after parental separation

Source: Census Bureau Survey of Income and Program Participation

Measure of Well-Being	Before	After
Average monthly family income	\$2,435	\$1,543
Percent whose mother did not work at all	43	31
Percent receiving child support	16	44
Percent receiving food stamps	10	27

### FEDERAL ACTION

- The Child Care and Development Block Grant Program that subsidizes child care for children in low-income families will be funded at the level of \$825 million by the Administration for Children and Families in Fiscal Year 1992.
- The Departments of Health and Human Services and Housing and Urban Development have jointly awarded 22 Head Start organizations \$4.8 million to provide child care for low-income parents who wish to enter the workforce.

## CHILD SUPPORT ENFORCEMENT

- The *Child Support Enforcement (CSE) Program* is aimed at ensuring that children are financially supported by their parents. It is a Federal, State and local effort to locate absent parents, establish paternity if necessary, and establish and enforce child support orders. The CSE program is usually run by State and local human services departments, often with the help of prosecuting attorneys, other law enforcement agencies, and officials of family or domestic relations courts.

State and local CSE offices operate this program. The Federal Government provides funds, issues policies, ensures compliance with Federal regulations, and interacts with other Federal agencies that support the CSE program.

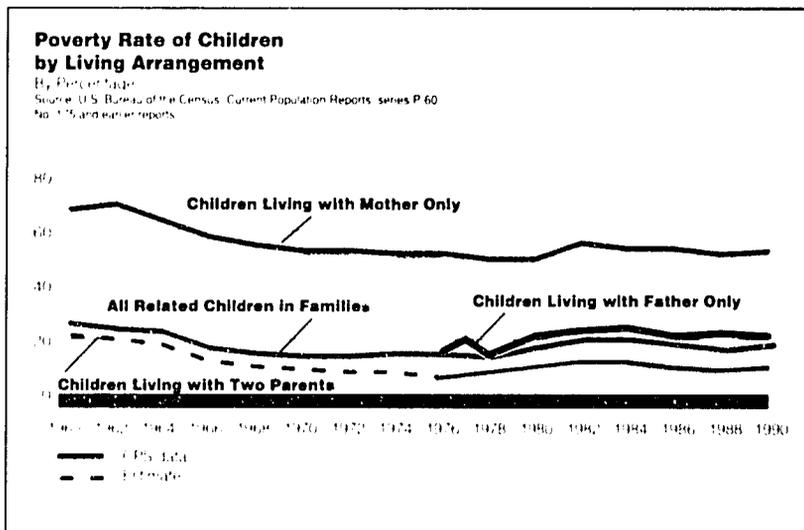
CSE Services are available automatically for families receiving assistance under Aid to Families with Dependent Children (AFDC) programs. Child support services are also available to families not receiving AFDC. For the most part, services are available at little or no cost to custodial parents. In all States, child support can now be withheld directly from absent parents' earnings. In Fiscal Year 1991, the Program collected just under a record \$7 billion, \$4.9 billion of which went to families not in receipt of public assistance, and the remainder was collected on behalf of AFDC families.

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council works with state and local governments and private organizations on homeless efforts and publishes information on homelessness.

## **EMERGENCY ASSISTANCE**

The following Federal programs are designed to help Americans who need assistance in emergencies:

- The *Emergency Community Services Homeless Grant Program* distributes funds to community action agencies, organizations serving migrant and seasonal farm workers and other groups. Funds are used in programs designed to lift the homeless out of poverty as well as providing aid to those who receive foreclosure or eviction notices or have utilities shut off.
- The *Federal Emergency Management Food and Shelter Program* provides funds to supplement and expand ongoing efforts to provide shelter, food, and supportive services for needy families and individuals. The program is a public-private partnership in which money is distributed by local boards chaired by FEMA with a membership that includes nonprofit community providers.
- The *Emergency Shelter Grants Program* provides grants for emergency shelters and homeless prevention activities to States, Territories, and certain cities and counties. The grantees use these funds to improve the quality of emergency shelters for the homeless, to make additional shelters and beds available, to meet certain costs of operating shelters, to provide social services to homeless individuals, and to help prevent homelessness.
- The *AFDC-Emergency Assistance Program* provides immediate, temporary assistance to needy families with children to prevent destitution and to provide living arrangements in emergency situations. Administered by the States, this program is typically used to provide furniture, relocation assistance or temporary shelter for families experiencing a sudden crisis such as a fire, eviction or a sudden loss of income.
- The *Low-Income Home Energy Assistance Program* provides funds to States, Territories and Native American tribes and tribal organizations to help low-income families pay home utility bills.

## **ECONOMIC REVITALIZATION**

President Bush's strategy for ensuring long-term economic growth includes reduction of medium-term structural budget deficits, increasing the savings rate, and providing tax incentives to spur entrepreneurship, saving, investment and research and development.

Other parts of this plan include a policy that encourages either deregulation or minimally disruptive new regulations; a trade policy that seeks to open markets, create jobs and expand growth both in the United States and abroad, and support of a monetary policy conducive to non-inflationary growth. The Administration also believes growth can be supplemented with new emphasis on education reform to improve workers' skills.

# INTERNATIONAL COOPERATION : CHILDREN AND THE FAMILY



The advancement of developing countries is highly dependent on the productivity, health and education of their future generations. Aside from broad humanitarian concerns, the United States recognizes that the country's peace and prosperity in the world are more secure when other countries and their peoples develop and flourish.

The world would be a better place if regional conflicts were diminished and people could live in peace and without fear if nutritious foods were routinely available, if free trade and property rights were implemented worldwide, if the global environment and natural resources (including finite resources) were protected and preserved for future generations, if all diseases were controlled effectively, if adequate primary health care was available to all people, if opportunities for learning abounded, if the great landmarks of history and culture were appreciated and preserved, and if everyone were able to develop their skills and abilities in a free market. These are worthy goals which the United States and other countries throughout the world hold dear and strive to attain.

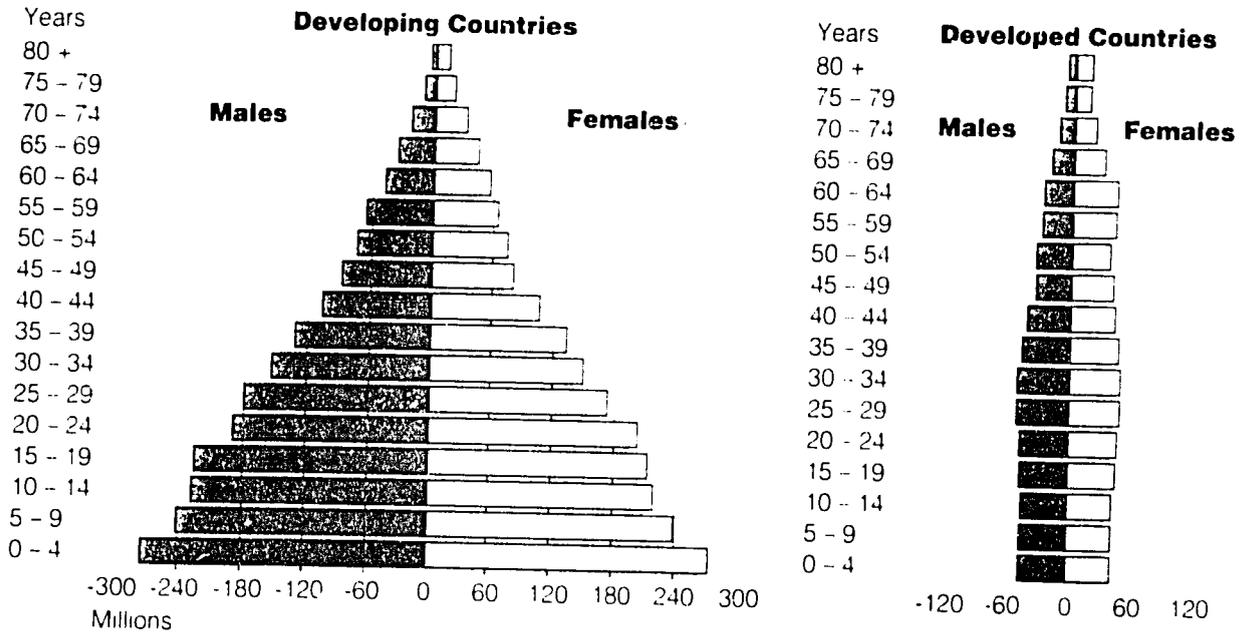
The family provides the environment within which the next generation is born, sheltered, nurtured and educated. Mothers and fathers, not in haste, with food and love, can do things in the initial critical days and weeks of life, mold the child from birth, secure the child's health, care for him or her, and provide the child's early education. The United States is fortunate to have a high birth rate of children, but to the benefit of parents to provide the child's care and stimulation for the first years of life.

The United States cannot and should not try to provide all the answers for the countries of the world. America believes that it should work in cooperation with other countries in order to improve the lives of their children.

## Populations in Developing Countries Are Young

Population by age and gender for developing and developed countries, 1990

Source: BUCEN



The international programs of the United States include: development assistance to other countries, either direct or by grants to non-governmental organizations; bilateral (country-to-country) cooperative relationships and activities; and participation in and financial support for programs of agencies of the United Nations, including the World Health Organization, the United Nations Children's Fund, the Food and Agriculture Organization, the United Nations Environmental Programme, the United Nations Development Program, the World Food Program and other specialized agencies.

Within the U.S. Government, a number of agencies are actively engaged in international efforts that benefit families and children. These include:

- Agency for International Development
- Department of State
- The Peace Corps
- Department of Agriculture
- Department of Education
- Department of Health and Human Services
- Department of Justice
- Department of Labor
- U.S. Environmental Protection Agency

Many of the challenges these agencies must confront are summarized in the Declaration and Plan of Action from the Summit on Children.

- Despite tremendous progress over the past decade, infant and child mortality and morbidity rates are still unacceptably high in most parts of the developing world. Fully 38,000 infants and children die every day, and the vast majority of those deaths are preventable.
- In the world's developing countries, 66 percent of infants completed the Expanded Programme of Immunization (EPI) series in 1990, compared with less than 5 percent in 1974 when the program was established. As a result of ongoing EPI efforts, over 1.6 million additional cases of measles and 500,000 further cases of whooping cough are prevented each year. Unfortunately, 1.5 million children die each year due to measles; an additional 500,000 die from pertussis and 775,000 from tetanus, and many more children are left permanently disabled by a vaccine-preventable disease. Immunization rates should continue to rise to ensure that these children can be saved.
- Although an estimated 1 million young lives are being saved each year by oral rehydration therapy, 4 million children are still dying from diarrhea-associated causes. Cholera represents a growing threat to the children of Africa and Latin America. Expanding the reach of diarrheal disease control programs and institutionalizing diarrheal disease control within primary health care remain major challenges.
- As oral rehydration therapy reduces the number of diarrhea-related deaths, acute respiratory infections (ARI) are becoming the primary cause of childhood death in many countries. Pneumonia and other acute lower respiratory infections are underlying factors in an estimated one-third of all deaths among children under age 5 in the developing world. To reduce these deaths, diagnosis and treatment for respiratory infections at the community level need to be made more available.
- Over 100 million people are infected with malaria each year, resulting in over 1 million deaths, mostly children. Chloroquine-resistant malaria is an increasingly urgent problem for both child survival and for general health and productivity, requiring additional research and program efforts.
- The continued unacceptable level of child morbidity and mortality contributes significantly to population problems, as families strive to have more babies in order to assure that some survive. This results in further pressure on the environment as more land is cleared to create jobs and settlements and families migrate to already overpopulated cities.
- Virtually unknown a decade ago, HIV and AIDS infections will increase by 2 million in 1992 alone. By the end of the decade, there will be at least 40 million people infected with HIV and AIDS, and 90 percent of them will be in the developing world.
- Women and girls continue to suffer. Women in developing countries face major health risks during pregnancy and childbirth, with maternal mortality rates in many countries remaining unacceptably high.

- Political and ethnic unrest throughout the world continue to produce scarce resources, fear and death. Regional conflicts and wars must be reduced and, ultimately, stopped. The refugees who flee war should be able to return to their homes and live in peace.
- Natural disasters, such as earthquakes, drought, and famine, continue to wreak death, destruction and despair. These events range from volcanic eruptions to epidemics to major cyclones, which kill or displace tens of thousands of people.
- Drug abuse continues to be a major scourge at home and abroad. Multiple agencies of the Federal Government are working with other countries in a strategy that includes interruption of the supply at the source, demand reduction and development through research of better means of treatment and thereby control. Experiences are being exchanged with experts from other countries in a manner that will help other countries solve their own problems.

The United States will continue to aid nations who need — and want — our help. The sections of this report which follow will discuss how these efforts are being carried out through the U.S. Foreign Assistance Program, bilateral cooperative relationships and through U.S. support of multilateral organizations.

While this section of the report focuses largely on what the United States Government is doing internationally, the role of the private sector must be recognized as well. The strength of the United States lies in its people and its institutions. Government often provides the vehicles through which private individuals and institutions can realize their vision of cooperation with other people and countries. The Peace Corps has, for three decades, provided the framework for U.S. citizens to serve the world and to bring that experience back home. The Agency for International Development has provided essential support for many non-governmental organizations to take the benefits of their knowledge, skill, and energy abroad. Domestic agencies, such as the Department of Health and Human Services, the Department of Education, and the Department of Agriculture, have linked U.S. university and other research institutions to counterpart institutions in other countries, carrying out collaborative projects of mutual interest and benefit.

## **UNITED STATES DEVELOPMENT ASSISTANCE/ U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**

Since 1961, the United States Agency for International Development (USAID) has provided financial assistance to developing countries. USAID conducts programs in:

- Employment and income generation;
- Sustainable agriculture;
- Nutrition;
- Environment and natural resources;
- Energy;
- Health, including child survival and HIV and AIDS prevention;

- Education and training;
- Population and family planning;
- Institutional development;
- Human rights and democracy;
- Women in development;
- Housing and urban development;
- Private enterprise; and
- Disaster and refugee assistance.

In Fiscal Year 1992, the United States expects to commit more than \$1.2 billion for child survival, health, nutrition, education, family planning, HIV and AIDS and other programs designed to help children, women and families in developing countries.

Since 1985, the United States has committed more than \$1 billion to its child survival program, including \$345 million in 1991 alone. In addition the United States in 1991 provided almost \$245 million for population assistance. Over the past 26 years, the United States has obligated \$4.4 billion for population programs, \$2.9 billion of which has been committed in the last decade. U.S. aid to basic education in other countries has also increased. In the Fiscal Year following the World Summit for Children, total U.S. funding for basic education nearly doubled, from \$110 million in 1990 to approximately \$200 million in Fiscal Year 1991.

### **LOOKING TO THE YEAR 2000: THE CHALLENGES OF THE 1990S**

In the 1990s, the United States will continue to expand programs that assist children. The United States' "Children's Strategy for the 1990s" will focus on the following three areas.

