

2005-06 COPAN GRANT FOR 5 A DAY

Final Report

Partners For Integrated Health Denver PIH

Organization

University Of Colorado at Denver and Health Science Center

Principal Investigator

Lois Brink

Partners

Learning Landscape Initiative, Healthy Eating by Design, Integrated
Nutrition Program, Denver Urban Gardens and Slow Food

Prepared By

Sandra L Howard, Research Assistant UCDHSC

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FINAL REPORT COVER

Questions:

1. What was the goal of the program implemented with the COPAN grant?

The goal of Partners for Integrated Health Denver (PIH) is to create a whole health community-based advocacy model comprised of the Learning Landscape Initiative, Healthy Eating by Design, Integrated Nutrition Program, Denver Urban Gardens and Slow Food that eliminates redundancies among the programs and develops strategies for increased community involvement.

2. Please describe the activities implemented with the grant.

- PIH activity involved research to determine the scope of collaborative community-based models.
- A review of community-based models integrating families, schools, and the community indicated the following as essential components to successful collaboration:
 1. Community is defined as parents, students/children, schools and public and private entities^{1,2}
 2. Mechanisms to bring community partners together in shared decision making is essential to the success of families and schools.^{3,4,5}
 3. Social and psychological components are part of any successful collaboration model for families and school's.⁶

Were the final activities and their implementation different from the original plan included in your proposal? Yes How and why?

- Partners had intended a citywide forum. However, the Denver Public Schools Food Service Coordinator, the primary PIH partner in the citywide forum, resigned her position for another post. DPS was to provide nutritional food demonstrating healthy food choices available

¹ Gray, Barbara. (1989) *Collaborating: Finding Common Ground for Multiparty Problems*. San Francisco: Jossey-Bass Publishers,

² Epstein, J.L., Coates, L., Salinas, K.C., Sanders, M.G., & Simon, B.S. (1997).

³ Institute for Educational Leadership; Education and Community Building: Connecting Two Worlds (2001). 1001 Connecticut Avenue NW, Suite 310 Washington, DC 20036 www.iel.org

⁴ Allington Julie (2003). What's Right for Kids: Improving the School Nutrition Environment, Wisconsin Department of Public Health, Madison, Wisconsin.

⁵ Coalition For Community Schools c/o Institution for Educational Leadership.
www.communityschools.org

⁶ Lyn McDonad, Ph.D., Program Founder. Wisconsin Center for Education Research.
www.wcer.wisc.edu/fast

in the district. Information regarding a replacement for this position is yet forthcoming consequently the community form was postponed.

- **Who was the intended target audience for the program and how many people did you expect to reach?** The intended target audience, was children/students, parents, teachers, public and private organizations. PIH reached all groups, except private business. The partnership sent out focus group participation letters to all parents- approximately 200 adults, and participated in the Philips Elementary School Field Day event exposing all the school's children in attendance to healthy foods such as fruits and vegetables. PIH sent letters to parents home with all students explaining that space was limited and the first 10 would be accepted (see appendix A.) Follow-up opportunities to participate in focus groups are recommended. Most of the children at Philips school attended the Field Day event, which were more than 200 students.
- **Referring to the evaluation section in your grant proposal, what was the program objective? What was the status of the objective at the beginning of program?** The program objective was to provide the partnership with the communities definition of whole health and establish a baseline for future action. In this way, we could build on the components for an integrated model to discover baseline wants as well as needs of students/children, their families and the school
- **What was the status of the objective at the end of the program?** Findings from the program indicated that children and their families require external supports, economic and social, in conjunction with programs available at the school level. Although the partner programs provide essential physical activity, and nutrition, education and support, supplemental support in the area of affordable food, social and psychological counseling and opportunities to build communication skills for both parents and their children, would go far to enable this population to sustain nutrition and physical fitness.
- **Based upon this measure, did your program bring about the desired change?** Based on the findings from the focus groups PIH conducted, the following desired change occurred;1) partners exposed children and families to nutritional food options;2), partners enhanced family efficacy in focus groups through giving them an opportunity to share their concerns and 3) partners realized that our programs address only one section of the multifaceted obstacles to creating whole health for poor and working class populations.

