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



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WIC: The Special Supplemental Food Program for Women, Infants, and Children

By Melanie Watts, Tom Gregory, and Catherine Tim Jensen

Studies have shown that there is a definite relationship between diet and the health and development of young children. A child who does not have the proper nutrition during his or her early years simply does not have the same chance for a full and healthy life that a properly nourished child has.

The WIC program is helping low-income women make sure their youngsters get the kinds of nourishing foods they need—starting with their very first months. Through a specially designed food package, the program provides supplemental food assistance to pregnant women, nursing mothers, infants, and children under 5—who are determined to be “at nutritional risk.”

Initially begun as a pilot project in 1974, WIC is now a permanent program. The program is administered by FNS in cooperation with State health departments and Indian groups or tribes (recognized by the U.S. Department of Interior) which may act as State agencies.

But the people who actually run the program are the staffs of the local health clinics. They are the people who interview and certify

applicants, decide which WIC foods recipients should receive, and give them instructions on how to obtain and use the foods.

The WIC food package includes foods high in protein, iron, calcium, and vitamins A and D—eggs, milk, cheese, cereal, infant formula, and juice. Participants receive varying combinations of these foods depending on their particular needs. Most participants receive an average of about \$20 worth of food per month.

Clinics can provide these foods in a number of ways. Some clinics give recipients vouchers redeemable at authorized food stores. Others distribute foods directly, or arrange for home delivery—through a local dairy, for instance. No matter how they provide the foods, all of the clinics make sure that the recipients know how to use them. They do this during the course of the recipients’ regular health care visits in special nutrition education sessions.

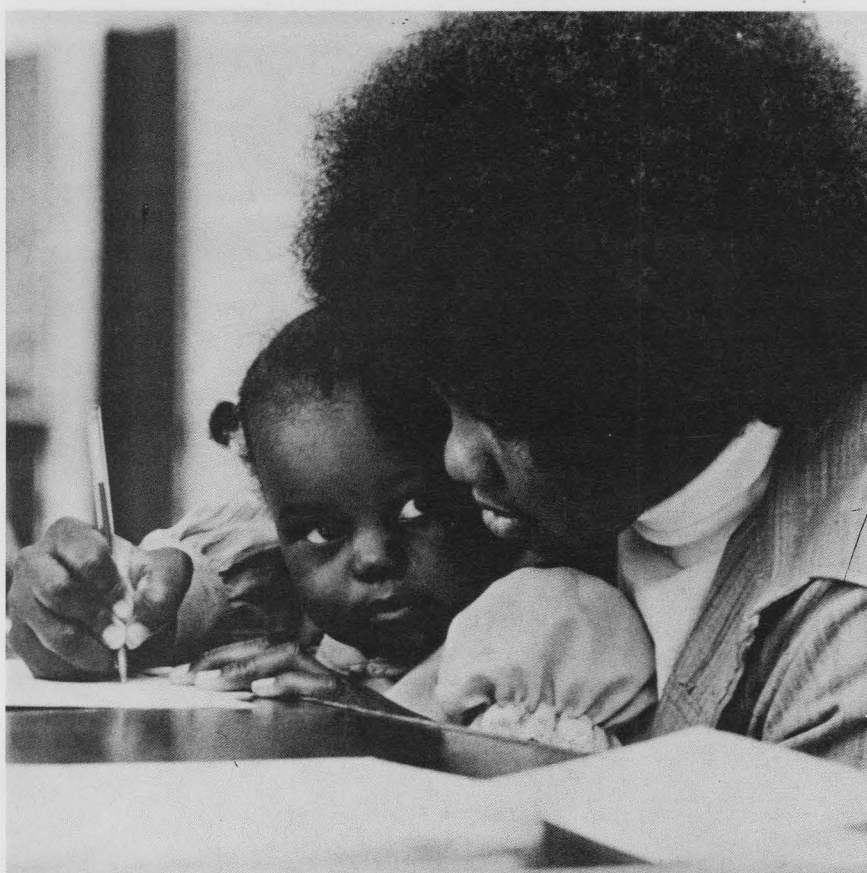
The following stories illustrate several different aspects of the WIC program. The first provides an overview of how the program works, looking at operations at one of Arkansas’ newest WIC sites. The second describes an Alabama program and tells why State and local health officials are so enthusiastic about some “spin-offs” from the program. And the third shows how a grocer in Massachusetts has set up his store to make shopping easier for WIC clients.