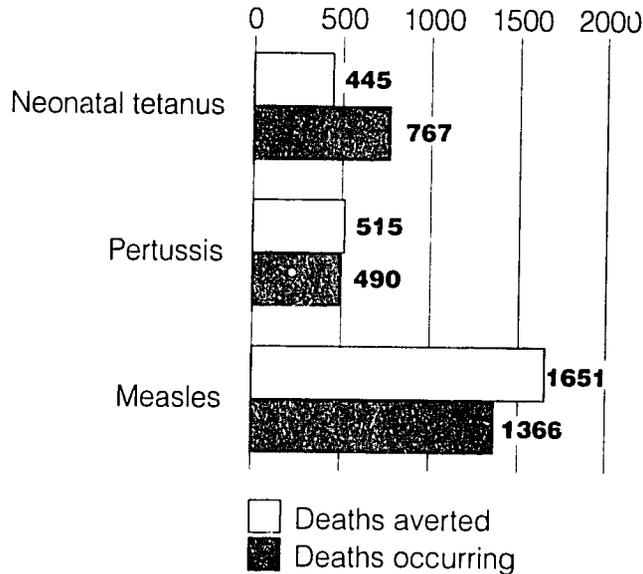
- ***Child Survival:*** The child survival program will focus on immunizations and control of diarrheal disease and other childhood illnesses, such as malaria and acute respiratory infections (ARI). Programs to improve child nutrition and maternal health and nutrition; child spacing and other measures to reduce the number of high risk births; water quality and sanitation; and HIV and AIDS activities will continue to grow.
- ***Child Development and Protection:*** The United States' efforts in child development will emphasize (1) early childhood care and development, and (2) basic education for all boys and girls. Child protection activities will primarily assist children in trouble, including orphans, displaced children and street children.
- ***Women's Health and Education:*** In the 1990s, the United States will work to increase women's access to family planning, improve women's health and nutrition, and increase female education.

The following describes how development assistance programs, as part of the United States' "Children's Strategy for the 1990s," help to fulfill the goals of the

## Vaccine-Preventable Deaths: Estimated Deaths Averted and Still Occurring Among Children in Developing Countries

Thousands

Source: EPI/WHO 7/90



## IMMUNIZATION AND CHILD HEALTH

### THE WORLD SUMMIT CALLED FOR THE ACHIEVEMENT OF THE FOLLOWING GOALS:

*Global eradication of poliomyelitis by the year 2000;*

*Elimination of neonatal tetanus by 1995;*

*Reduction by 95 percent in measles deaths and reduction by 90 percent of measles cases compared to pre-immunization levels by 1995, as a major step to the long-run global eradication of measles;*

*Maintenance of a high level of immunization coverage (at least 90 percent of children under one year of age by*

*the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and tetanus for women of child-bearing age;*

*Reduction by 50 percent in deaths due to diarrhea in children under the age of five years and 25 percent reduction in the diarrhea incidence rate;*

*Reduction by one third in the deaths due to acute respiratory infections in children under 5 years.*

To reduce morbidity and mortality, to build the internal capacities of developing countries, and to sustain improvement in health, U.S. Development Assistance Programs have adopted a multifaceted approach to immunization. This includes expanding and improving the quality of immunization services, increasing coverage through public information programs, and developing, testing, and introducing new vaccines. USAID also helps developing countries establish and strengthen diarrheal disease control programs, and supports projects in a number of countries to encourage local production and improve distribution of oral rehydration therapy packets.

In 1989, USAID increased its programs in the area of acute respiratory infections (ARI). The experience and systems resulting from the successes in immunization coverage and treatment of diarrheal disease could, in many cases, be used to launch national acute respiratory infection programs. In addition, USAID places a strong emphasis on developing an integrated approach for the prevention, treatment and control of malaria.

Since 1985, when the United States launched its child survival program, foremost among the gains in U.S.-assisted countries have been the following:

- Vaccination coverage for the full DPT series has risen from 40 to 72 percent and continues to rise. Forty-two USAID-assisted countries have achieved coverage levels of 80 percent or better, and another 10 countries had coverage rates that were between 70 and 80 percent.
- Polio has all but been eliminated in the Western Hemisphere. This has been accomplished by USAID, the largest donor to the accelerated immunization initiatives in Latin America and the Caribbean and the efforts of other organizations such as the Pan American Health Organization, United Nations Children's Fund, the U.S. Centers for Disease Control; and, most important, the involved countries themselves.
- Vaccination coverage for measles has increased from 24 to 71 percent.
- The use of oral rehydration therapy for the treatment of diarrhea has increased from 20 to 33 percent.

### IMMUNIZATION AND CHILD HEALTH IN THE 1990S

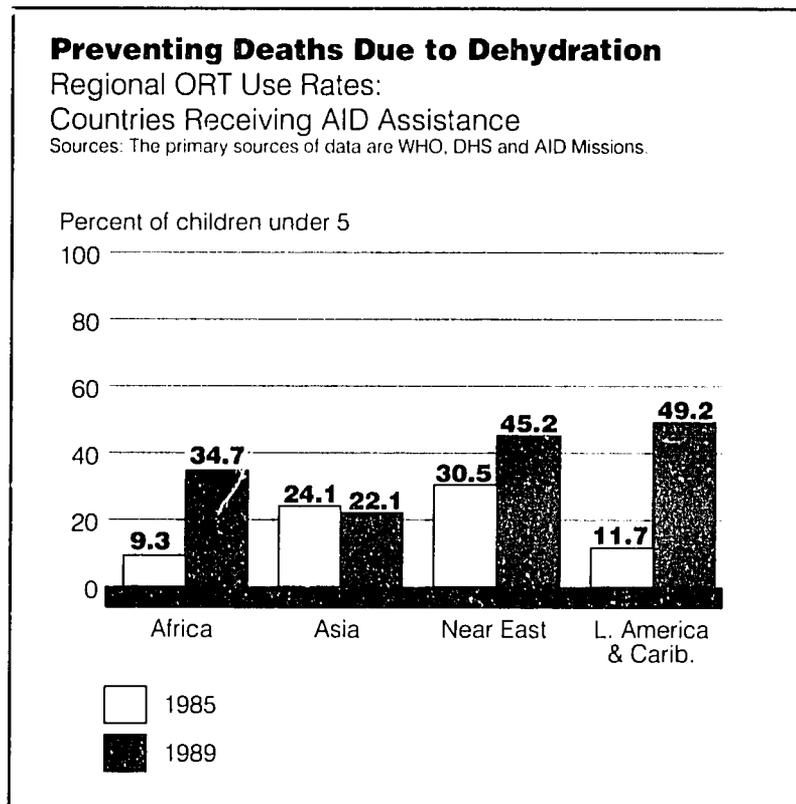
Some 13 million children under age 5 die each year as a result of preventable and treatable illness.

USAID policy in this area in the 1990s will strengthen the ability of nations to provide services, integrate existing programs, improve the quality of services provided, and expand monitoring and evaluation activities.

USAID places particular emphasis on monitoring and evaluating its child health programs. Improved collection of data will be used in further program development.

### CHILD SURVIVAL STRATEGY FOR THE 1990S

The United States intends to sustain its commitment to child survival programs and its record of results made during the 1980s. USAID will continue to focus on broad delivery of proven methods of improving child health but increase funding to institutions that will sustain these programs over the long term.



***USAID's immunization programs will continue to:***

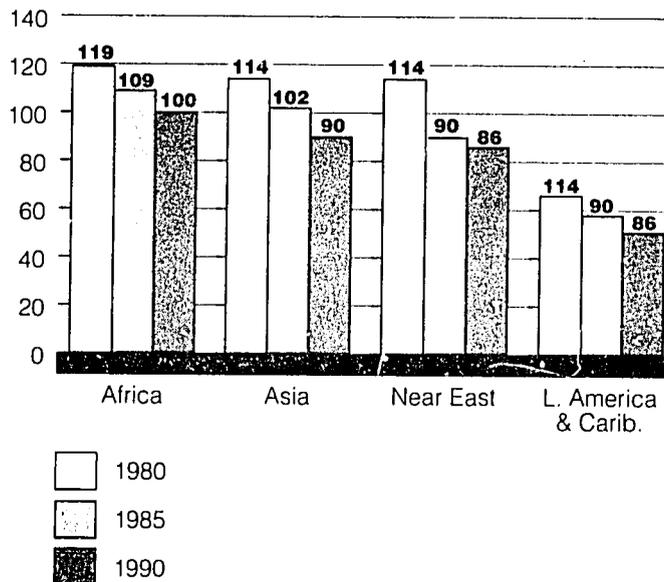
- Sustain the progress made during the 1980s;
- Extend immunization in countries and communities that have not yet benefited, especially in under served urban areas;
- Substantially increase the coverage of measles and tetanus vaccines and reduce measles and tetanus mortality;
- Build on immunization delivery to expand the availability of other services;
- Develop and incorporate new children's vaccines and technologies in immunization programs; and
- Continue survey and policy research to guide programs and measure impact.

***In the prevention and treatment of childhood illness, USAID will:***

- Continue a strong commitment to the prevention of infant and child diarrheal disease mortality through the use of oral rehydration therapy and other proven approaches;
- Expand efforts to develop and apply tools to prevent childhood morbidity from diarrhea and respiratory infection and to assure program quality; and
- Strengthen efforts to develop and apply new chemotherapeutic and control measures for the diagnosis, treatment, prevention, and control of malaria, especially in Africa.

**Reduction in Infant Mortality for USAID-Assisted Countries by Region, 1980 - 1990**

Source: World Population Prospects 1990



***In order to sustain effective child survival programs and ensure the accomplishment of its goals over the long term, USAID will:***

- Increase its efforts to strengthen and diversify funding for child survival programs;
- Build quality assurance mechanisms into national programs;
- Develop and incorporate new technologies;
- Increase involvement of community organizations and the private sector; and
- Monitor progress and results at the local, sub-national and national levels.

## WATER AND SANITATION

### THE WORLD SUMMIT FOR CHILDREN CALLED ON NATIONS TO ASSURE:

*Universal access to safe drinking water; universal access to sanitary means of excreta disposal; elimination of guinea worm disease by the year 2000.*

In 1991, USAID committed over \$56 million to water supply programs around the world, including programs in Egypt, Cyprus, the Philippines, El Salvador, and Eastern Europe.

Examples of USAID-sponsored activities in water and sanitation include:

- A collaborative program of technical assistance in water and sanitation for the Central American countries of El Salvador, Guatemala, Honduras, and Nicaragua along with the United Nations Development Program/World Bank Joint Water and Sanitation Program, Inter-American Development Bank, the United Nations Children's Fund, the Pan American Health Organization, the World Health Organization and others. A regional coordinating unit in Guatemala City will promote information exchange and cooperation among these agencies.
- Continuing research on the relationship between cleaner water, better sanitation, and improvements in health to find out how funds can best be spent. One recent study reported that the level of sanitation in a community has a greater effect on the health of children than the level of sanitation in their own homes. This finding underlines the importance not only of hygiene education, which is essential if water and sanitation projects are to improve health, but also of community involvement and participation in these programs.
- Of the thousands of Kurdish refugees that poured out of Iraq into Turkey in April 1991, an estimated 50 percent were children. USAID, in cooperation with other Federal agencies and the private sector, sent a Disaster Assistance Response Team (DART), including environmental health consultants, from the U.S. Office of Foreign Disaster Assistance and the Centers for Disease Control to provide assistance. The team helped settle the refugees in temporary communities where sanitation and adequate potable water could be supplied.
- USAID, UNICEF, the U.S. Centers for Disease Control, and Global 2000 are actively involved in guinea worm eradication efforts. USAID has collaborated with the Peace Corps by providing training, technical assistance, information, and planning to the Peace Corps staff both in the field and in Washington. USAID has been assisting the Peace Corps in preparing guinea worm training guides and resource materials and a newsletter for Peace Corps volunteers. A special guinea worm network for information exchange has also been maintained.

## **WATER AND SANITATION GOALS FOR THE 1990S**

Although progress has been made, clean water and sanitation will not be implemented worldwide before the year 2000. Despite new low-cost technologies, current programs only keep pace with population growth. While funding of these programs probably will not grow, existing resources can be better used by:

- Putting greater stress on sanitation and hygiene education;
- Better financial planning, including cost-recovery strategies and implementing privatization whenever feasible;
- Developing stronger institutions and better trained personnel;
- Devising more low-cost technologies and approaches aimed at reaching the greatest number of people; and
- Collaboration among agencies to avoid duplication of effort.

## **WATER AND SANITATION STRATEGY FOR THE 1990S**

The United States will continue to assist developing countries to carry out water and sanitation programs sustainable in the long-term, including assuring that the host nation will be able to continue the program after U.S. assistance ends. No amount of money or time will make a water and sanitation program viable in a nation whose economy is poor and whose bureaucracy is badly managed.

USAID will continue to stress the importance over the long term of sanitation and good hygiene in its water projects. Water projects assisted by USAID must include sanitation and hygiene education as integral elements. This is especially important given the re-emergence of cholera in Latin America.

## **NUTRITION**

### **THE WORLD SUMMIT FOR CHILDREN CALLED FOR THE ACHIEVEMENT OF THE FOLLOWING GOALS:**

*Reduction in severe, as well as moderate malnutrition among children under age 5 by half of 1990 levels;*

*Reduction of low birth weight to less than 10 percent;*

*Reduction of iron deficiency anemia in women by one-third of the 1990 levels;*

*Virtual elimination of iodine disorders; virtual elimination of vitamin A deficiency and its consequences, including blindness;*

*Empowerment of all women to breast feed their children exclusively for 4 to 6 months and to continue breastfeeding with complementary food, well into the second year;*

*Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s; and*

*Dissemination of knowledge and supporting services to increase food production to ensure household food security.*

Since 1985, the United States has committed \$162.2 million to programs in at least 53 countries to improve infant and child feeding practices, including breastfeeding, growth monitoring, and vitamin A programs. In addition, USAID has promoted household food security and the development of food technologies.

USAID is particularly interested in the first months of childhood. It pioneered programs for teaching mothers what and how to feed their children, for continued feeding during bouts of diarrhea, for monitoring infant growth in order to identify early signs of growth faltering, and for development of nutritional weaning foods made from locally available and donated foods. Today, USAID collaborates with governments and other agencies to enhance the effectiveness and sustainability of infant feeding projects. In addition, USAID is sponsoring growth monitoring activities in 32 countries.

In support of improving infant feeding practices, USAID is strengthening its breastfeeding promotion activities. Such activities will seek to increase the percentage of infants who are breastfed within one hour of delivery, exclusively breastfed from birth through age 4 to 6 months; fed appropriate complementary foods in addition to breast milk by the end of their sixth month; and breastfed for one year or longer. Many of USAID's programs in child survival, diarrhea disease control, family planning/child spacing, and nutrition have included breastfeeding education, although it has not, up to this time, been emphasized in any of these programs.

In 1991, USAID instituted a \$30 million breastfeeding initiative. Under this initiative, breastfeeding promotion worldwide will be expanded, including lactation management training and efforts in communications and social marketing.

In 1985, the United States embarked on an expanded program of research on the importance of vitamin A supplements in reducing child morbidity and mortality, in addition to its well-known role in preventing blindness. Four effective interventions — distribution of high-dose supplements, food fortification, home production of vitamin-rich foods, and nutrition education/social marketing were identified and tested. These now provide the basis for major vitamin A programming within USAID and elsewhere. With U.S. assistance, 75 projects in 28 countries promote vitamin A-related activities.

Iron deficiency anemia is the most prevalent nutritional deficiency throughout the world. The United States has supported research in the development of new modes of delivering utilizable iron to mothers and children, including the field testing of a slow-release iron capsule. In addition, U.S.-sponsored research has developed iron fortification systems that may be used with whole wheat flour and other cereals, legume flours, sugar and other condiments.