3. Please identify and explain positive factors that contributed to the success of your program.

The following characteristics contributed to the success of creating a baseline for an integrated model:

- Committed collaboration among all PIH partners
- Open and frequent communication among PIH partners
- PIH partners shared resources

- The Philips school principal was committed to supportive and active participation in our project and he is committed to the success of the school children and their families.
- 4. **Please identify and explain obstacles that hindered the success of your program.** Although the sole obstacle in the success of program implementation was the loss of our DPS partner, several limitations present challenges to creating an integrated model.
 - Not all classes and teachers support nutrition education in their classrooms.
 - Nutrition programs provided by PIH are optional and teacher buy in is limited.
 - Limited buy in from neighborhood businesses surrounding the school present weak links toward building a collaborative community model.
 - Parents buy in to school vacillates.
 - Economic hardships create barriers to participation, and access to healthy food outside the school.
 - Limited social skills create barriers to communication for children at school, parent and teacher communication, children and parent communication. Barriers to skill building lead to behavior and discipline problems in the school.
- 5. **Now that the grant funding has ended, how will you sustain or build upon this program?**

PIH Recommendations:

1. Create a Parent Teachers Association in order to bring synergy between the parents, teachers, and community.
2. Continue to conduct focus groups incorporating community members to seek response from a broader constituency.
3. Emphasize “good neighbor participation”. Stapleton corporation/ businesses adopt Philips Elementary School.
4. Create parenting classes to educate parents on the various aspects of communication and support for the benefit of the family and social interaction with the school and other collaborative partners.
5. Strengthen food-shopping programs. Although some of the nutrition education programs for parents provide shopping tips and visits to markets, more emphasis is needed in this area to include affordable healthy food.¹
6. Provide instruction and/or opportunities to engage parents in the benefits of physical activity. An increase in parent awareness of physical activity benefits may increase their awareness of nutrition and whole health.²
7. Strengthen school bullying programs for child safety.
8. Provide nutrition education to all classes or all students.

¹ PIH programs contribution: strengthen curriculum regarding affordable food options

² PIH program contributions: strengthen physical fitness activities to include family participation options

Appendix A:

PIH Whole Health Definition

COPAN grant objective: to improve the delivery of whole health by creating a more efficient and integrated program across disciplines and activities.

Partnership definition of whole health includes the following:

Themes (nutrition, physical fitness, social and psychological)

1.Culture and individual

- Individual and cultural group associations, spiritual and social/psychological

2.Affordability

- Economic influences

3.Community building

- Systems of social support

4.Environment (several environments associated with individual and cultural group)

How does one move through space? School environment, neighborhood environment

Physical activity

- Education, play, exercise, general forms of physical exertion

5.Health

- Body, mind, spirit

6.The C. D. C. model of eight components for a school health program which include health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment, health promotion for staff

PIH Definition of Whole Health

- ❖ Whole health is the health and well being of an individual and their environment as it relates to them nutritionally, physically, socially, economically, psychologically, mentally, and spiritually. Whole health is dependent upon all the aspects of an individual and how they respond to the environment around them-- at home, at work/school and at play.

PIH' contribution to the current family, school, community collaboration paradigm is the acknowledgement that multiple barriers including economic disparity at various levels require participatory action research to identify a community's starting point in order to provide effective strategies toward whole health.

Categories of interest in relation to whole health definition implementation

- School, family, community/neighborhood

Target groups

- Students/children, parents, teachers/support staff

Note: the principal of the school asked that we add Denver Public School administration or it may be difficult to implement new programs. Also, it is important that the model tie-in to the Denver Plan. Administrators were not available within the focus group period of the first phase of focus group participation however; recommendations for future dialogue include broadening the communal base.