A look at one county’s program

Crittenden County is one of 75 in Arkansas. It is located in the State’s southeast corner, right on the Tennessee border. About 50,000 people live there, and of that number, 40 percent have incomes well below the poverty level. But perhaps the most startling of all the statistics about Crittenden County is the infant mortality rate. Of every 1,000 babies born there each year, nearly 27 die within a few months.

There are many reasons for this, and for why this figure is so far above the State’s average of 19. Failure to seek proper medical care, poor living conditions, ignorance, and not enough money to buy the right kinds of food—these are some possibilities.

But county health administrators see the WIC program as an important step toward solving these problems.



A Crittenden County woman completes certification procedures at a West Memphis clinic.

Crittenden County has been operating the WIC Program since October 1976, and it's one of the newest Arkansas counties to join the program. The State started with 14 counties in 1974, the year when the program was first introduced on a pilot project basis.

Since September, Arkansas has brought 26 more counties into the program, and now more than half of all the counties in the State are participating.

In Arkansas, entire counties are brought into the program rather than just some cities or portions of cities, as in other States. Only residents of participating Arkansas counties may be authorized to participate. Prior to the start of program expansion in Arkansas, some 4,000 people were participating. But this number is expected to more than triple—to about 15,000—by May 1977.

"We knew there was need for such a program in the State," recalls Dr. Rex Ramsey, director of the Arkansas Department of

Health. Dr. Ramsey speaks from actual experience, since he is also a pediatrician and makes visits to the clinics. "Some patients we saw were terribly anemic and this may be a direct result of not eating the right kinds of food."

Reasons for this vary, according to Dr. A.S. Fitzhugh, deputy director of the Department of Health. Many women just simply didn't have the money. Others either put their babies on the wrong formula from the start, or kept them on the bottle too long.

Dr. Ramsey offers still another reason: "Some families expect all the children—even the babies—to eat the same things everyone eats. And even at that, the kids

have to grab for what they get."

But with the WIC program, he says, such excuses are no longer necessary.

Determining eligibility

The two-part certification process begins with a physical examination. A registered nurse or physician measures height and weight, listens to the heart and lungs, checks the blood pressure—and if the applicant is over 6 months old—makes a hemoglobin test.

A hemoglobin test is probably the best indicator of nutritional need because it reflects problems of anemia or iron deficiency. The test is done by pricking the finger for a small blood sample.

Pregnant or lactating women are considered to be at nutritional risk if their examination turns up one or more of these four problems: anemia; an inadequate dietary pattern; a history of premature births, miscarriages, or high risk pregnancies; or inadequate growth patterns involving underweight or obesity.

Infants and children are determined to be at nutritional risk if they have an inadequate dietary pattern, anemia, or problems with weight gain or low birth weight.

Applicants who pass this phase of the certification process must then meet with the State WIC coordinators who determine economic eligibility.

The 18 WIC coordinators are assigned to work specific areas of the State. They actually live in their assigned territories and travel to the various participating clinics in their areas on days the WIC program is featured. They also keep regular contact with the local grocery stores to see that vouchers are accepted only for the approved food items.

During visits to the clinics, the WIC coordinators must also find out the total net income of the applicant's household.

Once economic eligibility is determined, the WIC coordinator drafts a separate voucher for a month's worth of food for every family member qualified to take part in the program. Average value of a voucher is about \$22, but the amounts vary according to the foods prescribed.

The examining health professional specifically assigns the foods, and in what amounts, the recipient is to purchase. He or she does this on the basis of any special problems detected during the examination as well as which category the participant falls into. An expectant mother, for example, would have no use for infant formula, but may need milk, cheese, juice, eggs, and cereal.