Other components of USAID's nutrition program include:

- Social marketing and mass communication have been successfully applied to nutrition education, growth monitoring, improved weaning practices, and promotion of breastfeeding.
- Targeted feeding programs are supported by the U.S. in areas where lack of food may result in poor nutrition.

- USAID grants fund the collection of data on breastfeeding and nutritional status and the improvement and development of more accurate and precise methods for the monitoring and surveillance of nutrition indicators.
- USAID shares U.S. food technologies with international food companies in the development of nutritionally improved weaning foods.
- Through the American Public Health Association, the establishment of an International Clearinghouse on Infant Feeding and Maternal Nutrition and related issues in developing countries, including more than 11,000 books, documents, and educational materials, has been established.

### **NUTRITION IN THE 1990s**

Malnutrition is estimated to be a contributing factor in up to 60 percent of child deaths in the developing world. Consider the following examples:

- On average, only 15 percent of mothers in developing countries practice exclusive breast feeding of their infants through 4 to 6 months.
- Vitamin A deficiency is the largest cause of childhood blindness in developing countries. Because their diets lack sufficient vitamin A, one million preschool-age children worldwide develop severe eye disease each year. Forty-three million children under age 5, or 7 percent of the world's children under age 5, are affected by vitamin A deficiency. U.S. efforts in the 1990s will focus on identifying populations with sub-clinical forms of vitamin A deficiency. In addition, the U.S. will seek ways to supplement vitamin A capsule distribution with nutrition education and horticulture.
- About 900 million people, mostly women, suffer from iron deficiency anemia around the world. Infants born to severely anemic mothers have lower birth weights and thus are at increased risk for mortality. Recent reports indicate that iron deficiency anemia in young children contributes to both reduced motor development and cognitive performance. If not corrected early the condition may be irreversible.

### **NUTRITION STRATEGY FOR THE 1990s**

The U.S. considers sound nutrition and food policies and their effective implementation as among the best ways to provide sustainable preventive health care for the individual and household, enrich family life, and contribute to economic growth. USAID's nutrition programs will stress the relationship between nutrition and other development goals, showing how nutrition can affect agriculture, education, food aid, health, industry, and rural development. Components of this strategy include:

- Efforts to sensitize policy-makers to the constructive and critical role nutrition can play in any comprehensive development strategy.
- Expanding survey research that documents and measures progress in nutrition.

- Development of stronger institutions and better nutrition: trained personnel.
- Development of cost-effective technologies and approaches for nutrition, particularly with respect to micronutrients.
- Increased community-based assistance for nutrition programs that benefit women of child-bearing age, infants and families.
- Selective behavioral research to design more effective social marketing interventions.
- Concentrating major nutrition activities in 8 to 10 countries worldwide to better undertake data assessment as well as program implementation and evaluation.
- Increasing involvement of the private sector in improving women's and children's nutrition.
- Use of appropriate nutrition and food activities that will lead to household food security to complement education, health, agriculture and other developmental sector programs.

## **WOMEN'S HEALTH AND NUTRITION**

### **THE WORLD SUMMIT ON CHILDREN CALLS FOR THE FOLLOWING TO IMPROVE HEALTH AND NUTRITION:**

*Special attention to the health and nutrition of the female child and to pregnant and lactating women;*

*Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;*

*Reduction of iron deficiency anemia in women by one-third of the 1996 levels.*

Half a million women die from complications of pregnancy and childbirth each year. Because of the pressing need for safer obstetric practice in the developing world (where 99 percent of these deaths occur), the principal policies the United States has supported to achieve the Summit goals for women's health have been in the area of maternity care. The United States provides technical and funding assistance to developing countries in identifying and implementing solutions to the problems affecting maternal health and nutrition. These activities include:

- Training traditional birth attendants (TBA), midwives, and other health workers in screening and referral of high-risk pregnancies and life-saving skills, and provision of safe delivery kits;
- Strengthening referral systems between TBAs, midwives, health centers, and hospitals, and improving prenatal care;
- Providing food (PL 480 stocks) and iron/folic acid supplements to pregnant and lactating women;
- Providing information to women to improve utilization of prenatal care, awareness of dangerous conditions and self-care, and dietary intake during pregnancy;

- Integrating maternity care and nutrition services with family planning;
- Treatment of infections, especially sexually transmitted diseases;
- Development of technology to promote safe motherhood; and
- Surveys and policy research to monitor and promote the health and nutrition of women.

Problems in maternal health vary throughout the world; thus demonstration projects for improving pregnancy outcomes in countries at four levels of health infrastructure development are under way. Each program emphasizes early recognition of health problems in pregnancy and referral to health facilities. But the four strategies differ in terms of the referral services that are available in each setting, and by the likelihood that a trained practitioner will be available to attend pregnant females.

USAID has also been a leader in policy research related to women's health. For nearly 2 decades, USAID has supported survey research directed toward improving family planning services for women. Surveys in 25 countries are now documenting women's access and use of maternal care. Policy research also shows how maternal health issues are important for the health of aging women.

To improve maternal nutrition, anthropometric assessment of nutritional status has been used to identify women in need of assistance. In 1990, USAID, in collaboration with PAHO and WHO, reached a consensus on anthropometric indicators for field use and identified research needs. In addition, USAID is supporting the clinical and field testing of a slow release iron capsule that is at least twice as effective as conventional iron tablets and whose side effects are at most minimal. USAID also improves distribution of iron supplements via a community-based approach.

To reduce anemia in reproductive-aged women, USAID supports demonstration projects that improve the distribution of iron-folate tablets to pregnant and lactating women. Project activities assess the prevalence of maternal health problems and of the use of prenatal health services, examine the acceptability of iron-folate supplements to pregnant women, social marketing of these supplements, and a trial distribution of tablets through traditional birth attendants. These demonstration projects help determine strategies that can be replicated in areas where maternal and women's anemia is prevalent.

In 1990, the United States supported 65 projects in over 20 countries designed to improve maternal health and nutrition. Some of these projects developed new technologies that aid in birth, such as simple injection devices that can be used by birth attendants. Health messages about the dangers of high-risk births were distributed.

## **WOMEN'S HEALTH AND NUTRITION**

USAID has funded efforts to improve women's health after reproduction. However, for many women in developing countries, pregnancy and childbirth are the most significant health risks they face during their reproductive years. Up to 80 percent of the maternal deaths that now occur are preventable. Most of these deaths are due to five complications of pregnancy and birth: hemorrhage, infection, unsafe abortion, eclampsia, and prolonged or obstructed labor. Adequate maternal health care services must be provided, and people should be taught when to use these services.

Poor maternal nutrition and low birth-weight babies are also a problem. Infants with low birth weights, particularly girls, are likely to become poorly nourished adults. In particular, women are likely to suffer from iron-deficiency anemia. USAID strategies mentioned in an earlier section of this report may well alleviate this problem.

### **HEALTH AND NUTRITION OF WOMEN: STRATEGY FOR THE 1990s**

USAID activities aimed at improving maternal health and nutrition will continue throughout the 1990s. USAID's involvement will expand to include women's health issues generally, in addition to pregnancy and childbirth, including:

- Alerting policy makers to the role that women's health and nutrition play in family health;
- Identifying constraints to household food security, especially regarding gender discrimination;
- Identifying ways in which the nutrition of women and girls can be improved;
- Integrating nutrition services into women's health and family planning programs;
- Increasing food supplements to malnourished women;
- Providing iron supplements to female adolescents and all women of reproductive age, instead of pregnant women exclusively;
- Establishing services for prevention and treatment of reproductive tract infections; and
- Replicating successful demonstration projects for achieving universal coverage of women with prenatal care, delivery by trained attendants, and access to referral facilities for obstetric emergencies.

## **VOLUNTARY ORGANIZATION CHILD SURVIVAL SUCCESS STORIES**

### **ROTARY INTERNATIONAL:**

*USAID-assisted projects are working in several countries to extend vaccination coverage to isolated rural areas and underserved urban areas. India's slums are the primary target for Rotary International's 50,000 volunteers, who promote immunization through home visits and assist health workers during vaccination sessions. Rotary International has contributed to improvements in national vaccination coverage, especially polio-3 coverage, which has more than doubled since 1985.*

### **PROJECT HOPE:**

*In 1990, Project HOPE added vitamin A activities to previously existing child survival programs in San Marcos and Quetzaltenango, Guatemala. The Ministry staff, however, expressed concerns about offering the megadoses of vitamin A together with vaccinations during the national vaccination campaign. They thought the two should not be mixed. Finally, they agreed with Project HOPE staff to give vitamin A and child immunizations simultaneously. Because of the availability of "vitamins" at the immunization posts, more parents brought their children to be immunized, and coverage rates increased compared to past years.*

### **HELEN KELLER INTERNATIONAL:**

*Helen Keller International is promoting vitamin A in more than 14 countries through community gardens, vitamin A supplements and food fortification. In two coastal regencies of Central Java, Indonesia, Helen Keller International conducted a pilot project designed to help 150,000 children to increase knowledge and consumption of vitamin A capsules. Through radio spots and printed banners, mothers' awareness of vitamin A capsules increased 30 percent between 1988 and 1990. As the result of this and other studies, the Ministry of Health adopted a policy to eliminate xerophthalmia (night blindness) caused by vitamin A deficiency by 1993. In February of 1991, a national campaign was launched to increase maternal awareness of the benefits of vitamin A and give information about where and when to obtain vitamin A capsules for their children.*

**LA LECHE LEAGUE:**

*The La Leche League (LLL) project in Guatemala has been highly successful in meeting their objectives of forming Mother Support Groups (40 established and 25 active). LLL works in cooperation with the National Commission for the Promotion of Breastfeeding, sharing training courses, logistical and conceptual support. LLL's efforts have resulted in 69 institutions in Guatemala in the past year asking for technical assistance in the form of workshops. Because of LLL's progress, Guatemala is considered to be a country well on its way to completion of the "Ten Steps to Successful Breastfeeding" - a declaration issued jointly by UNICEF/WHO.*

**WORLD VISION RELIEF AND DEVELOPMENT:**

*The World Vision Relief and Development project in Zimbabwe, which ended this year, involved community participation from the beginning. WVRD's donation of US\$4,000 was combined with community contributions resulting in the construction of 106 Blair toilets and 5 bucket pumps—substantial results from a small expenditure of funds.*

**PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH**

*Through the HealthTech project supported by USAID, and in collaboration with Becton-Dickinson Company, a new nonreusable syringe called SoloShot<sup>SM</sup> was developed and successfully field-tested in Pakistan. This syringe is designed to prevent transmission of infection through the reuse of contaminated syringes.*

# **FAMILY PLANNING**

## **THE WORLD SUMMIT ON CHILDREN CALLED FOR:**

*Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.*

Assistance for voluntary population and family planning programs has long been a part of U.S. development assistance programs. Today, about 40 percent of total world support for family planning comes from the United States. The achievements of this program include:

- In 1990, well over 30 million couples used family planning and about a half million women were employed in family planning programs worldwide as a direct result of U.S.-sponsored programs.
- The United States provides about three-fourths of the contraceptives donated to the developing world, including more than 100 family planning delivery systems in 80 countries. Since 1968, 1.6 billion cycles of oral contraceptives, 7.9 billion condoms, and 50 million intra-uterine devices have been provided.
- Contraceptive use has dramatically increased in many parts of the world. In Colombia and Mexico over half of the population uses contraceptives, a rate that has doubled over the past 2 decades. Kenya's use of contraceptives is now 27 percent, a rate that has quadrupled since 1977.
- The world's largest survey research effort, the Demographic and Health Survey, including results from 158 surveys in 68 countries, has revolutionized our understanding of population dynamics.
- Safer and more effective oral contraceptives, barrier methods, IUDs, the lactation amenorrhea method (LAM), surgical contraception techniques, and NORPLANT have been developed with U.S. support.
- In collaboration with the entertainment industry, pop songs and videos on sexual responsibility among youth have been produced. These productions "topped the charts" in many countries.

## **FAMILY PLANNING STRATEGY FOR THE 1990s**

The United States has been working to stimulate investment from the private sector and other public institutions in family planning.

USAID's population program has as its major goal the expansion of high-quality, voluntary planning services. In the 28 countries that have received the largest amount of USAID population assistance, the average number of children per family has dropped from 6.1 in the 1960s to 4.2 today. USAID has been working with other donors to avoid wasteful duplication, and has worked to increase funding for family planning from other public and private sector sources. USAID is also currently reviewing a new strategy that would concentrate funds in countries where the agency considers the need for family planning to be greatest.

## WOMEN'S EDUCATION

### THE FOLLOWING GOAL WAS STATED IN THE WORLD SUMMIT DECLARATION AND PLAN OF ACTION:

*Universal access to primary education with special emphasis for girls and accelerated literacy programs for women.*

The United States has concentrated its efforts to improve female education in Africa, Asia and the Near East, where education of girls lags significantly behind that of boys, and where illiteracy is highest. Examples of these efforts include:

- *In Egypt*, a Basic Education Project aided girls in school in four ways: (1) construction of 1,811 primary schools in rural and under served areas, (2) instructional materials and equipment for over 15,000 primary schools, (3) technical assistance in education planning and teacher education, and (4) curriculum design. For the 9-12 year age group, locating schools within a particular community increased the percentage of girls who remain in schools by 17.5 percent. When the project began, 57 percent of all girls were in school; when the project ended, the percentage was 74 percent. A follow-on education project in Egypt will increase girls' ability to attend school by constructing an additional 1,300 schools.
- *In Bangladesh*, a female scholarship program was provided in secondary schools. The scholarships increased girls' attendance in primary and secondary schools. Scholarship recipients delayed marriage and effectively used contraceptives. By the 1988 school year, 20,085 girls had benefited from the program.
- *In Guatemala*, USAID worked with the private sector and senior policy makers on a program to help girls get to and stay in schools. A USAID-supported scholarship program for primary school girls in Guatemala has proved effective. The program began in 1987 with one village and 50 scholarship girls. By 1988, the program had expanded to 12 villages and parents of 600 girls were receiving scholarships for each daughter who attended 75 percent of the time and did not become pregnant. By 1989, over 90 percent of the scholarship girls completed the year.

Also in Guatemala is the Altiplano Higher Education Project, which provides scholarships for indigenous women to receive university level degrees and to move into leadership positions.

- *In Africa*, USAID is supporting programs to help girls get to and stay in schools in Mali, Ghana, Guinea, Botswana, Lesotho, Benin, and Namibia.
- *In Ghana*, USAID recently helped the Ministry of Education design eight programs to help girls in rural areas get to school. USAID provided textbooks and classroom materials to approximately 100 girls' schools in refugee camps in 1990.
- *In Pakistan*, in 1986 only 38 percent of girls in rural areas enrolled in school. Of that 38 percent, only one-sixth were graduated. The Primary Education

Development (PED) Program, launched in 1989, is increasing the ability of rural females to receive basic education and teacher training by increasing the number of female teachers and constructing culturally appropriate facilities.

- *In the Dominican Republic*, USAID is helping female students obtain educational loans to pursue technical careers. Women comprise 85 percent of those receiving loans through this program.

In addition to these international efforts, USAID supports programs for training in the United States. The percentage of trainees who are women has increased from 17 percent to 27 percent over the past 10 years.

### **WOMEN'S EDUCATION: GOALS FOR THE 1990s**

Two-thirds of the world's illiterate population are women. Despite the fact that school enrollment rates have risen for both sexes at all levels in the past 2 decades, a sizeable and growing gap exists between girls' and boys' enrollment in primary schools in some regions. The gap in completion rates is even more significant.