Appendix B

Focus Group Protocol

Grant objective:

To improve the delivery of whole health by creating a more efficient and integrated program across disciplines and activities

Program partner definitions of 'whole health':

1. Culture and individual - individual and cultural group associations, spiritual and social/psychological.
2. Affordability - Economic influences
3. Community building - systems of social support .
4. Environment (several environments associated with individual and cultural group family, school and neighborhood environment
5. Physical activity - education, play, exercise, general forms of physical exertion.
6. Spiritual - body, mind, spirit
7. C. D. C. model eight components of the school health program - Health education, physical education, health services, nutrition services, counseling, psychological and social services, felt the school environment, health promotion for staff, family/community involvement

Community workshop target groups:

- students/children
- parents
- teachers/support staff
- DPS administrators

Community workshop objectives:

1. Obtain participant definitions of health
2. Identify perceived and personal health experiences within family, school and neighborhood
3. Identify strengths/supports and weaknesses/deficiencies to healthy living within family, school and neighborhood

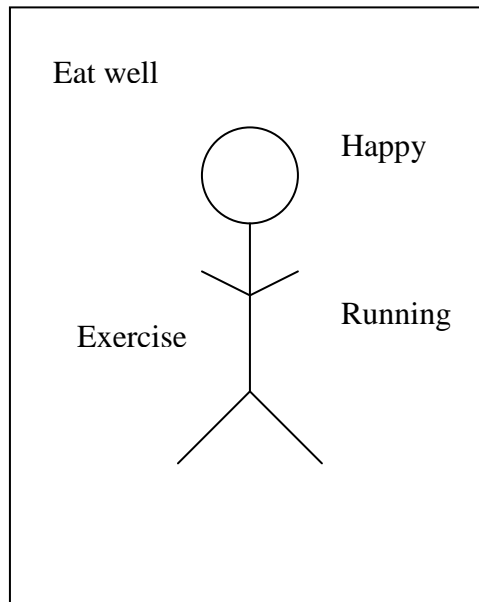
Workshop process:

1. Introductions (5-10 minutes)
 - a) Participants introduce themselves by stating their name, age, how long they have been living in the neighborhood and/or have been associated with Philips Elementary School
 - b) Explain purpose of workshop to participants
 - c) We are trying to understand your ideas about health so we can improve the services we provide you in school

Objective 1: Obtain participant definitions of health

NOTE: Workshop questions should be slightly altered for each group. For example, many of the teachers and administrators may not reside in the neighborhood; therefore, questions should consist of, "How do you think this neighborhood supports student health?"

2. Warm-up drawing exercise (10 minutes)
 - a) Participants draw their response to the question, "what makes a person healthy?"
 - b) As participants are drawing, move around the room, observe and get to know them by asking them, "what is that you are drawing?"
 - c) Have participants write their name on their drawings so that you may identify them by name
3. Brainstorming activity (15 minutes)
 - a) Obtain feedback from participants about their drawings – ask each person to share what they drew in response to the question, "what makes a person healthy?"
 - b) Draw a stick figure on a large post-it notes and write responses around a stick figure



- c) Try to obtain as many responses as possible as participants share their ideas

Suggested probes:

- I. Ask participants to distinguish types of food to see how one distinguishes healthy food.
- II. Ask participants to distinguish types of movement or exercise, and types of play.
- III. Is there anything missing from this list?
- IV. Is this a complete list of all the things that make a person healthy?
- V. What items are missing?

Group participant responses into broad categories, e.g., if participants list different feelings or emotions associated with being healthy, use a marker and circle all of these words in one color and ask participants to help you label the category – for example, “feelings” for the words happy, relaxed, etc.

Objective 2: Identify perceived and personal health experiences within family, school and neighborhood

4. Analysis of family, school and neighborhood environments
 - a) Write the broad categories developed from the brainstorming activity down the left hand side of a large post-it note
 - b) Write the word “family” across the top and place an image representing family for younger participants
 - c) Ask the question, “what do you do in your **family** to be a healthy person” for each category defined in the brainstorming activity, e.g., “what do you do in your family to have good feelings?”

	FAMILY
Feelings	<i>Talk about our feelings with each other</i>
Eating	<i>Cook good food</i>
Exercise	

- d) Refer back to participant drawings to stimulate cognitive process within the context of the category
- e) Repeat process for SCHOOL and COMMUNITY/NEIGHBORHOOD

Suggested probes for family:

- I. Who does the cooking in the family? What do they like to cook?
- II. Who does the grocery shopping in the family?
- III. Does your family go walking, biking, hiking together?
- IV. Do you play family sports?
- V. Do family members encourage you to play sports?
- VI. Does anyone in your family help you with your homework? With reading, grooming, talking, give hugs?
- VII. Do you help your family with yard work, shovel snow, pick up trash, gardening?