Program and vouchers explained

The initial visit includes a general discussion of the program. The WIC coordinator explains to participants why the program exists, what it will do, and what they must do to remain eligible.

The coordinator points out that certification lasts for only 6 months—except for pregnant women—and at the end of that time, recipients will have to go through the entire certification process again. No women or children are continued on the program if their physical conditions do not warrant it.

The discussion includes instructions on how to shop with the WIC vouchers. The WIC coordinator explains that recipients can use the vouchers to purchase only acceptable WIC foods; they must pay separately for any other foods they buy.

Nutrition education

All WIC recipients make month-



A store's assistant manager gives advice on where to look for various WIC foods.

ly trips to the clinic to get the month's shopping voucher, and these visits enable WIC coordinators to conduct the required nutrition education. Usually sessions involve a group of people with similar interests or problems—expectant mothers, for example, or mothers with young children.

The presentation of this information varies. Sometimes the WIC coordinator selects to lead a group discussion, with recipients' input guiding it along. Other times, there might be discussions of

printed literature which recipients can then take home and keep for future reference.

But perhaps the most popular of all are visual presentations. All WIC coordinators have the necessary equipment to show film strips and accompanying sound tracks. These materials have come from a variety of sources that

produce them as a public service, and the subjects cover areas of interest to all three categories of recipients.

Training WIC coordinators

Nutrition education is a relatively new assignment for the WIC coordinators, who qualify for their jobs by holding college degrees and having at least 1 year's experience in public welfare programs. So, to prepare the coordinators for their new roles as "teachers," Arkansas Department of Health nutritionists held a series of workshops last summer.

There are 6 staff nutritionists, each one assigned to a specific area of the State to work across the board on all programs delivered through the public health clinics. These people, who are also registered dietitians, used to handle all the nutrition education and they still work with special WIC cases.

Such a case might be a mother who is not accustomed to using formula. Through home visits, the nutritionist can demonstrate how to properly prepare and serve the formula.

During the summer workshops, the nutritionists gave the WIC coordinators a basic understanding of nutrition as well as an idea of what resource materials the State office and other sources could provide. They say the most helpful part of the workshop was a lesson planning exercise in which each coordinator had to come up with an idea for a session, complete with all the necessary teaching aids.

Some ideas were so good that the nutritionists made them available to all coordinators to use. One example concerned the problem of buying baby food. The theme of the sample session was that shoppers should carefully read the labels, noting the contents listed in order of prevalence, and buy the most nutritious items.

The role of the grocers

Currently, there are about 124 grocery stores in Arkansas participating in the WIC program, and program administrators say the grocers are most cooper-

ative. Not only do they gladly volunteer assistance to first-time shoppers having a difficult time finding the different items, but they have also gone to the trouble of special stocking when necessary.

"We require that a store have at least five of the seven acceptable cereals on the shelf," says Yvonne Medley, WIC director for Arkansas. "So often, grocers had to put in special orders."

Grocers also work hard at keeping the WIC items in stock, which is sometimes a bigger problem than it may seem.

"Many of our WIC customers come in on the first of the month," says Lexiel Myers, assistant manager at a small West Memphis store, "so we really have a run on some foods. I remember one day we sold more than 30 cases of a particular infant formula. We finally ran out of our own supply, and I had to start looking all over town for more. But, we did find some."

Mr. Myers says he's sold on the program not just because of the extra business it generates, but also for "all the good it does the mothers and children."

Preventing future problems

WIC recipients participate in the program because they are at

nutritional risk. All health conditions sufficient to warrant a person's certification for the program are serious, but some are more serious than others.

An 8-month old infant brought into the West Memphis clinic for certification, for example, had been placed on regular milk by his mother. She had done this without first consulting a physician. "The formula was just too expensive," she explained, "and the regular milk is something everyone in the family can drink. Besides, my mother said it would be all right."

Well, as the examining nurse explained, it may not be all right. Unless that child receives the right kinds of nutrients—like those contained in infant formula—proper development may not take place.