### **WOMEN'S EDUCATION: STRATEGY FOR THE 1990s**

As part of the Foreign Assistance Program, USAID will strive to increase female literacy rates and to improve girls' access to basic education. This strategy is an integral part of the USAID's efforts to improve the quality and efficiency of basic education in developing countries.

Among the projects USAID will fund are: scholarship and incentive programs; social marketing; design, implementation, and production of curricula; community participation; training programs for female teachers; research and training on gender aspects of classroom interactions and gender differentials in grading and promotion; elimination of sexual threats and harassment in schools; planning, building or special programming to reduce the distance girls have to travel to school; application of education innovations; and programs designed to improve future employment opportunities and the status of women. As part of USAID's microenterprise, credit, and agriculture projects, adult women will be aided in their efforts to achieve literacy and numeracy.

## **BASIC EDUCATION**

### **THE WORLD SUMMIT ON CHILDREN CALLED FOR:**

*Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions;*

*Universal access to basic education, and achievement of primary education by at least 80 percent of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls;*

*Reduction of the adult illiteracy rate to at least half its 1990 level, with emphasis on female literacy;*

*Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioral change.*

In the decade preceding the World Summit for Children, the United States led bilateral donors in attention to basic education, measured both by percentage of total education sector assistance and in total funding. Following the Summit, USAID funding levels for primary and secondary education more than doubled, from \$88 million in Fiscal Year 1990 to an estimated \$179 million in Fiscal Year 1991. USAID allocated an additional \$20 million in both years to support of community education and non-formal education for adolescents and adults. More than \$20 million annually is provided to assist food programs in primary schools.

Since the Summit, USAID has begun new primary education programs in Ghana, Guinea, Benin, Nicaragua, Malawi, Namibia, and the Dominican Republic and has expanded existing basic education programs in Africa (Botswana, Lesotho, Mali, South Africa, and Swaziland) and in Latin America (El Salvador, Haiti, Guatemala, Honduras, and Jamaica). The Agency has also continued primary school reform programs in Egypt, Indonesia, Pakistan, and Yemen.

In 1991, USAID helped to found the U.S. Coalition for Education for All. As part of the planning for the World Conference on Education for All in Thailand, the U.S. Coalition brings together non-government organizations, public agencies, research centers, policy groups and professional organizations with experience in basic education domestically and internationally to assist in planning worldwide U.S. basic education programs.

### **BASIC EDUCATION: GOALS FOR THE 1990s**

U.S. development assistance efforts have concentrated on improving both the efficiency and equity of education systems, especially at the primary school level. Piecemeal and partial reforms or initiatives, not fully supported by local leaders, generally are neither sustainable nor effective.

Although developing countries substantially increased enrollment in basic education between 1960 and 1980, population growth has offset much of the enrollment increases since that time. Education expenditures per student have declined in many countries. Even in the middle-and high-income countries where enrollment growth in proportion to population has held steady, serious problems have arisen with regard to learning achievement (education quality) and the efficient use of funds.

Increasing the numbers of girls in primary school and lowering female illiteracy rates is particularly important. Of the one billion illiterate adults estimated in the world today, two-thirds are women. Research findings show a strong

correlation between female literacy and increased economic productivity, extended life expectancy, lower fertility rates, and improved health. In 20 of the world's poorest countries, less than 40 percent of the 6- to 11-year-old girls are enrolled in primary schools.

## **BASIC EDUCATION: STRATEGY FOR THE 1990s**

The United States, as the first co-sponsor of the World Conference on Education for All, fully supports the basic education goals adopted at the World Summit for Children. Over the next decade, USAID intends to expand efforts to: strengthen national capacities for systematic assessment and research-based education systems management; improve primary school programs, including broader roles for communities and the private sector in meeting learning needs; and identify and adopt technologies to apply to learning, particularly radio. With basic education programs now in 20 countries, USAID expects to add two to three new countries per year, and to renew successful ongoing programs. New programs are currently under consideration for the Caribbean region, Nicaragua, Mozambique, and Uganda. The Agency has adopted new plans for U.S. education assistance in Africa, Latin America and Asia, and also plans to work more closely with other donors, private groups, and U.S. centers involved with domestic education reform.

At the Federal level, USAID and the Department of Education cooperate with multilateral organizations, including the Organization of Economic Cooperation and Development (OECD), the European Community (EC), the Organization of American States (OAS), and the United Nations Children's Fund (UNICEF).

In addition, new projects are planned in early childhood care and development, in non-formal education (linking literacy training with access to credit) and in the improvement of education quality. As part of these projects, USAID plans to help form a donor focus group that will study ways to improve learning.

## **CHILDREN IN DIFFICULT CIRCUMSTANCES**

### **THE WORLD SUMMIT ON CHILDREN CALLED ON NATIONS TO:**

*Improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.*

Programs targeted at children in difficult circumstances became part of USAID activities in 1988, when the agency began a small program of support for children orphaned by natural or man-made disasters. Currently, USAID is supporting non-governmental organizations (NGOs) in 15 countries that aid orphans, displaced children and street children, with priority given to NGOs that work toward non-institutional placement and services for orphans. Where children are already in institutions, USAID helps provide those children with the skills they need to live outside the institution. One goal of these USAID efforts is to get children off the streets and into places where they will be able to grow and become productive citizens.

Complementing USAID programs, the Department of State's Bureau of International Narcotics Matters funded two projects — one in Brazil and one in Peru — for street children. While these projects are primarily designed to prevent drug use, they also provide shelter, education services, vocational training and rehabilitation and food.

### GOALS FOR THE 1990s

Although data are limited, the numbers of displaced children, refugee children, orphans and street children are large and growing. Civil strife and war, natural and man-made disasters, drug abuse, poverty and HIV and AIDS contribute to the growing numbers of children without parents and without homes. Due to AIDS alone, WHO estimates that up to 10 million children will lose at least one parent during the 1990s. These children need to be assisted in ways that will ensure that they become productive citizens. In addition, government programs, by complementing and not replacing the work of families, should ensure that children do not leave their homes for the sad life of the streets.

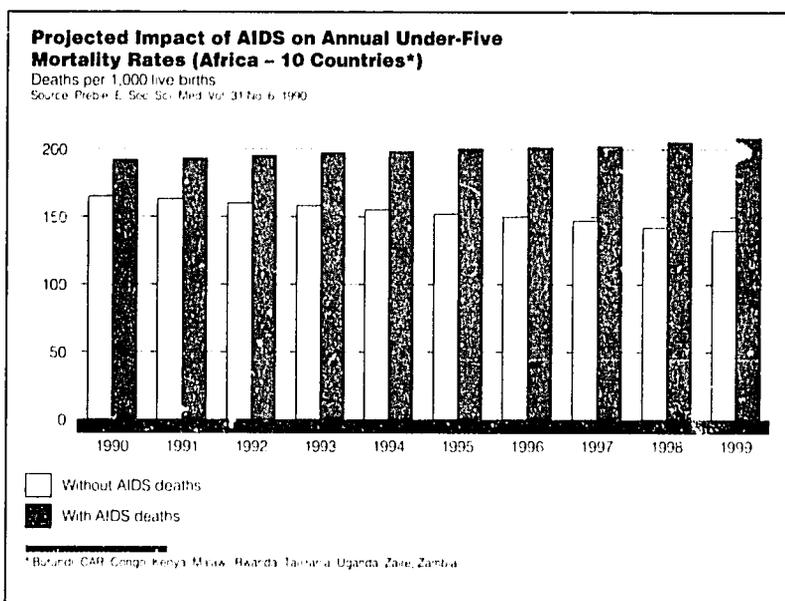
### STRATEGY FOR THE 1990s

USAID efforts to help orphans, displaced children and street children will continue, with emphasis on adapting these programs to local conditions. USAID will also continue to fund local or U.S. private voluntary organizations that provide programs for displaced children.

In the 1990s, USAID will stress a "services" approach for displaced children based on the premise that the family is the best place for children to grow and thrive. Community-based care, fostering, or adoptions for orphans or other children will only be used as a last resort when it is not an option for children to remain with their parents. When children must be placed in institutions, they will be taught the skills needed to function as adults.

### HIV AND AIDS

The death and illness resulting from HIV and AIDS are severely harming women and children in developing countries. The World Health Organization (WHO) estimates that more than 4 million women worldwide are already infected with HIV. Women who are HIV-infected may pass the virus to their babies in the womb or may



die early and leave their children as orphans. WHO estimates that up to 30 percent of infants born to infected mothers will become infected with HIV before, during or shortly after birth. By the year 2000, up to 10 million children worldwide are expected to be infected with HIV. In several cities of East and Central Africa, HIV infection will probably be the leading cause of child death by the mid-1990s.

Since 1986, when the United States established assistance programs for HIV and AIDS prevention and control, over 650 HIV and AIDS programs have been prepared and launched in 74 developing countries. In response to recent trends, USAID efforts to reduce heterosexual HIV transmission by modifying behavior have increased. These programs have shown some signs of success. Since 1987, for example, U.S. condom shipments to Africa have increased five-fold in response to increased demand.

The best way to prevent children from dying of AIDS is to ensure that their mothers do not acquire the disease. USAID programs designed to prevent heterosexual HIV transmission should therefore improve the odds that children in the developing world will not contract HIV or AIDS. USAID plans to integrate its HIV and AIDS activities with existing primary health care services, including family planning and maternal and child health. In addition, USAID supports the Women and AIDS Research Program, which identifies and tests HIV and AIDS prevention strategies for women in 13 countries.

Reduction in the prevalence of other sexually transmitted diseases (STDs) will reduce the rate of HIV transmission. The diagnosis and treatment of reproductive tract infections (RTIs) has further benefits for the health of women and children. Without treatment, RTIs often lead to serious health complications in women, including ectopic pregnancy and cervical neoplasia, and may result in fetal wastage, low birth weight, and congenital infections in newborns. The prevention, diagnosis and treatment of STDs is therefore becoming an increasingly important component of U.S. and other HIV and AIDS programs in developing countries.

## **CURRENT CHALLENGES**

Education about HIV and AIDS and provision of skills necessary to prevent infection are critical to effecting the behavior changes necessary to the long-term control of the disease. "Safer sex" programs, including abstinence before marriage and condom use, are the best way to ensure that HIV and AIDS are not spread. In addition, children orphaned by HIV and AIDS need to be protected and cared for. Efforts must also be directed toward the analysis of the impact of HIV and AIDS on countries, particularly in their management of health care systems.

## **HIV AND AIDS STRATEGY FOR THE 1990s**

In the 1990s, USAID will mount intensive, large-scale program efforts to prevent and control AIDS in selected countries in the hope of finding solutions that can be adopted elsewhere. USAID intends to:

- Concentrate its HIV and AIDS activities in 10 to 15 priority countries worldwide so that its programs there will be large enough to slow the spread of the epidemic;
- Provide more assistance to community-based programs for HIV and AIDS activities;
- Include diagnosis and treatment of other sexually transmitted diseases that facilitate the transmission of HIV and AIDS and may cause severe health complications in women and children;
- Undertake a major effort in behavioral research that will result in media which will change behavior; and
- Make discussions about HIV and AIDS-related policies a routine part of dialogue at the local, national, and international level.

# U.S. DOMESTIC RESOURCES FOR INTERNATIONAL COOPERATION



The United States has the resources in many areas which can be shared with other countries  
around the world. Similarly, we can learn from many other  
countries in these areas through cooperative efforts. Many of the bilateral or country-to-  
country relationships that have been in operation have a relationship to goals and objectives  
of the World Summit on Children.

The following sections of this report highlight some of the international cooperative activities of  
U.S. domestic agencies.

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## **CHILD HEALTH AND DEVELOPMENT**

Diseases that harm children are not limited by international boundaries. Health problems that face children wherever they may be include communicable and parasitic diseases, respiratory disease and disorders, genetic and metabolic diseases, cancer, nutritional problems, and many disabilities, including vision, hearing, speech and other problems. The United States, through its substantial technological capabilities, is contributing to the eradication of these problems throughout the world.

An area of substantial U.S. strength has been in technological advances in the health sciences. Advances made in the United States for the benefit of children in this country can benefit children elsewhere. Many of these advances are highlighted in the domestic section of this report. Often, U.S. research efforts are strengthened substantially by joining with researchers in other countries in collaborative research ventures.

The health agencies of the Department of Health and Human Services—Public Health Service, including the National Institutes of Health, Food and Drug Administration, Centers for Disease Control, Health Resources and Services Administration, Alcohol Drug Abuse and Mental Health Administration, and Indian Health Services are all actively engaged in cooperating in the international area.

These international activities, which include studies directed toward the needs of children and women, among others, encompass such health issues as: arthritis; cancer; cardiovascular disease; child health and development; dental health; disease prevention and control; emergency medical services; environmental health; food and drug consumer protection; immunology, including vaccine research and development; medical ethics; metabolic disorders; nutrition; pulmonary disorders, including asthma; allergic disease; reproductive physiology; substance additions; and vision research.

### **ASTHMA**

Asthma is a major problem for children throughout the world. The National Institutes of Health has assisted in producing a report entitled "An International Consensus on the Diagnosis and Management of Asthma." This report, a collaborative effort of physicians and scientists in 13 countries, was submitted to the World Health Organization in January 1992, and it will be made available to other countries.

U.S. and foreign scientists are collaborating on research to improve the management of childhood asthma. In some countries, up to 10 percent of the children have asthma, and in many nations the morbidity and mortality from asthma has been increasing since the late 1970s. Government scientists are working on methods of improving the ways children and families, particularly minority



**CEDEN  
Family Resource  
Center for  
Development,  
Education and  
Nutrition**

*The first CEDEN program (Center for the Development of Non-Formal Education) was established in Colombia in 1972 to promote early childhood development, parent education and the nurturing of strong families. In 1979, an American branch of this program, which unites infant stimulation, health services, nutritional supplementation and education, was founded in Austin, Texas. CEDEN, a private, non-profit research and*

*development center, has provided comprehensive educational and social services to Austin children and parents of all ethnic backgrounds.*

*The core of the CEDEN Family Resource Center in Austin is the Parent-Child Program. This program, which has been successfully replicated in three sites in Texas, works with teen parents and families with young children to improve infant and child development and parenting skills.*

*CEDEN is an excellent example of the way in which experiences of the developing world can be successfully transferred to the United States.*

populations, manage the treatment of asthma. In one country, a large collaborative clinical study will evaluate a management program that combines medical therapy with patient and family education.

## **CARDIOVASCULAR RISK FACTORS IN CHILDREN**

Patterns of cardiovascular disease vary greatly in the United States and many other countries, particularly with regard to stroke and coronary heart disease, thus providing opportunities for comparative studies into the causes of the disease. Several Government-supported studies have findings that can help children around the world, particularly on the ways that hypertension in children can predict adult high blood pressure. Children are being studied to find ways to prevent the development of cardiovascular disease both by early treatment and by finding factors in children and their families that may increase the risk of cardiovascular disease.

## **CANCER**

Childhood cancer death rates in the United States have fallen by 36 percent between 1973 and 1987. Almost two-thirds of children with cancer in the United States now survive for at least 5 years. Research advances in the United States are shared with other countries.