Suggested probes for school:

What types of physical activities do you do in the school? Indoors: Gym class, dance, walking; outdoors, recess and heights of games or play are the using the playground equipment.

- I. What types of food does the cafeteria serve?
- II. Are their snacks and vending machines?
- III. Do you cook at school, prepare food or watch food being prepared?
- IV. Do you buy the school lunch? What do you think of it?
- V. How much time are you given to eat lunch?
- VI. What happens if someone gets hurt at school? What would you do?
- VII. What makes you feel good at school

Suggested probes for neighborhood:

- I. What types of physical activity are possible in your neighborhood?
- II. Is it easy to ride bikes and play games? Why or why not?
- III. What types of stores are in your neighborhood?
- IV. What kind of food is in the store?
- V. Is the food in your neighborhood affordable/expensive/cheap?
- VI. Do you know your neighbors?
- VII. Do you talk with neighbors?
- VIII. Do you play with other children?
- IX. What kinds of things do you play?

Objective 3: Identify strengths/supports and weaknesses/deficiencies/areas of need for healthy living within family, school and neighborhood

Discussion (15 minutes):

5. At the end of the exercise, summarize all areas and note gaps.
 - a) For example, if responses are absent from a particular category in frequency (number of responses listed) or magnitude (variety of responses), ask participants for some ideas about change and note responses.
- Probe: "How might you change what you do in your family to eat right?"
- b) Write responses on new post it note, creating a list of suggestions
 6. Ask participants if there is anything else they might change to be a more health person within their family, school and community/neighborhood. Add items to list.
 7. Ask participants to rate their suggested changes in order of importance and/or need.
 8. Thank everyone for coming, pass out incentives to participants.

Workshop analysis:

1. Derive summary of themes according to each workshop objective for each workshop group.
2. Compare and contrast themes across and within groups.
3. Develop recommendations for participant identified areas of need.
4. Position workshop results within larger COPAN model.

Appendix C

Summary of Teacher/Staff Focus Group

Sandra L. Howard

I. Summary of Findings*

- 6 teachers and staff attended the focus group
 - 2 teachers, second and third grade, 1 physical education teacher, 1 special education teacher, the facilities manager and Philips Elementary School Principal.
 - Participants described a variety of programs the school has in place to support student education and nutrition experiences, such as, the lunch and breakfast programs, classroom nutrition education and family cooking classes.
 - Participants identified physical activity for children as recreation and organized physical activities including the *recess before lunch program* as substantial successes.
 - Participants described their perception of family supported health should entail for example, health checkups, communication with children, soft skills and discipline. They also included a desire for parents to have a greater interaction with teachers and staff.
 - Participants described their perception of neighborhood/community supports as entailing after school activities, and opportunities for children to communicate at all levels. They further identified current programs as examples for neighborhood participation, such as Johnson and Wales cooking education classes available for parents.
- Finally, teachers identified perceived gaps:**
- Parent's need education on being parents, not friends to their children
 - Children need opportunities to communicate at all levels which begins at home and this is a major indicator of the child's ability to communicate in school and express their feelings appropriately without anger or walking away.
 - The school was found lacking consistency regarding nutrition classes across all grade levels or classes. At this time, teachers may opt to provide nutrition education for their students

***Raw data available on request**

Appendix C Continued

Summary of Philips Student/Children's Focus Groups (ages 7-10)

Sandra L. Howard

I. Summary of Findings*

- The children's focus group participants comprised two groups over two days (Day one group 1 had five students, and day two group two had four students)
- Participants identified various fruits and vegetables including vitamins that represent healthy food which not only indicates their ability to retain information but also their positive perception regarding nutrition and health.
- All participants explained that being happy and having good posture were important to being healthy. This finding describes attitude, and one's physical presentation as important to health, which means the children are self-conscious of their psychological/social presence.
- Participants described family supports for a healthy person meant doing things together for example, cooking, communicating, and in general spending time together
- Participants identified school program supports such as nutrition education which demonstrate their perception of healthy choices being retained
- Participants also discussed various physical fitness opportunity programs, such as *miles to go*: a walking fitness rewards program
- Participants critiqued food taste, such as hamburgers and cheese offered in the school cafeteria as a result, some students brought their lunches to school
- Participants engaged in most social activities at school however, some felt, bullying could be addressed more effectively
- Participant identified gaps include the following: weak neighborhood interaction opportunities, participants desired more opportunities to communicate in the home, and some participants experienced food scarcity in the home