Dr. Ramsey thinks the WIC program is having a positive impact on the State's infant mortality rate and that participating children will be less prone to infections and childhood diseases.

Dr. Fitzhugh agrees with this and adds that the program has made people more knowledgeable about proper feeding and nutrition practices.

"Our experience with the WIC program in Arkansas has been extremely good," he says. "It has reached its objectives—of providing good nutrition and nutrition education—as well as encouraging parents to bring their children in for all the other health care programs we have available."

Health officials see valuable "spin-offs"

"WIC is an exciting program to me," says Kenneth Ball, health services administrator for two of Alabama's counties.

"The beauty of the program is that it's not just another food assistance program—WIC's efforts are coupled with those of the health department."

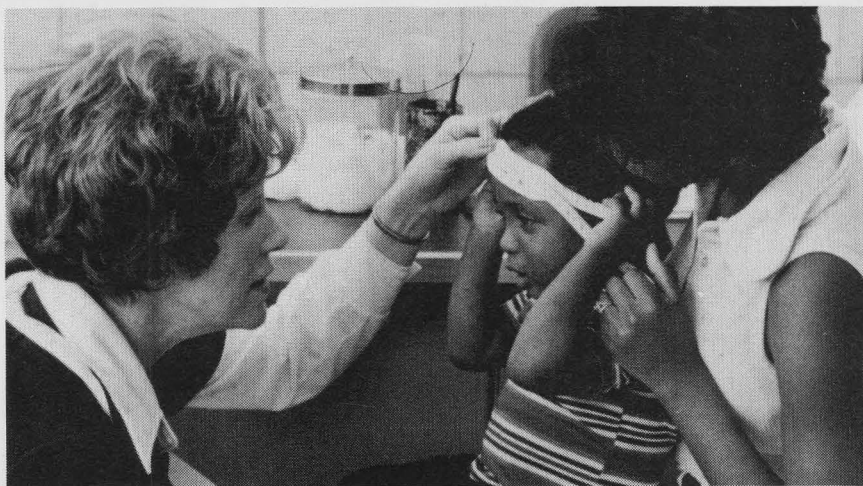
Mr. Ball works with three WIC programs in southern Alabama. All of them are administered by the county health departments in cooperation with the State Department of Health. And the largest, the project at Enterprise in Coffee County, serves 1,316 people—671 children, 426 infants, and 219 women.

"Here we strive to prevent mental retardation, deaths of mothers during childbirth, and the numerous diseases caused by malnutrition," the health administrator explains, adding that the foods WIC provides are helping in that effort.

But, the foods are "just the tip of the iceberg" in assessing the real value of the program, according to Dr. Clay Wells, director of the Bureau of Maternal and Child Care of the Alabama Health Department.

"To be sure," Dr. Wells says, "the special foods that mothers and children receive are of inestimable value, but the program has other spin-offs that are equally important."

For one thing, before coming to



The nurse at Alabama's Enterprise program gently assures a young child as she measures his head circumference and takes a blood sample from his finger.

the center for WIC, many women had never realized the importance of visiting the health centers for prenatal care. Too often they waited until the third trimester of their pregnancies. Now, with WIC as an incentive, they are coming to the health centers during their first 3 months.

As a result, diseases and problems can be detected early and given prompt attention. Because of this, there has been a remarkable decline in the number of cases of toxemia and other complications of pregnancy common among women who have not had proper health care.

Mr. Ball and Dr. Wells agree that another valuable dividend of WIC is the change in participants' attitudes and health habits. When they come to the health centers to inquire about WIC,

many applicants are impressed by how pleasant and concerned staff members are. They're often shy and nervous in the beginning, but the health center's staff soon puts them at ease and makes them feel they are among friends. The first step for all applicants is a physical examination, and the staff makes a point of explaining what is involved.

Spreading the word about WIC

How do people learn about WIC? Primarily by word of mouth, according to Mr. Ball. Word spreads fast as recipients tell others about their experiences at the health center.

But the health services administrator and his staff have also used every possible means to tell the WIC story. They have talked to civic clubs, churches, schools, and women's organizations. And newspapers, radio, and television stations have been very cooperative in helping them publicize the program.