Collaborative efforts between the United States and other countries advance knowledge about cancer. As an example, the National Cancer Institute is working with two institutions in India on treatment of lymphoblastic leukemia in children. Also in India, a project has been ongoing for over 20 years that has clearly demonstrated the relationship between chewing of tobacco and tobacco-like products and oral cancer. As part of this project, movies using folk imagery and graphic shots of victims of advanced oral cancer were produced. These films are shown in villages to help prevent and/or stop use of tobacco products.

Allogeneic (from another person who is not an identical twin) bone marrow transplantation is an alternative treatment for about 40 malignant and nonmalignant disorders of blood cells, including childhood leukemia, aplastic anemia, thalassemia, and sickle cell disease. To be successful, bone marrow transplantation requires a very close match between donor and recipient. Government scientists are collaborating with scientists internationally in basic research related to bone marrow transplantation.

## **SENSORY AND COMMUNICATIVE DISORDERS**

The Federal Government's programs in sensory disorders include biomedical research, rehabilitation and education. Deafness and hearing disorders affect as many as 28 million people in the United States alone, and tens of millions of others worldwide. The most common cause of hearing loss is otitis media, primarily a disease of infants and young children.

Major advances have been made in non-invasive diagnostic procedures to detect disorders of the ear. In the area of basic studies, much has been learned about

the function of the cochlea. In the area of clinical studies, efforts are under way to identify predictive risk of otitis media. Important work is being carried out both domestically and internationally. India and Yugoslavia have, for example, been important partners for collaborative research on both hearing disorders and speech impairment.

Prevention of blindness is of importance to all countries, but particularly for children in developing countries. In recognition of this problem, the National Eye Institute has initiated international projects that are directed toward:

- Evaluating available eye health technologies, promoting the most cost-effective strategies and prevention programs, and encouraging their availability to affected populations;
- Conducting collaborative applied research aimed at developing preventive methods for dealing with specific eye diseases;
- Conducting clinical evaluations of promising research findings.

The Institute's work affecting children has focused on vitamin A deficiency, including a study in India to evaluate the effectiveness of frequent low-dose supplements of vitamin A on the incidence and severity of diarrhea, respiratory problems and other morbidities, and on mortality; a study in Nepal, in cooperation with USAID, on ways to provide affordable prevention programs; and a study in Brazil to help Brazilian scientists assess the vitamin A levels of children and to evaluate programs that combat vitamin A deficiency.

Other international efforts are directed toward prevention of blindness in adults caused by such problems as glaucoma and cataracts. Blind parents, particularly in developing countries, are often unable to earn a living and be a good parent.

## **HEALTH COMMUNICATIONS**

The Public Health Service has joined with the Voice of America to develop a program of weekly messages on health promotion and disease prevention that reach an estimated worldwide audience of 124 million. The messages are developed by staff members at the Alcohol, Drug Abuse, and Mental Health Association and the National Institutes of Health. Many of the programs concern the health of children and mothers. The taped interviews stress self-help; subjects include smoking, cancer, infant care, prevention of alcohol abuse, diarrhea, teenage sex, diabetes, addicted mothers and their children, cholera, the prevention of blindness, the link between teenage smoking and drug use, child survival in the 1990s, maternal mortality, exercise, the risks of children getting heart disease and childhood depression.

## **NUTRITION**

Through a wide range of public and private programs, the United States is contributing to improved nutrition in the developing world. From basic research to

feeding programs, from nutrition education to growth monitoring, from macronutrient and micronutrient deficiencies, diverse activities and policies act directly and indirectly to reduce malnutrition.

U.S. efforts to improve nutrition globally are carried out by both public and private institutions. Public institutions that improve nutrition include the Agency for International Development and domestic Federal agencies, such as the U.S. Department of Agriculture (USDA) and the U.S. Public Health Service. The American private sector, including private voluntary organizations, universities, foundations and businesses, also provides substantial contributions.

USDA funds hundreds of agricultural research projects that are either conducted overseas or involve collaboration between U.S. and foreign scientists. From 1958 through 1991, 2,187 projects were paid for with foreign currencies generated through food sales in local currencies and by Public Law 83-480, the Food for Peace Program. Nutritional research in India, for example, is studying the relationship between diet and trace element status. A major project to improve crop yields from dry-land farming was initiated in 1991. In Poland, scientists are investigating the relationship between calcium requirements and vitamin B-6 status. In addition, USDA, in cooperation with USAID, is providing technical assistance to a number of countries in an effort to increase food production. USDA also manages academic and short-term training programs for foreign agricultural experts.

The Food and Drug Administration (FDA) assures the safety of foods in the United States. The FDA acts to ensure that products offered for export to the United States are safe as well. These efforts benefit other countries by improving standards there as well.

The National Institutes of Health (NIH) is involved with a large number of nutrition-related studies internationally. These include studies of the relationship of nutrients, nutrition and cancer rates as well as the relationship between nutrients and cardiovascular disease and the correlation between nutrition and vision loss.

The Centers for Disease Control works with numerous countries on nutrition status monitoring and assessment, epidemiology, crisis management and program development and evaluation. Examples include workshops on nutrition surveillance and epidemiology held with several countries; planning and management of national nutrition surveys; rapid assessments of health and nutritional status during refugee crises, droughts and famines; and technical support for international programs related to growth monitoring (UNICEF), iodine deficiency (International Council for Control of Iodine Deficiency Disorders), iron deficiency and anemia, vitamin A deficiency, disaster management, and nutrition issues related to chronic disease.

The Peace Corps sends nearly 7,000 volunteers to work in 70 countries. Over 1,000 volunteers are involved in agricultural development, with efforts emphasizing food security and small farm viability. Also, almost 1,000 volunteers are working on maternal and child health, nutrition, and community health education.

U.S. private voluntary organizations make a substantial contribution to reducing malnutrition in developing countries. Their programs, many of which are

supported with U.S. Government funding, include those in credit and entrepreneurial advisory services, health services, appropriate technology, forestry and agricultural development. These organizations excel in providing cost effective programs that improve nutrition at the local level. For example, private organizations have designed programs combining credit for entrepreneurial activities with non-formal education about nutrition and consumption directed to women.

## **THE ROLE AND WELL BEING OF WOMEN**

Efforts by the United States and non-governmental organizations continue to try to improve women's lives.

### *Women's Health and Nutrition*

Government-sponsored collaborative programs with such countries as China, Russia, Poland, Japan, and Egypt focus on diseases causing premature death and disability in women, as well as promoting health by monitoring such risk factors as smoking, poor nutrition, and hypertension.

Cardiopulmonary programs are being conducted with China, Russia, Poland and Japan. In addition, the National Hypertension Project in Egypt is being conducted in cooperation with the U.S. National Heart, Lung and Blood Institute with financial support from USAID and the Ministry of Health of Egypt. This project involves women and men in seven rural and urban communities throughout Egypt. In related research, studies have been carried out internationally to identify nutritional factors associated with the development of cardiovascular disease.

### *Women in the Workforce*

The Department of Labor, with the support of USAID, conducts a variety of labor study programs for foreign visitors. In 1991, women and men representing labor, management and government from 14 countries in Africa, Eastern Europe, Latin America and the Caribbean participated in two programs entitled "Women's Issues in the Workplace." The programs showed how a variety of organizations and institutions in labor, management and government can address problems faced by working women in the United States and developing countries, including preparation for and entry into the workplace, employment creation, unemployment, entrepreneurship, pay equity, balancing work and family, pensions, social security, health, and safety. Participants received information which they planned to use in their own countries to improve employment, productivity and income. This program will be repeated in 1992.

## **EDUCATION AND CHILD DEVELOPMENT**

The United States cooperates internationally in programs designed to improve education, particularly basic education and literacy. At the Federal level, USAID and the Department of Education cooperate with multilateral organizations,

including the Organization for Economic Cooperation and Development (OECD), the European Community (EC), the Organization of American States (OAS), and the United Nations Children's Fund (UNICEF).

The Department of Education has cooperated with the Education Committee and Center for Educational Research and Innovation in OECD and its 24 member countries in the following activities:

- ***Educational Reform.*** In 1984, the U.S. and OECD jointly sponsored a meeting focussing on ways to improve the quality of education. Following this meeting, international cooperation in the study and practice of education reform was begun, including curriculum reform, conditions of teaching and teacher education, school leadership and effectiveness, and educational evaluation and assessment. Findings from these meetings are disseminated to policy makers in many countries.
- ***Curriculum Reform.*** These efforts examine trends in curriculum reform that OECD member countries are implementing in major areas. Studies are being conducted on the core curriculum, science and mathematics education, humanities, development of thinking skills and assessment of curricula.
- ***Teacher Quality.*** The ways in which teachers are being affected by education reform are being explored. Attempts are being made to determine conditions under which reforms succeed.
- ***Effectiveness of Schooling and of Resource Management.*** Policies which school systems use to improve education while maintaining or reducing resources are being examined, including organization changes designed to devolve power, such as decentralization and school-based management, and personnel policies, such as in-service training and staff appraisal.
- ***Education Evaluation and Assessment.*** The role and methods of evaluation and assessment in the improvement of education at the national and local levels are being studied.

Another area of substantial interest is comparability of international education indicators. In cooperation with OECD member countries, Department of Education experts are formulating a set of indicators by establishing common criteria, standard definitions, and comparable methods of data collection. Networks have been formed to develop internationally comparable education indicators in six areas concerned with improving and measuring the process and results of education at both the national and local levels. This data will be used by decision-makers in participating countries in educational assessment and planning and will provide cross-national comparisons in pupil achievement, teacher performance, school effectiveness and attitudes, schooling and preparation for attaining employment, school enrollments and the proper use of educational resources.

The Government also participates in international efforts in reforming vocational education. The changing needs in vocational education necessitated by the rapid changes in the work place and the requirements for higher skill levels are being examined. The study of vocational-technical education includes its relation-

ship to academic and general education, how academic schooling can be applied to the job, partnerships between businesses and schools, and motivation to continue one's education. Cooperation related to vocational education is being pursued by the Department of Education with the OECD and the EC.

The Department of Education is working with the Secretariat of Public Health Education in Mexico to improve education in both countries in such areas as early childhood education, science and mathematics education, of migrant children, the teaching of Spanish and English, teacher education and exchange, technical education, dropout prevention and environmental education. In October 1991, a conference, held both in Ciudad Juarez, Mexico and in El Paso, Texas, inaugurated this cooperative endeavor.

Currently, 2,264 *Peace Corps* volunteers work on education projects. More than 1,000 of these volunteers teach children in pre-primary, primary and secondary school programs. Peace Corps education projects also develop and strengthen expertise within host countries. In schools, universities and resource centers, Peace Corps volunteers are assigned to work with counterparts to help meet host country needs. Additionally, special education volunteers work with blind, deaf, mentally retarded, learning disabled and emotionally disturbed children in 13 countries.

## **DISABLED CHILDREN**

In addition to biomedical research efforts, important work is ongoing with bilateral partners in the field of rehabilitation and the developmentally disabled. The National Institute on Disability and Rehabilitation Research in the Department of Education supports rehabilitation technology research and demonstration activities to benefit citizens of all ages. Additionally, the Administration on Children and Families (ACF) in Health and Human Services (HHS), is cooperating with other countries in the preparation of model services programs for pre-school handicapped children and other early intervention studies.

HHS has launched new voluntary partnerships between Federal agencies and private sector organizations in the Commonwealth of Independent States in order to empower children with disabilities and families in need. The Administration on Developmental Disabilities (ADD), part of ACF, will serve as the lead agency to guide the new partners as they aid disabled children in Russia and other republics.

These international efforts have included exchange of experts and information as well as cooperative projects with institutions in India and Yugoslavia. Additionally, the Department of Education provided a grant, in 1990, to OECD to conduct a study of schools that serve the educational needs of handicapped students in OECD-member countries.

## **CHILDREN AND THE ENVIRONMENT**

Like other nations, the United States is increasing its efforts to identify diseases that may be linked to the environment. For example, the Centers for Disease Control is involved in studies focused on the U.S.-Mexico border, where



## THE PEACE CORPS

*The Peace Corps was founded in 1961 as part of President John F. Kennedy's efforts to expand U.S. assistance to developing countries. Since its creation, the Peace Corps has sent nearly 140,000 people into more than 100 countries. Today, the Corps has 6,000 volunteers currently working in nearly 90 nations.*

*Today Peace Corps Volunteers teach Third World villagers in remote corners of the world how to build efficient water and septic systems, how to grow their crops more efficiently, how to eat better and how to best use their minds and talents. Over the years, Peace Corps workers have taught English to 5 million people, launched water and sanitation projects that have benefitted 5 million people and have been actively involved in environmental projects. The average age of a volunteer is 31, compared with 22 in 1961; one out of eight is over age 55. Many volunteers now have highly specialized skills as doctors, engineers, horticulturists, or other technical professions.*

*The Peace Corps in recent years has also become a major player, along with the Centers for Disease Control, the U.S. Agency for International Development and other U.S. and international agencies, in the battle*

*against childhood death and illness. In the last decade, the agency has launched child-and maternal-health initiatives throughout the world and currently recruits and places health volunteers in more than 60 nations. The involvement by the Peace Corps in AIDS programs has increased substantially since December 1985, when the agency entered an agreement with the government of the Central African Republic to place volunteers in early AIDS program.*

*The Peace Corps has increased its child-health initiatives since the conclusion of the World Summit for Children in September 1990. Nine years ago, the Peace Corps, in association with the U.S. Agency for International Development (USAID), launched a program aimed at reducing levels of infant mortality and morbidity, specifically in sub-Saharan Africa. This effort was developed as part of a larger program called Combatting Childhood Communicable Diseases (CCCD) initiated by the World Health Organization and the Centers for Disease Control. Now an integral part of the CCCD program, the Peace Corps since 1983 has received about \$900,000 from USAID to fund its health programs. The Peace Corps will not only increase its involvement in worldwide child-health initiatives, but also to the nutrition, education, family planning and maternal-health goals set down at the World Summit.*

the number of children born with the fatal malformation anencephaly has increased dramatically. This affliction leaves infants with an open skull and virtually no brain. Whether the growing incidence of anencephaly can be traced to pollution in the border area is a part of the investigation.

The U.S. Environmental Protection Agency (EPA), in concert with its Mexican counterpart, SEDUE, has prepared a plan aimed at improving environmental conditions on the U.S.-Mexico border. This plan was announced by President Bush on February 26, 1992.

Other U.S. agencies work with their foreign counterparts in other countries to identify environmental health problems. At a November 1991 meeting of the Health, Medical and Life Sciences Working Group of the Indo-U.S. Science and Technology Subcommittee, India and the United States developed an agenda related to environmental health concerns with a special emphasis on risk assessment and standards development.

EPA is investigating the indoor and outdoor air pollution effects of coal combustion in China, including the study of children's lung function in various sites. EPA and an institution in India are developing epidemiological projects that address environmental and child health issues.

Under the U.S. EPA-Czechoslovakia Northern Bohemia Regional Project, two epidemiological studies are being conducted in collaboration with scientists at the Institute of Experimental Medicine and the Czech-Slovak Academy of Sciences. The studies are part of a larger effort to examine the effects of air pollution on health in the population of Teplice and Prachatice, Czechoslovakia, two cities with varying types of air quality. The studies will look at the possible association of pollutant exposure and alterations in pregnancy results and semen quality.

EPA has organized and participated in workshops and conferences held in India, Thailand, China, Egypt, and Europe on the developmental and reproductive consequences of exposure to environmental chemicals. EPA is also involved in international harmonization of developmental and reproductive toxicity testing protocols as well as risk assessment approaches and guidelines. EPA works with the International Program on Chemical Safety of the World Health Organization in developing and reviewing environmental health criteria documents for risk assessments, including pregnancy, reproductive, and developmental effects.