***Raw data available on request**

Appendix C Continued
Summary of parent workshop
Pamela Wridt

I. Summary of findings*

- 7 parents attended the workshop, 6 women and 1 man
- 5 of the 7 parents were grandparents with the primary responsibility for raising their grandson/daughter
- Participants identified a variety of factors that contributed to a healthy lifestyle, including nutrition and balanced diet, physical fitness, mental health, and personal hygiene. Most responses were geared towards a balanced diet and physical fitness, although participants stressed mental well-being as something that was very important to a healthy lifestyle.
- Participants felt supported by the school and its programs, but expressed a strong desire for greater parent participation, including the creation of a PTSA.
- Participants felt they were doing good things in their own families to support healthy lifestyles, but admitted they could do more to exercise and eat out less often at fast food restaurants. Parent schedules and time were noted as the primary reason for not doing what they know is better for their families.
- Participants did not feel supported by their communities. There was some controversy over the new Stapleton development “taking resources” away and newcomers in the neighborhood that were childless and not as receptive to community child rearing practices, which parents have historically relied upon in the community. There also seems to be a spatial mismatch in terms of access to community programs, most of which are located outside of the neighborhood.
- Overall, it seems that while participants are extremely grateful for health opportunities in their school, there are larger issues within the community and in their daily lives that need to be addressed first. These include economic factors and having adequate resources to feed, cloth, educate their children and protect them from harmful social forces in their communities. Note, for example, there are a number of homeless families who send children to Philips Elementary because it is one of the few schools in Denver that accepts homeless children. This was brought up by Eve, the parent liaison who attended the workshop.
- Participants expressed support for continued community workshops and/or forums in which they could express their ideas about program needs.

***Raw data available on request.**

Appendix D

Philips Elementary School, Denver Colorado Focus Group Summary and Recommendations by Sandra Howard MS and Pamela Wridt PhD

Although the school, and in different aspects the family through various programs support whole health, there is limited support at the community level. In other words, a link between the surrounding neighborhoods and the school and family is missing.

Recommendation

1. Create a Parent Teachers Association in order to bring synergy between the parents, teachers, and community.
3. Continue to conduct focus groups incorporating community members to seek response from a broader public.
3. Strengthen relationship with Stapleton Community

Students and Teacher/Staff Focus Groups

Students expressed concern regarding access to different foods and food scarcity; a need for increased quality family time (listening and sharing); a desire for shared physical activity with the family as a unit, and a decrease in school bullying.

Teachers and staff expressed concern regarding parent to teacher and teacher to student communications and inconsistent nutrition education across classes. The nutrition class instruction is teacher optional at this time. Both groups confirmed that a mechanism to increase opportunities to have various dialogues is wanted and needed.

Recommendation

1. Create parenting classes to educate parents on the various aspects of communication and support for the benefit of the family and social interaction.
2. Strengthen food-shopping programs. Although some of the nutrition education programs for parents provide shopping tips and visits to markets, more emphasis is needed in this area to include affordable healthy food.
3. Provide instruction and/or opportunities to engage parents in the benefits of physical activity. An increase in parent awareness of physical activity benefits may increase their awareness of nutrition and whole health.
4. Strengthen school bullying programs for child safety.
5. Provide nutrition education to all classes or all students.

The recommendations from these focus groups indicate that whole health must include the whole life of children and their families. The children and the parents who receive exposure to various nutrition and physical activity do retain the benefits of such education and opportunity, however the limitations expressed by all groups confirm that more is required to provide a lasting

individual effect and social change. A Parent Teachers Association is recommended as a mechanism to provide several connections and accommodate change in all areas while creating a greater constituency to support whole health.

Appendix E

Parent Focus Group Letter

Dear Parents of Philips Elementary School Children,

As part of a Colorado Physical Activity and Nutrition (COPAN) grant, we would like to invite you to participate in a conversation about healthy choice opportunities for the family, school and community. We will discuss this topic with a small group of parents for about one hour at the school.

Space is limited; therefore, we will contact the first 10 parents that respond.