Staff members of the Centers for Disease Control and Peace Corps volunteers, working with Global 2000 (a private non-profit organization), UNICEF, WHO and USAID are making progress in breaking the transmission chain for guinea worm disease. Guinea worm disease, which is spread through water, is a problem in much of Africa and some parts of Asia.

## **CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES**

The phrase "children in especially difficult circumstances" is used to describe children in a range of distressing situations, including children who are caught up in areas of armed conflict, are victims of disasters, live on the streets, are refugees, are

abused, work at an early age, and suffer from other problems.

The United States, in concert with worldwide agencies, has begun new programs that aid children thrust into especially difficult circumstances — those in refugee camps; orphans; the victims of war and man-made disasters such as chemical catastrophes; and those who are working in dangerous jobs; as well as the tens of thousands of street children. Much of the funding for these programs comes from the Office of U.S. Foreign Disaster Assistance of the Agency for International Development. This Agency has provided support to aid in disaster relief in virtually every developing nation of the world, including countries that have traditionally shunned U.S. help. In two of the most recent devastating disasters, an earthquake and volcanic eruption in the Philippines, several U.S. agencies provided assistance. The United States also assisted the victims of the 1991 cyclone in Bangladesh, the drought in Southern Africa, and the flooding in South America. In 1991 alone, the United States helped 60 nations cope with 65 natural disasters, including civil strife situations. The Center for Disease Control has also played a prominent role in many of the humanitarian assistance efforts.

## **INTERNATIONAL CONFLICT/REFUGEE SITUATIONS**

The world continues to experience far too many emergency situations that are caused by man. Regional conflicts all too often result in the displacement of families, with children often suffering the most. The agencies of the U.S. Public Health Service have significant technical capability to assist in emergency situations. This includes medical personnel, public health advisors, medical epidemiologists, nutritionists, pharmacists, and sanitarians. Assistance may be provided by the PHS, either through the Office of Foreign Disaster Assistance of the Agency for International Development (USAID); the World Health Organization (WHO) or its office for the Americas, the Pan American Health Organization (PAHO); the United Nations High Commission on Refugees (UNHCR); the United Nations Children's Fund (UNICEF); or through appropriate private and voluntary organizations.

The following are examples of PHS assistance provided during the past 24 months:

- A Centers for Disease Control team, in cooperation with USAID and UNHCR, provided technical assistance on the development and maintenance of public health programs for Kurdish refugees at the Turkey-Iraq frontier. As a result of this consultation, programs for oral rehydration therapy, measles immunization and nutrition supplementation were initiated. The CDC team also assisted allied forces in reestablishing community health care systems to aid in the return of Kurdish refugees to Iraq.
- Two sanitarians with the Indian Health Service, both of whom had extensive experience in development of water and sanitation systems under adverse conditions, worked for several months in northern Iraq with the International Rescue Committee to establish water and sanitation systems for Kurdish camps and towns



## **PEARL S. BUCK FOUNDATION:**

### *Child and School Sponsorship*

*The Pearl S. Buck Foundation sponsors about 6,000 Amerasian children. The Foundation has 15 offices in five countries - Japan, Korea, Philippines, Taiwan, and Thailand — staffed by 170 people. Since 1989, the Foundation has been assisting Vietnamese children in shelters and orphanages. A sponsor's monthly contribution of \$24 provides food, medical attention and an education while Foundation staff*

*work to move the child into a family environment in a Vietnamese foster home. A child is eligible for sponsorship until high school graduation or age 18.*

*In addition, the Foundation supports an "Adopt-a-School Program" whereby an American school or class will be a group sponsor of a Vietnamese counterpart. A commitment of at least \$300 provides books, teaching aids, support for language or drama clubs, field trips, and meals. Students are encouraged to exchange information including maps, music, video-tapes, drawings, and letters.*

where systems either did not exist or had been destroyed by Iraqi troops.

- On behalf of UNICEF, a Centers for Disease Control medical epidemiologist helped design a national nutrition survey for non-institutionalized Romanian children under age 5. The survey was designed to determine nutritional problems, including iron and iodine deficiencies. Also in Romania, but through WHO, a CDC medical officer helped determine the number of infants who had become infected with the HIV virus through improper medical practices in Romanian orphanages. This helped in the establishment of improved practices to prevent the spread of HIV among Romanian children.
- In April and May 1991, the Public Health Service provided 22 nurses of the PHS Commissioned Corps, through the American Red Cross, to assist with clinical services for children at the Institute for the Handicapped in Kuwait City, Kuwait. These nurse officers served as two teams with 3-month assignments each.
- PHS provided experts in toxicology, occupational health, and epidemiology to determine the effects of the oil well fires in Kuwait on health, including technical assistance in studies that will assess how these fires affect the health of Kuwaiti citizens over the long term.
- CDC provided medical epidemiologists and laboratory personnel to assist with cholera outbreaks in Bolivia, El Salvador, and Honduras; meningitis in Tanzania; shigella-like bloody diarrhea in Zambia; botulism in Egypt; and hepatitis in Somalian refugees in Kenya.
- The Maternal and Child Health program of the Health, Resources and Services Administration (HRSA) sent a commissioned officer for 6 months to Romania to assist the U.S. Embassy's efforts to help private relief efforts in that nation. HRSA also provided a maternal and child health nurse to work with the Ministry of Health in Romania in the planning and design of programs to meet health needs of mothers and children. This resulted in the funding of two programs, one by the World Bank and one by UNICEF.

## **REFUGEE CHILDREN**

U.S. support to aid refugee children is provided largely on a multilateral basis by the Department of State through the agencies mandated directly or indirectly to provide assistance. These agencies include the U.N. High Commissioner for Refugees and the U.N. Relief and Works Agency for the Palestinians as well as the World Food Program and UNICEF.

In addition to its multilateral support to international organizations, the United States also supports, on a bilateral basis, a number of activities geared especially to the needs of children, including:

- Counseling and other assistance for the victims of violence in Southeast Asia.
- English language and cultural orientation for Southeast Asian refugee children who will resettle in the United States.

- Undergraduate scholarship assistance for South African refugees.
- Counseling and social services for Mozambican child victims of war who are refugees in Malawi and Zimbabwe.
- Education for Liberian refugees in Guinea.

The Department of State and USAID provide financial support to the International Committee for the Red Cross (ICRC) to assist victims of conflict, including children. Operating on the basis of its mandate to monitor compliance with the Geneva Conventions, ICRC provides assistance and protection wherever conflict displaces civilians, largely women and children.

## DRUG ABUSE AND SMOKING

Several agencies of the U.S. Government, including the Department of Health and Human Services, the Justice Department, the Department of State, and the Agency for International Development, are directing efforts toward checking abuse of alcohol, tobacco and illicit drugs.

The National Drug Control Strategy involves international efforts to attack both the supply and demand aspects of the drug problem. International drug control efforts include:

- ***International Fugitive Apprehension.*** U.S. data bases and communications systems enable rapid sharing of information with enforcement agencies around the world. The United States cooperates with law enforcement agencies in other countries to apprehend fugitives, and hopes that other countries will adopt the United Nations Drug Convention, ratified by the U.S. Senate in November 1989 to facilitate extradition of international drug dealers.
- ***Reduction of drug production and distribution at the source.*** The United States is supporting the principal cocaine source countries — Colombia, Peru and Bolivia — in their efforts to control and defeat the drug trade. Similarly, a U.S. goal is to strengthen the efforts of heroin and marijuana producing countries to curtail production and distribution.
- ***Drug Treatment and Demand Reduction.*** The United States has developed a number of models for drug treatment and rehabilitation, both through governmental and through private sector efforts. This experience is shared with other countries. The U.S. Information Agency has, for example, supported study tours by many policy and program officials from other countries to enable them to learn from our experience and to adapt this experience to their countries.

Research into the causes, consequences, prevention, and treatment of drug abuse is funded by the National Institute on Drug Abuse (NIDA), part of the Department of Health and Human Services. NIDA's International Visitors and Technical Exchange Program (INVEST) provides training opportunities for non-U.S. researchers. INVEST programs include collaboration in international studies, technical

consultation with ministries of health and international organizations, and distribution of research findings to scientists and public health institutions worldwide.

The United States works with other countries to develop research approaches to reduce the demand for illicit drugs. The International Symposium on Prevention Research, designed to establish an international network of drug abuse researchers, was held in 1991 at NIDA's Prevention Research Center in Lexington, Kentucky. Under the auspices of the Department of State and the Department of Health and Human Services, U.S. and foreign scientists met in Georgia to develop new biomedical approaches to demand reduction. Potential directions that may be pursued include the development of novel peptides as anti-drug abuse treatments.

In collaboration with the U.S. Information Agency, NIDA supports fellows under the Hubert H. Humphrey North South Fellowship Program who develop research skills in drug abuse studies, epidemiology, prevention, and treatment.

The Department of Education is cooperating with the Organization of American States (OAS), which supports the Inter-American Program on Integral Preventive Education Against Drug Abuse. The Department is working closely with the OAS Inter-America Drug Abuse Commission (CIDAD) in the training of national teams from Latin American and Caribbean countries in the community-school team approach to drug abuse prevention and with the Inter-American Council for Education, Science and Culture (CIECC) on drug abuse prevention curricula and materials.

The Department of State, through its International Narcotics Matters (INM) section, funds projects in Brazil and Peru to provide drug rehabilitation services to street children in combination with education and vocational training, medical services, and a protected environment. Funding provided to Daytop Village Foundation, one of the oldest drug treatment programs in the United States, provides extensive training in drug treatment, secondary prevention, and community organization to mental health, social welfare, drug and alcohol treatment, health care, corrections, and education workers in over 50 countries. Daytop is also developing outreach centers for at-risk youths in Belize and Thailand.

Drug awareness - USIA is conducting drug workshops for senior writers, editors and on-air talent to assist the media in their coverage of the worldwide drug problem and to recognize the importance of international cooperation to combat it. This effort involves the Voice of America's international media training center and utilizes leading drug officials and experts.

INM, in cooperation with the World Federation of Therapeutic Communities, will conduct a training institute for workers who deal with street children. This institute will be held in 1993 in Brazil and will include representatives and trainers from other countries in Latin America.

The Surgeon General of the U.S. Public Health Service and the Office of Smoking and Health of Health and Human Services are working to reduce smoking overseas at the invitation of other governments. *Smoking and Health in the Americas*, a report predicting an epidemic of smoking-related disease and death in many countries of the Western Hemisphere in the absence of concerted anti-tobacco

efforts, was released on March 12, 1992. This report, the first to cover all countries of the Americas, was prepared by HHS in collaboration with the Pan American Health Organization, which will soon issue a country-by-country report on the findings. In the past, smoking-related deaths and cigarette use in Latin America and the Caribbean have been far below those in North America. The new report advises that smoking prevalence has risen to 50 percent or more among young people in some urban areas of Latin American and the Caribbean — and is increasing among women.

## **HIV AND AIDS**

Agencies such as the Agency for International Development and the Department of Health and Human Services, particularly its National Institutes of Health and Centers for Disease Control, are working to confront the problems posed by HIV and AIDS.

A broad range of research is being carried out between U.S. Government-supported scientists and scientists in other countries. For instance, the pulmonary aspects of AIDS are being studied in sites in Germany. The lung has been the organ of the body most affected by the profound drop of cell-mediated immunity brought about by HIV infection — a finding particularly true in the industrialized world.

Efforts by HHS to cooperate with other countries in HIV and AIDS activities include:

- The NIH Fogarty International Center International Program for Training in Epidemiology for AIDS has trained over 400 African health professionals in the United States and 4,500 in their own countries.
- The International Collaboration for AIDS Research Program is studying possible HIV vaccine trial sites Africa.
- Efforts are under way with several African and Asian countries to assist in developing a strong core of researchers who will engage in future collaborative efforts.
- The Food and Drug Administration has taken steps to accelerate the process for sending HIV and AIDS testing materials to approved countries.
- The Centers for Disease Control is continuing work with several countries to strengthen their laboratories and other epidemiological tools used to study AIDS.

## **CHILDREN WHO WORK**

The Department of Labor is involved in a number of joint activities with Mexico on the issue of child labor, pursuant to a Memorandum of Understanding on labor matters signed by the Labor Secretaries of both countries. In May 1991, child law enforcement officials of both nations met to exchange information on enforcement programs and techniques. In addition, the U.S. and Mexican Labor

Ministries are conducting a joint study on child labor in both countries that will look at many issues, including incentives and disincentives to child labor and how socioeconomic status affects children's labor force participation. The study results will be presented at a conference scheduled for 1992. In a related activity, U.S. Labor and Education Department representatives will collaborate with their Mexican counterparts to assess stay-in-school policies and programs and how they affect child labor.

### ***Other Children at Risk***

The Department of Education is cooperating with the OECD to determine what adaptations schools and social service agencies can make to help pupils who find it hard to meet normal educational requirements. The project is identifying programs that assist students in various countries in overcoming their difficulties and staying in school. Lessons learned overseas also have applicability in the United States. U.S. Government agencies are also cooperating with the OECD on approaches to better integration of social and education services, especially for disadvantaged children. Similarly, the United States is working with the Organization of American States on children at risk, with particular attention to the problem of school dropouts and out-of-school children.

The Peace Corps, in addition to other education projects, will continue to address the needs of youth at risk. The Department of Education works with its counterparts on educational reform and on developing new educational efforts, particularly in mathematics and science education. The Peace Corps provides teachers and helps strengthen the educational institutions of countries that request Peace Corps cooperation.

## **ECONOMIC DEVELOPMENT**

The United States has encouraged poor nations to begin programs of economic reforms that will increase economic growth and has pledged support for this process. To assist developing nations in increasing economic growth, the United States remains committed to a regime of liberalized trade, with the goal of reducing tariff barriers as much as possible. The GSP program offers duty-free entry to the U.S. market for many developing country products, and the volume of trade with these countries continues to grow each year. The United States strongly supports efforts to liberalize further global trade as part of the General Agreement on Tariffs and Trade (GATT), with particular attention to the needs of developing countries to reap full benefits of global trade.

The United States subsidizes private investment in developing countries through the Overseas Private Investment Corporation guarantee program and through our initiation of bilateral investment treaties. The United States has also undertaken debt relief measures for developing countries that pursue sound economic reforms. In the Paris Club, the United States and other creditor nations have provided debt rescheduling terms. In Fiscal Year 1991, the U.S. Government

provided \$2.6 billion in debt reduction for developing countries undertaking economic reforms in collaboration with the International Monetary Fund or the World Bank.

The United States believes strongly that countries must pursue sound market-driven domestic economic policies. While recognizing that countries themselves must bear the primary responsibility for their own development, the United States will continue to emphasize its belief that entrepreneurial talent is the key to ensuring economic growth, and will continue to encourage other nations to remove the regulatory barriers that discourage entrepreneurs from creating new enterprises. Meanwhile, U.S. assistance to developing countries has been substantial over the last several years, including some \$2.3 billion annually targeted specifically for countries designated as least developed economically in the context of free enterprise systems.

U.S. agencies provide assistance in a variety of ways. For instance, the Department of Labor, through its International Labor Statistics Program Center, annually conducts labor statistics seminars in subjects that have a direct effect on the welfare of families, for officials in government, labor, business and academia from around the world. These seminars are designed to strengthen participants' capabilities to produce and analyze economic, labor and social statistics and to show how such data may be used to formulate policies and development programs, especially for human resources development. These programs provide tools that can improve development programs through courses on such subjects as analysis of inflation rates and of household income and expenditure; projection of manpower training requirements; measurement of employment, underemployment and unemployment; and productivity measurement.

## **SUPPORT FOR MULTILATERAL ORGANIZATIONS**

The U.S. Government is the world's major supporter of United Nations (UN) organizations that play a role in addressing the needs of children. The following summarizes U.S. support to UN agencies whose programs affect children:

***United Nations Children's Fund (UNICEF):*** The United States is one of UNICEF's largest contributors. In 1991, the U.S. contributed \$75 million to UNICEF's core activities (18.9 percent of contributions by all governments to core activities) and \$19 million in additional funds for specific programs and projects. This includes \$4.9 million for child survival programs in Africa and Haiti and \$14.1 million for emergency relief in China, Ethiopia, Guinea, Iraq, Ivory Coast, Liberia, Madagascar, Malawi, Mali, Sierra Leone, Somalia, and Sudan. In addition to the U.S. Government contribution, the U.S. National Committee for UNICEF raises funds from non-governmental sources. The U.S. Committee has 3 million volunteers throughout all 50 States.

***United Nations Development Program (UNDP):*** In 1991, the United States contributed \$109 million, or 9.7 percent of all government contributions made to UNDP. UNDP is the world's largest multilateral programs of technical cooperation,

with increasing emphasis on the poorest countries. UNDP activities in over 150 countries help children by providing technical assistance in areas such as agriculture, health, education, poverty eradication, grass-roots participation in development, environmental problems and natural resources management, and women in development.

***Office of the United Nations Disaster Relief Organization (UNDRO):*** UNDRO was established in 1972 to mobilize, direct and coordinate relief activities among organizations of the UN system. The United States coordinates with UNDRO and occasionally contributes funds through UNDRO for disaster relief.

***United Nations High Commissioner for Refugees (UNHCR):*** In 1991, the United States contributed \$198 million in support of UNHCR's assistance efforts. At its meeting in October 1991, UNHCR's Executive Committee created a new position of Special Coordinator for Refugee Children. The United States supported this decision and has supported the adoption of existing guidelines on the needs of refugee children in program design, implementation and evaluation.

In addition to direct financial support and participation in policy deliberations of UNHCR, U.S. domestic agencies, such as the Centers for Disease Control, provide technical assistance through UNHCR in such areas as nutrition assessments and medical epidemiology.

***United Nations Development Fund for Women (UNIFEM):*** The United States contributed \$800,000 to UNIFEM in 1991. UNIFEM supports programs that aid women in areas such as food production and microenterprise.

***International Research and Training Institute for the Advancement of Women (INSTRAW):*** The United States contributed \$200,000 to INSTRAW in 1991. INSTRAW supports the advancement of women and their integration in the development process through research, training, and information dissemination.

***United Nations Environment Program (UNEP):*** The United States contributed \$15.8 million to UNEP in 1991. UNEP coordinates environmental activities throughout the UN system, including environmental problems of universal interest that have a direct effect on children. UNEP evolved from a U.S. initiative, and since its inception in 1973, the United States has been an active participant.

***World Food Program (WFP):*** The U.S. pledge to the WFP regular program for the 1991-1992 biennium was \$275 million in commodities and cash, approximately 18 percent of WFP's target for this budget period. In addition, the United States contributed \$192 million to WFP for the International Emergency Food Reserve and other emergency operations. The United States also pledged \$125 million for Protracted Refugee Operations. The WFP is the principal vehicle for multilateral food aid within the UN system.

***International Fund for Agricultural Development (IFAD):*** For 1990-1992, the United States contributed \$82.8 million to IFAD, accounting for almost 15 percent of the IFAD's third replenishment fund. IFAD's mandate is to increase food production and improve the living conditions of the rural poor and landless in developing countries through loans and other projects.

The Food and Agricultural Organization (FAO) and IFAD are joint sponsors of the ***International Conference on Nutrition (ICN)*** to be held in Rome, December

5-11, 1992. The United States has been involved in preparations for the ICN and will take part in the conference.

**World Health Organization (WHO):** The United States contributes the largest amount, 25 percent, of any country to the WHO regular budget. In 1992, this will amount to \$94.2 million, provided by the Department of State. In addition, the United States regularly provides the largest share of extra budgetary contributions. In calendar year 1990, this amounted to \$32.8 million, more than 16 percent of the funds provided by all national governments. These voluntary funds, provided primarily by the Agency for International Development, included \$20.7 million for the Global Program on AIDS. WHO assists its 170 member governments in planning and implementing programs to prevent and control health problems. Virtually all of WHO's programs benefit children, but of particular note are its programs on maternal and child health, nutrition, immunization, and the control of AIDS, malaria, tuberculosis, and numerous other communicable diseases. WHO works closely with UNICEF on areas of mutual interest.

**International Labor Organization (ILO):** The United States contributes 25 percent of the ILO budget, which amounted to about \$57 million in 1991. The ILO provides aid, research, and programs designed to assist working people worldwide and to reduce the use of child labor, particularly in hazardous occupations.

**United Nations Educational, Scientific and Cultural Organization (UNESCO):** Although not currently a member of UNESCO, the United States contributes approximately \$2 million per year to UNESCO-related projects in which it continues to participate. UNESCO's goal is to further international cooperation in education, science culture and communications.

In 1990, UNESCO, UNDP, UNICEF and the World Bank jointly sponsored a World Conference on Education for All. The United States was a co-sponsor of the conference and provided \$250,000 toward its support. The United States, in cooperation with other countries, was actively involved in drafting of the World Declaration on Education for All and the "Framework for Action" endorsed at the conference.

## **SUPPORT FOR MULTILATERAL DEVELOPMENT BANKS**

U.S. support to multilateral development banks, such as the World Bank Group, the African Development Bank and other regional development banks, amounts to over \$3 billion annually.

**The World Bank Group:** The United States is the World Bank Group's largest shareholder, with 17.8 percent of International Bank for Reconstruction and Development capital and 25.2 percent of International Development Association (IDA) capital. The United States is contributing \$3.2 billion or 21.6 percent of the funds for the current IDA replenishment.

Following the World Summit for Children in 1990, the Bank increased lending commitments for education from \$1.5 billion in 1990 to \$2.3 billion in

1991. In 1991, the Bank funded projects totalling \$1.6 billion in health, nutrition and population and \$1.2 billion in water supply and sanitation.

***African Development Bank (AfDB):*** The United States pledged the second largest share (11.8 percent) of the replenishment for the years 1992-94 and has made a commitment to contribute \$135 million for 3 years to the AfDB. Total Bank lending in 1991 was about \$3.4 billion. The United States is an active member of the Bank and is its largest non-regional shareholder (5.9 percent) and the third largest overall.

***Asian Development Bank (ADB):*** The United States is a leading member of the ADB, providing 12.4 percent of its subscribed capital. While the ADB has traditionally specialized in lending for more capital-intensive infrastructure projects, it is now increasing lending for social development, including education, health, population and water supply. These activities now account for about 13 percent of total lending.

***Inter-American Development Bank (IDB):*** The United States is the IDB's largest shareholder, with 34.69 percent of the IDB's authorized capital. The United States also provides capital for the Social Progress Trust Fund (SPTF), which is administered by the IDB. Projects funded through the SPTF in 1991 included a grant of over \$3 million for Support for Children at Risk in Central America and Panama. The grant will help to protect and integrate into society children who live on the streets, or who live at home but earn a daily subsistence on the streets.

***European Bank for Reconstruction and Development (EBRD):*** The United States is the largest single shareholder in the EBRD (10 percent of total capital stock). The EBRD, which began operations in April 1991, was established to foster the transition towards open market-oriented economies in the formerly socialist

# APPENDIX



## CONTRIBUTING U.S. DEPARTMENTS AND AGENCIES

## MONITORING GOALS OF THE SUMMIT

## BIBLIOGRAPHY

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## CONTRIBUTING U.S. DEPARTMENTS AND AGENCIES

### DEPARTMENT OF AGRICULTURE (USDA):

Several agencies within the *U.S. Department of Agriculture* are involved with child health and nutrition. The *Food and Nutrition Service* administers 13 food assistance programs, whose goals include providing needy people with access to a more nutritious diet and improving the eating habits of the nation's children. The structure of the network of food assistance programs enables many children to qualify for benefits from more than one program. The major programs include the Food Stamp Program, the National School Lunch and School Breakfast Programs, the Child and Adult Day Care Food Program, the Summer Food Service Program, and the Special Supplemental Food Program for Women, Infants and Children. The *Extension Service* is the Federal partner in the nationwide educational network of the Cooperative Extension System. The *Human Nutrition Information Service* is responsible for nutrition education research and guidance. The *Food Safety and Inspection Service* is responsible for meat and poultry inspection and nutrition labeling and food safety information. The Agricultural Research Service conducts basic research in food composition and nutrition, with research focused on determining the nutrition needs of children and mothers conducted at the Children's Nutrition Research Center in Houston, Texas.

Contact: Director

Intergovernmental Affairs  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Telephone: (703) 305-2281

### DEPARTMENT OF DEFENSE (DOD):

The *Department of Defense* has a number of programs designed specifically to encourage, educate and enhance the well being of the approximately 1.5 million children of military service members. *The Department of Defense Dependents Schools* educates students in 250 overseas schools and offers a full academic curriculum, including a special education curriculum. *The Office of Family Policy, Support and Services (OFPS&S)* oversees the Military Services' Family Centers. These centers conduct an array of programs to assist members, spouses and children with the unique challenges of the military lifestyle. They provide parenting programs, relocation assistance with emphasis on assisting children and the Exceptional Family Member Program to assist families with special needs children, to name a few. OFPS&S also sets the high quality standards for the Child Development Programs which care for almost 158,000 military children worldwide. A major component of the Child Care Programs, is the strong emphasis on developmental activities, which

enhance the children's self-esteem and equip them with school readiness skills. The Department's Family Advocacy Program, under OFPS&S, promotes effective family functioning by providing programs and services to address the issues of child and spouse abuse. *Personnel Support Policy and Services* sets the policy and program guidance for a wide range of recreational options that promote healthy leisure-time activities for military members and their families. The Pentagon and the Military Services also conduct a number of partnership programs with the local communities and schools whereby DoD personnel work with children in the community in educational, social and recreational environments.

Contact: Office of Public Affairs  
U.S. Department of Defense  
The Pentagon  
Washington, D.C. 20301  
Telephone: (703) 697-9312

### **DEPARTMENT OF EDUCATION (ED):**

The *U.S. Department of Education* is responsible not only for conducting research but for helping to ensure the delivery of education services, particularly for the underserved; improving access to programs for the undereducated, children and their families; for the development of qualified educators; and the development of adequate education facilities and centers to meet the needs of the Nation.

The Department manages programs to increase the effectiveness of education and improve school services to the general population and individuals with disabilities, the illiterate, the poor, the disadvantaged and other individuals living in difficult circumstances.

The Programs are administered by the *Office of Bilingual and Minority Languages Affairs*; the *Office of Civil Rights*; the *Office of Educational Research and Improvement*; the *Office of Elementary and Secondary Education*; the *Office of Special Education and Rehabilitative Services*; and the *Office of Vocational and Adult Education*.

Within the Department of Education, the Office for Civil Rights has the responsibility for ensuring that recipients of Federal financial assistance do not discriminate against students or other individuals on the basis of race, color, national origin, sex, handicap or age.

Contact: Office of Public Affairs  
U.S. Department of Education  
400 Maryland Avenue, S.W.  
Washington, D.C. 20202  
Telephone: (202) 401-3020

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS):**

The *U.S. Department of Health and Human Services* is the Cabinet-level department of the Federal Executive Branch most concerned with people and most involved with the Nation's human concerns. Several components of HHS are engaged in programs for children, youth and families.

*The Administration on Children and Families* is engaged in a broad range of programs related to children and families, including adoption opportunities; temporary child care and crisis nurseries program; administration of discretionary grant programs providing *Head Start* services and runaway youth facilities; administration of discretionary demonstration programs of comprehensive family support services; and administers provision of the Child Abuse Prevention and Treatment Act; administers child welfare services training and child welfare services research and demonstration programs; manages initiatives that involve the private and voluntary sectors in the areas of children, youth and families; and administers the Drug Abuse Prevention program for runaway and homeless youth and the Youth Gang Drug Prevention Program. The *Family Support Office* carries out the Aid to Families with Dependent Children, a Federal-State program to help needy families with children.

*The Health Care Financing Administration (HCFA)* administers the Medicaid and Medicare Programs. The Medicaid Program, administered by States with matching funds from the Federal Government, provides coverage of basic health care services for categories of low-income people, including families with dependent children and pregnant women. The Medicare Program provides health insurance coverage for people 65 and over, younger people who are receiving Social Security disability benefits, and persons who need dialysis or kidney transplants for treatment of end-stage kidney diseases. HCFA is also responsible for implementing Federal quality assurance standards in hospitals, nursing homes, laboratories, home health agencies, ambulatory surgical centers, hospices and other facilities.

The *Public Health Service* includes several agencies whose programs have an impact on children and families: The *Agency for Health Care Policy and Research* supports health services research, including issues related to children and families, in order to enhance the quality of patient care through improved knowledge that can be used in meeting society's health care needs. The *Agency for Toxic Substances and Disease Registry* works to prevent or mitigate the adverse human health effects and diminished quality of life that can result from exposure to hazardous substances in the environment. The *Alcohol, Drug Abuse and Mental Health Administration* increases knowledge and promotes effective strategies, including technical assistance to States and communities, related to alcoholism, drug abuse and mental health. It disseminates information about these problems to health professionals, community agencies and groups, legislators and the public. The *Centers for Disease Control* provides leadership and conducts programs to prevent and control disability, illness and death from infectious and chronic

diseases, including AIDS, from injuries and from environmental and workplace hazards. CDC also works to promote healthier lifestyles. CDC programs are based upon epidemiology, disease surveillance and laboratory research.

The *Food and Drug Administration* helps assure that the food we eat is safe and wholesome, the cosmetics we use are not harmful, the medicines and medical devices we use are safe and effective and that radiation-emitting products such as microwave ovens won't do harm to humans. The *Health Resources and Services Administration* works to improve the delivery of health services to the underserved and to develop the health resources required to meet the Nation's needs. Important programs related directly to children include support for community and migrant health center and programs of the *Bureau of Maternal and Child Health and Resources Development*, including MCH block grants to States, and grants for research, training, service demonstration, genetic diseases screening and hemophilia diagnosis and treatment, pediatric emergency medical services and pediatric AIDS service demonstration projects.

The *Indian Health Service* provides high quality, comprehensive care for more than one million American Indians and Alaska Natives. The *National Institutes of Health* is the principal biomedical research agency of the Federal Government and conducts research on a broad range of health problems related to children, their mothers and family. Problems studied include cancer; heart, lung and blood disease and disorders; dental health; arthritis, musculoskeletal and skin diseases; diabetes, digestive and kidney disease, neurological disorders and stroke; allergy and infectious diseases; child health and human development; vision; environmental health sciences; deafness and other communicative disorders.