Your participation is greatly appreciated. To show our appreciation, we will give participants a \$20 gift certificate to a local super market.

Date: Tuesday March 21, 2006

Time: 4:30 to 5:30pm

Location: Philips Elementary School Community Room

Your Name _____

Your daytime phone number or email _____

IF YOU WISH TO PARTICIPATE, PLEASE RETURN THIS LETTER TO THE SCHOOL PRINCIPAL (Principal Babb) AS SOON AS POSSIBLE.

Thank You,

Facilitators:

Sandra Howard PhD Student, University of Colorado Department of
Architecture and Planning

And

Pamela Writ, Senior Research Associate, University of Colorado

Philips Elementary School Office Phone Number (303) 388-5313

Appendix F

**Pdf FILE
Field Day Poster Presentation**

Appendix G

Literature Review

This literature summarizes collaborative models formulating the bases for PIH goals.

Collaboration

Morse, 1996 notes key elements in a collaborative effort that either support or challenge successful outcomes referring to Gray's collaborative model. She first defines the foundational characteristics to collaboration as trust -shared vision and commitment. Building on these foundational elements is the mindset, and characteristics for positive action and eventual success, beginning with basic respect by all parties for all partners. The results of such thoughtfulness are recognition of the value each participant brings is important to understand when dealing with various personalities and the experiences they bring to the collaboration as individuals and representatives. The author suggests members be aware of challenges that come about due to existing organizational structures or job responsibilities and view the collaboration as unifying in a new way. For example, turf issues are a common cause of collaboration failure. Therefore, it is important to think of the collaboration as an opportunity for various entities such as organizations, neighborhoods, and businesses to rethink how boundaries could expand.

" Gray's model ³entails 3 phase progression:

1. The renegotiation or problem-setting phase

- Participants arrive at a shared definition of the issue; determine the relationship of those present to the issue at hand; agree on the value of collaboration and commit to the process; and decide who else and what else is needed at the table or in the process to proceed effectively (includes other stakeholders, conveners, and resources).
- Critical to this stage is the group's commitment to collaborate. Commitment occurs by agreeing on a unifying theme; establishing a model and framework for shared leadership; setting governance policies and general rules; and securing and committing financial resources.

2. The direction-setting phase

Newly formed collaborative must be clear about how the agenda is set and how it can be changed or amended; they must decide how to organize themselves to work most effectively. The collaboration must also create the capacity to gather necessary information, determine alternatives, and have a process by which the group can come to agreement on an appropriate course of action consistent with the agenda and mission.

³ Gray, Barbara. (1989) *Collaborating: Finding Common Ground for Multiparty Problems*. San Francisco: Jossey-Bass Publishers,

3. The implementation phase.

Finally, the collaborative must move from process to action, Gray's third phase of implementation. While the "process" will continue throughout the life of the collaborative, this third phase is the time when organizations and individuals must commit to some, if not all, of the action components. According to Gray, there are four issues to address during the implementation phase:

1. Dealing with constituencies;
2. Building external support;
3. Structuring and monitoring the agreement; and
4. Ensuring compliance.

Epstein Model of Involvement⁴

This brief discussion begins with the research of Dr. Joyce Epstein of Johns Hawkins University. Dr. Epstein's work has resulted in a model that includes six ways in which families; schools and communities (businesses in the agencies, nonprofits etc) can work together for the current and future success of children.⁵ Dr. Epstein's model is constructed to involve the various entities listed above in a partnership that encourages children successful development, and is currently used in several school districts across the US.

Component types

Type 1 -Parenting

Assist families with parenting and child-rearing skills, understanding child and adolescent development, and setting home conditions that support children as students at each age and grade level. Assist schools in understanding family's.

Type 2 - Communicating

Communicating with families about school programs and student progress through effective school - to - home and home - to - school communications.

Type 3- Volunteering

Improve recruitment, training, work schedules to involve families as volunteers, and audiences at the school or in other locations to support students and school programs.

Type 4 - Learning at Home

Involve families with their children in learning activities at home, including homework and other curriculum-related activities and decisions.

Type 5 - Decision Making

⁴ Epstein, J.L., Coates, L., Salinas, K.C., Sanders, M.G., & Simon, B.S. (1997).