Contact: Office of Public Affairs

Department of Health and Human Services  
Room 647D, Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: (202) 245-1850

## **DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD):**

The *Department of Housing and Urban Development* is the Federal agency principally responsible for programs concerned with the Nation's housing needs, the development and preservation of the Nation's communities, and the provision of equal housing opportunity for all individuals. Within HUD the *Office of Community Planning and Development* has responsibility for a broad range of programs that impact on children. These include, but are not limited to, grants for neighborhood revitalization; the provision of improved community facilities and services; loan guarantees as well as loans for rehabilitation of residential properties; and grants for emergency shelter for the homeless and to help prevent homelessness. Other programs having a positive impact on lives of children are

those concerned with environmental quality, energy availability, and neighborhood development.

Contact: Office of Public Affairs

Department of Housing and Urban Development

451 Seventh Street, S.W.

Washington, D.C. 20410

Telephone: (202) 708-3161

### **DEPARTMENT OF THE INTERIOR (DOI)**

The *Department of Interior's Bureau of Indian Affairs* plays a crucial role in the lives of Native American families and children. Working with Indian and Alaska and Native people, other Federal agencies, State and local governmental and other interested groups, programs are directed toward assuring adequate educational opportunities in public education systems; assisting these population groups in creation and management of educational systems for their own benefit; obtaining and providing social and community development programs and services; developing and implementing programs for their economic advancement and for full utilization of natural resources consistent with the principles of resource conservation. The *Office of Territorial and International Affairs* facilitates the provision of health and other social services to the remaining Trust Territory of the United States.

Contact: Office of Public Affairs

Department of the Interior

1849 C Street, N.W.

Washington, D.C. 20240

Telephone: (202) 208-6416

### **DEPARTMENT OF JUSTICE (DOJ):**

The *Department of Justice* is involved in many programs related to women and children. The *Child Exploitation and Obscenity Section* spearheads and coordinates Federal obscenity and child exploitation prosecutions, including assistance to Federal, State and local prosecutors with advice, training and legal resource materials. The unit also serves as the Department's contact office for the public and media on the issue of pornography and the sexual exploitation of women and children. The *Narcotic and Dangerous Drugs Unit* prosecutes high-level drug traffickers and others involved in drug importation, manufacture, and distribution. The *Drug Enforcement Administration* enforces narcotic and controlled substances laws and regulations. The *Office of Juvenile Justice and Delinquency Prevention* addresses juvenile crime and delinquency and the problem of missing and exploited children. The *Office of Victims of Crime* aids

children who have been subjected to physical and sexual abuse, and helps train law enforcement officials and service providers working in that area.

Contact: Assistant Attorney General  
Office of Justice Programs  
Department of Justice  
Washington, D.C.  
Telephone: (202) 307-5933

### **DEPARTMENT OF LABOR (DOL):**

The mandate of the *U.S. Department of Labor* is "to foster, promote and develop the welfare" of U.S. workers, "to improve their working conditions, and to advance their opportunities for profitable employment." In promoting the welfare of U.S. workers, the Department simultaneously advances the welfare and quality of life of their children. DOL enforces Federal child labor laws and occupational safety and health laws designed to ensure a safe working environment for all workers. DOL also conducts and/or supports programs related to the role of women in the economy, maternal and child health, education, literacy, workforce preparation, balancing work and family responsibilities, and alcohol and drug abuse.

Contact: Office of Public Affairs  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
Telephone: (202) 523-9711

### **DEPARTMENT OF STATE (DOS):**

The Secretary of State is the President's principal adviser in the formulation and conduct of foreign policy, and the *Department of State* is the agency primarily responsible for planning and implementing that policy. Several components of DOS have responsibilities related either to international organizations having a responsibility for children in their mandates (e.g. UNICEF) or for programs related to children. The *Bureau of International Organization Affairs* is responsible for formulation and implementation of policy concerning the principal United Nations development agencies, including the United Nations Children's Fund and others. The *Bureau of Consular Affairs* assists American citizens who face serious legal, medical or financial difficulties while overseas. The *Bureau of International Narcotics Matters* coordinates the worldwide effort to halt the flow of illegal drugs to the United States and works closely with foreign governments and international organizations to help them stop both production and shipment of illegal drugs. The *Bureau of Human Rights and Humanitarian Affairs* ensures that consideration of human rights is a regular part of U.S. foreign policy decision making. The *Bureau*

*for Refugee Programs* is the focal point in the U.S. Government for provision of assistance to refugees in countries of first asylum and to implement the admission policies for refugee resettlement in the United States. The ***Bureau of Economic and Business Affairs*** deals with international energy, monetary, trade and agricultural policies, including foreign investment, technology transfers and commodity matters, among other concerns. The ***Bureau of Oceans and International Environment and Scientific Affairs*** deals with a full range of science and technology and environmental issues, many of which related to children.

Contact: UNICEF Desk Officer  
IO/D, Room 5327  
U.S. Department of State  
Washington, D.C. 20520  
Telephone: (202) 627-2165

### **DEPARTMENT OF TRANSPORTATION (DOT):**

The *Department of Transportation* establishes the Nation's overall transportation policy. Within DOT, the ***National Highway Traffic Safety Administration*** implements motor vehicle safety programs to reduce the occurrence of highway crashes; to reduce the severity of injuries in such crashes when they do occur; and to improve survivability and injury recovery through better post-crash measures. DOT also conducts consumer information studies to determine motor vehicle damage susceptibility and degree of crashworthiness. Because injury is the major cause of morbidity and mortality among children and youth in the United States, these programs have a major impact on children.

Contact: Noble Bowie  
National Highway Traffic Safety Administration  
Department of Transportation  
Room 5208, NPP-32  
400 Seventh Street, S.W.  
Washington, D.C. 20590  
(202) 366-2549

### **AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID):**

The *U.S. Agency for International Development (USAID)* is the independent agency of the Federal Government that provides approximately \$8 billion annually in economic and humanitarian assistance to help developing countries achieve broad-based sustainable economic growth.

USAID administers economic and humanitarian assistance programs to improve the quality of life for people of developing countries, develop human and economic resources, increase productivity, promote free markets and private sector-led economic growth and advance democratic governments.

Agency programs increase the rule of law and free electoral systems and increase access for women, ethnic groups and minorities to the formal economy and judicial and electoral systems. USAID encourages initiatives that support the growth of private enterprise, cooperatives, credit unions and non-governmental organizations that promote individual choice and self-government. The Agency provides grants and loans for programs in disaster assistance, agriculture, nutrition, rural and urban development, voluntary family planning, health, energy, science and technology, microenterprise, capital projects and private sector training.

Contact: Office of External Affairs  
US Agency for International Development  
Room 4889  
320 - 21st Street, NW  
Washington, D.C. 20523  
Telephone: (202) 647-1850

### **CONSUMER PRODUCT SAFETY COMMISSION (CPSC)**

The *Consumer Product Safety Commission* helps protect the public from unreasonable risks of injury associated with consumer products. Toward this end, the Commission requires manufacturers to report defects in products that could create substantial hazards; requires corrective action with respect to specific substantially hazardous consumer products already in commerce; collects information on consumer product-related injuries and maintains a comprehensive Injury Information Clearinghouse; conducts research on consumer products hazards; encourages and assists in the development of voluntary standards related to the safety of consumer products; establishes mandatory consumer product standards; bans hazardous consumer products; and conducts outreach programs for consumers, industry and local governments. Products include toys and furniture for use by infants and children.

Contact: Office of Information and Public Affairs  
Consumer Product Safety Commission  
5401 Westbard Avenue  
Bethesda, MD 20816  
Telephone: (301) 492-6580

### **U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA):**

The *U.S. Environmental Protection Agency (EPA)* is responsible for implementing the Federal laws designed to protect the environment, carrying out this mission by integrating a variety of research, monitoring, standard-setting and enforcement activities. EPA also coordinates and supports research and anti-pollution activities of State and local governments, private and public groups, individuals and educational institutions. The Agency monitors potential environ-

mental impact of the operations of other Federal agencies. Most of EPA's general activities have an impact on children in that they affect the quality of air children breathe, the soil in which their food is grown and the water they drink. The Agency conducts research, both domestically and internationally, to address the reproductive and developmental effects of pollutants. EPA's Office of Environmental Education provides leadership in fostering environmental education that emphasizes two cross-cutting themes: man's impact on the environment, and pollution prevention through wise use of resources and environmentally sensitive decision-making.

Contact: Office of Public Affairs  
Environmental Protection Agency  
401 M. Street, S.W.  
Washington, D.C. 20460  
Telephone: (202) 260-7963

### **FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA):**

The *Federal Emergency Management Agency* provides a single point of coordination and guidance for all Federal emergency preparedness, mitigation, response and recovery activities. The Agency is chartered to enhance the multiple use of emergency preparedness and response resources at the Federal, State and local levels of government in preparing for and responding to the full range of emergencies — natural, technological, and attack-related — and to integrate into a comprehensive framework activities concerned with hazard mitigation, preparedness planning, relief operations, and recovery assistance. The Agency publishes educational materials on safety issues (e.g. fire) for educators, professionals in safety-related fields and for children.

Contact: Office of Public and Intergovernmental Affairs  
Federal Emergency Management Agency  
500 C Street, S.W.  
Washington, D.C. 20472  
Telephone: (202) 646-4600

### **PEACE CORPS:**

The *Peace Corps*' purpose is to promote world peace and friendship, to help other countries in meeting their needs for trained manpower, and to help promote understanding between the American people and other peoples served by the Peace Corps. The Peace Corps is committed to programming that helps meet the basic human needs of those living in poor countries. The Peace Corps provides U.S. volunteers to developing countries to improve education, agriculture, resource conservation, health and living conditions generally. Many of these efforts have a direct impact on the lives of children and their mothers.

Contact: Office of Public Affairs  
The Peace Corps  
1990 K Street, N.W.  
Washington, D.C. 20526  
Telephone: (202) 606-3886

### **THE SMITHSONIAN INSTITUTION:**

The Smithsonian Institution is an independent trust of the United States that fosters the increase and diffusion of knowledge. History, technology, science and the arts are represented in exhibits through the conduct of research, publication of studies, and participation in cooperative international programs of scholarly exchange. The many museums of the Smithsonian are open to the public, with many having special programs for children and youths. The *Office of Elementary and Secondary Education (OESE)* of the Smithsonian develops and disseminates programming that applies resources from across the Institution to the needs of schools at the pre-college level, both locally and nationally. A central mission of the OESE is to educate students and young people, in general, as well as teachers and school administrators, in the uses of museums and related institutions as learning resources in the arts, the sciences and the humanities. Programs include professional training for teachers, curriculum materials for schools, programs for young people, and partnerships with schools.

Contact: Office of Elementary and Secondary Education  
Smithsonian Institution  
1000 Jefferson Drive  
Washington, D.C. 20560  
Telephone: (202) 357-1300

### **UNITED STATES INFORMATION AGENCY (USIA):**

As an integral part of several of *United States Information Agency* programs, the United States has provided services related to children and families. These include, for example, through *Voice of America*, health messages on healthier lifestyles; study tours for experts and officials of other countries of drug abuse treatment programs in the United States; and education for representatives of foreign media on substance abuse demand reduction needs.

Contact: Office of Public Liaison  
United States Information Agency  
301 Fourth Street, S.W.  
Washington, D.C. 20547  
Telephone: (202) 619-4355

**WHITE HOUSE, OFFICE OF NATIONAL SERVICE:**

The *White House Office of National Service* carries out a variety of functions related to children, including: advising the President on community service policy and strategy; communication of the President's community service strategy and the role that every individual, group and organization in America can play in the evolving community service movement; proposing ways for the President and other Government officials to highlight outstanding community service leaders and initiatives, in order to honor them and to encourage others to following their examples (Daily Point of Light, etc); participating in the solution of problems such as drug abuse, education reform and others whose solutions are largely dependent on community action; and recommending Government policy reforms in such areas as tort law and tax code to remove impediments to community services.

Contact: The White House  
Office of Policy Development  
Washington, D.C.  
Telephone: (202) 456-6585

## MONITORING THE GOALS OF THE SUMMIT

### HEALTH

Healthy People 2000 and Healthy Children 2000 present goals that can be achieved during this decade. Several agencies will help monitor the goals of these two projects.

The Centers for Disease Control, through the National Center for Health Statistics, has implemented an extensive program to obtain the data needed to measure progress toward U.S. health objectives for the year 2000. Data from over 1,000 systems in Federal agencies and the private sector will be compiled, analyzed and disseminated. Revisions to major surveys have been made to accommodate Year 2000 data needs, and new surveys have been developed. For example the 1991 supplement to the National Health Interview Survey is devoted to health promotion and disease prevention. These supplemental interviews will be repeated in 1995 and 2000.

Since the U.S. health objectives will be achieved through local efforts, funding, training, and technical assistance will be provided to State and local health agencies.

The following Federal databases contain information pertinent to the goals of the World Summit on Children:

*National Natality Survey — An ad hoc survey that provides information on breast feeding, among other things, in relation to maternal characteristics such as education.*

*National Health Interview Survey*

*National Health Examination Survey*

### EDUCATION

In July 1990, the National Education Goals Panel was created and charged with measuring progress toward achieving the six National Education Goals. The panel includes six Governors, four members of the Federal Administration, and four Members of Congress. The first annual report, "The National Education Goals: Building a Nation of Learners," was issued in September 1991.

The Department of Education's National Center for Education Statistics develops and monitors indicators that measure progress in educational reform and student achievement. NCES's data collection program gathers information used both to monitor progress toward achieving the National Education Goals and to increase knowledge of other educational matters at home and abroad. A major part of the Center's data collection program is the National Assessment of Educational Progress (NAEP), which since 1970 has collected data on the performance of students in a number of subjects. NAEP is conducted every 2 years and assesses the performance

of 4th, 8th and 12th-graders in reading, writing history, mathematics and science. In the past, NAEP has provided only national data, but voluntary state-level assessments were conducted in 1990 and will be repeated this year.

## **EMPLOYMENT**

For over 30 years, the Bureau of Labor Statistics has maintained a data series that allows researchers and analysts to track trends in family composition and the labor force participation rates of family members. More recently, the Bureau has developed a monthly and quarterly data series that enables analysts to observe in a timely fashion how families are affected by the business cycle. Both of these series include data about children.

The older of the two data series, derived from information collected by the Current Population Survey (CPS) in a supplement each March, provides data on such subjects as mothers' labor force participation, the number of single and two-parent families that enter the labor force, and family income, as well as other topics that are indicators of the well-being of children.

The new series, created in the early 1980s, is derived from monthly information collected by in the CPS. This series provides statistics on the employment of family members by family relationship, family type, and presence and age of children. Information on median weekly earnings of families are also collected.

CPS is a monthly sample survey of households in 50 States and the District of Columbia. About 47,000 households are included in the monthly sample, which is designed to represent the population as a whole. Respondents are interviewed about the employment status of household members 16 years of age and older.

## **INTERNATIONAL**

USAID supports the Demographic and Health Surveys (DHS), which is providing information to help monitor the goals of the Summit. DHS conducts national representative household surveys in developing countries. In the past 8 years, over 40 surveys have been done, and the Agency plans to continue the program throughout the 1990s. Information from DHS is being used by USAID, UNICEF, WHO, the World Bank, host country governments, and other users.

Most of the goals of the Summit can be measured by DHS data. DHS can also provide socioeconomic differentials, helping countries to focus their program efforts. USAID is working with UNICEF to identify how individual countries and the international community can best utilize the data collected in the DHS program.

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