⁵ Working Together- The Office of Community Relations, Naperville Community Unit School District 203, Naperville, Illinois www.ncusd203.org Endorsed by National Parent Teachers Association.

Include families as participants in school decisions, governance, and advocacy through home and school, school councils, committees, action teams, and other parent organizations.

Type 6 - Community Collaboration

Coordinate community resources and services for students, families, and the school with businesses, agencies, and other groups, and provides services to the community.

Example:

The DPI uses the Epstein model for their “What’s Right for Kids” school nutrition program as part of the New Wisconsin Promise to bring nutrition and physical activity to the forefront for children and their academic achievement(v).The DPI has created a *Learning Together* packet with various strategies to enhance school, family and community collaborations. The packet includes nutrition and physical activity information, articles, case studies, references, and measurements to help schools get families and communities involved. Examples of how the Epstein model can be implemented are also provided. This model adds knowledge sharing to the Epstein model of involvement by providing resources based on a schools, current needs and future goals. In this way, resources are provided for schools based on their ability to respond to the needs of their children, and prepare them for future levels, including measurements and how to sustain their efforts.

The Institute for Educational Leadership⁶ (IEL)

The Institute for educational leadership is a nonprofit nonpartisan organization based in Washington DC. For thirty-five years, they have brought diverse people together to identify and resolve various issues related to policy, programs and sector boundaries.

“Efforts are focused through five programs of work -- Developing Leaders; Strengthening School-Family-Community Connections; Governing; Connecting and Improving Systems that Serve Children and Youth; Improving Participation for Work”

The institute’s work reflects three guiding principles:

1. Help educators and community builders understand one another-their philosophy concerns organizational cultures, operating styles and other factors that influence how groups work together.
2. Describe strategies that work, and suggests “rules of engagement” to guide school/community builders interactions.
3. Offer recommendations for future work that can strengthen the joint efforts of community builders, and educators.

⁶ Institute for Educational Leadership; Education and Community Building: Connecting Two Worlds (2001). 1001 Connecticut Avenue NW, Suite 310 Washington, DC 20036 www.iel.org

IEL Rules of Engagement

Rules of Engagement, fundamental steps for educators and the communities they serve:

1. Find out: find out about others interest and needs
2. Reach out: reach out to potential parties on their own turf, with specific offers of assistance.
3. Spell out: spell out the purpose and terms of joint efforts including who will do what and when
4. Work out: work out the kinks as they arise and change approach as needed
5. Build out: build out from successes by sharing positive results and encouraging expanded efforts.

These basic rules of engagement for schools and their community are accompanied by examples such as starting points, case studies, and how to work with diverse groups and levels of power to achieve success for families, schools, children and their community.

Additionally, in order to move forward with a collaboration agenda to strengthen youth, families and the community, IEL research efforts supply five recommendations.

- Form additional tables (opportunities) to engage more education and community builders in the conversation.
- Strengthen and sustain the work of community builders in supporting education reform.
- Help educators to learn more about community and community building, and community builders to learn more about education.
- Support additional research and information gathering.
- Work to influence the design of school facilities as assets to the community for the future.

Families and Schools Together (FAST)⁷

FAST is a National Training and Evaluation Center and a collaborative parent/professional partnership that builds a multifamily group process for children ages 3 - 14 years old to reduce risk behavior and the barriers that influence risk, such as school failure, substance abuse, psychological issues and delinquency. This program is a multifamily outreach model based on the work of Dr. Lynn McDonald, family therapist and family stress theory. The program was developed in 1988 to serve teacher-identified, at risk elementary school, youth and their families. The U. S. Department of Health and Human Services, U. S. Department of Education, and the U. S. Department of justice have sponsored FAST research and development since 1987.

Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors and reduce the risk factors associated with

⁷ Lyn McDonad, Ph.D., Program Founder. Wisconsin Center for Education Research. www.wcer.wisc.edu/fast

substance abuse and related problem behaviors for children. The program systematically applies research on family stress theory, family systems theory, social ecological theory and community development strategies to achieve its four goals:

1. Enhance family functioning
2. Prevention of school failure by the targeted child
3. Prevention of substance abuse by child and family members
4. Reduce stress from daily life situations for parents and children

The model consists of 2 ½ hour multifamily sessions facilitated by a parent professional team over 8-10 weeks and follow-up sessions over two-years. The sessions include referrals, when and where appropriate, to community agencies for additional support. Five to twenty-four families may participate, however, a minimum of five families must graduate in order to become a certified FAST program. Components include the following:

- Meals for each family member, and supplies for program activities, transportation and childcare including a \$30 gift basket.
- Separate support networks for youth and their parents bringing youth and parents together for communicative encounters.
- The program supports individual efficacy structured to respect the voice of both youth and parents.
- Families participate together in carefully orchestrated, research –based, interactive, family fun activities.

Community School Model⁸

A community school is both a set of partnerships and the place where services; supports and opportunities lead to improved student learning, stronger families and healthier communities

Community schools use public schools to foster relationships among families, volunteers, businesses, agencies and organizations committed to children and education.

The community school, operating in a public school building, is open to students, families and community members before during and after school, seven days a week, throughout the year. The school is jointly operated through a partnership between the school system and one or more community agencies. A school is oriented toward the community and encourages student learning through community service and service learning. Consequently, a variety of professionals, parents, and agencies can support children, their families, and the school as a community.

⁸ Coalition For Community Schools c/o Institution for Educational Leadership. www.communityschools.org

In a community school, youth families, residents and businesses work together as equal partners with the school and other community institutions to develop programs and services in five areas:

1. Quality education

- Curriculum and instruction to meet challenging academic standards, and use all community assets as resources for learning

2. Youth development

- Young people develop their assets and talents, forming positive relationships with youth and adults serving as resources to their community

3. Family support

- Family resource centers, early childhood development programs, and health and social services build individual strengths and enhance family life

4. Family and community engagement

- Family members and other residents actively participate in designing, supporting, monitoring and advocating quality activities in the school and community

5. Community development

- All participants focus on strengthening the social networks, economic viability and physical infrastructure of the surrounding community

6. The school serves as a community hub advocating community service and service learning. The model components include;

- Before and after school learning
- A family support center to help facilitate child rearing, employment and other services that engage business professionals, college faculty, neighbors, students and families to support and participate in activities

Gray's model acknowledges the efforts PIH has demonstrated through their goal to discover an integrated model. In order to create committed positive change, children and their communities that our programs serve, should not be independent of the decision-making process that affects their lives. PIH came together in a commitment to this idea, exemplifying Gray's 3-phase process.

Epstein's model, endorsed by many organizations and school districts across the nation, including the Harvard Family project and the National PTA encourages the efforts of our partnership at the local level. PIH also discovered the six components in this model significant to helping children and their neighborhoods and schools achieve positive social change.

IEL main points and Rules of Engagement reflect participatory efforts that create a more inclusive environment. These rules go far to enhance current models, because they acknowledge all parties as decision makers in addition to agencies, organizations and other administrative bodies. They reflect grass root efforts to expand decision-making and collaborative models by including policy.

The FAST program is an example of a model that acknowledges the long-term effects of lagging social and psychological disparities and general stresses that challenge working families across the nation and influence risk behaviors.

Similarities and differences between PIH approach and these national models indicate that, in addition to the contemporary models for family/school and community collaboration above, PIH recognizes initiatives that encourage self-sufficiency for disadvantaged groups, who too often lack the opportunity to gain the skills to articulate their needs.

This form of expanded decision-making also acknowledges the social and economic inequalities that exist in many urban communities evidenced in the growing gap between the rich and poor in the US (⁹Briggs, 2003;¹⁰ Wilson, 1997). Building on the social and psychological challenges already discussed, it is also evidenced in the environments PIH currently serves that economic challenges create barriers to whole health. PIH has established, in our work, that economic disparities often prevent low-income families from access to healthy foods and positive lifestyles. We reflect upon the whole life of children, families and neighborhood/community in our definition of whole health.

PIH Definition of Whole Health

- ❖ Whole health is the health and well being of an individual and their environment as it relates to them nutritionally, physically, socially, economically, psychologically, mentally, and spiritually. Whole health is dependent upon all the aspects of an individual and how they respond to the environment around them-- at home, at work/school and at play.

⁹ Briggs, X. (2003). Geography of Opportunity. Brookings Institute Press. Washington, DC

¹⁰ Wilson, W. (1997). When Work Disappears. Alfred A. Knoff New York.