Mr. Ball also credits allied agencies for their superb job in referring potential recipients to WIC. These agencies include the health department, the department of pensions and security, schools, and medical groups.

Nutrition education helpful

A firm believer in nutrition and nutrition education, Kenneth Ball recently added a nutritionist, Marsha Oggs, to his staff.

"There is little accomplished in providing these special foods," he declared, "unless the women are given proper instructions as to why they are needed, and how they should be used."

Nutrition education begins at the Enterprise project during the applicant's first interview. In a discussion that sometimes lasts as long as 90 minutes, nurse Rita Clarke learns about the applicant's eating habits, and starts explaining the importance of a proper diet. Subsequent lessons go into more detail about nutrition and health.

According to Mr. Ball, nutrition education can be taught in many ways—through lectures, films, newspaper articles, programs on radio and television, leaflets, and posters. "But nothing is better," he stresses, "than the one-to-one instruction." And, for this reason, he plans to add more nurses to teach recipients about good eating habits and show them how to use to the best advantage the food WIC issues.

Staff gets credit

The health services administrator is proud of the work being accomplished at the centers, and he credits his dedicated staff for the success of the WIC program. The head of the staff, Anne Edwards, coordinates all three WIC programs in Coffee and Geneva Counties.

A native of Huntsville, Alabama, Ms. Edwards is long experienced in public health. She once served with the Ethiopian Children's Nutrition Institute in Addis Ababa, where she saw first hand the devastating effects of malnutrition.

"I know what happens to mothers and children who have suffered from inadequate diets," she says sadly. "And I also know how

rapidly their health can improve when they are properly fed."

Mr. Ball feels that 2 years is not enough time to make an accurate assessment of the WIC program, but he is confident that the effects will be evident for many years to come. Brain cells, he points out, develop 75 to 90 percent of their full potential before birth, and the remainder, from 6 to 9 months after birth. Consequently, he says, a large percentage of mental retardation among children can be prevented by proper diets.

Although it may take time to measure the program's full impact, some results are evident. Dr. Wells sums it up when he says that one of the greatest benefits of WIC is that it's attracting women to health centers, winning their confidence, and selling them on good health.

WIC customers get special treatment

Lisi Market has been on Pembroke Street in Bridgeport, Connecticut, for 55 years. It is a family store where the Lisi brothers—John, Anthony, and Bob—know most of their customers personally.

Since the summer of 1974, mothers participating in the Special Supplemental Food Program for Women, Infants, and Children (WIC) have been receiving special attention at Lisi Market.

Mounted above a particular aisle of groceries, a 2- by 3-foot multi-colored sign saying "WIC" in big letters indicates that WIC mothers are important customers.

"It makes it easier for them to find the things they need," says An-

thony Lisi. Mr. Lisi adds that someone is always available to talk with Spanish-speaking mothers so they can not only find WIC items but also understand the labels.

Under the sign on the WIC aisle are such foods as canned milks, cereals, juices, and infant formulas. In the dairy bin at the end of the aisle are milk, eggs, and cheese.

The WIC recipients shop at Lisi Market and pick up the coupons for their purchases at the nearby Department of Human Affairs building. In this building is the WIC office, as well as the Well Baby Clinic.

Mothers receive the white, yellow, and amber coupons for varying food packages every 2 months. They are stamped for the month of redemption, and different colors indicate different foods for specific nutritional needs.

"Not all cereals or juices in the grocery store can be bought with WIC coupons," says Ben Gallucci, WIC deputy director in Bridgeport. "Having the right foods under one sign saves the mothers a hassle. Suppose they got all the way up to the checkout counter with a cereal that didn't have a proper iron content, for instance."

Most of the WIC customers who come to Lisi Market live in Father Panik Village, a public housing project across Pembroke Street. From 75 to 100 clients regularly exchange their WIC coupons for the prescribed foods.

"The first store in Bridgeport to take WIC coupons was a supermarket about a mile away. Since many of the people didn't have cars, they were walking all that way carrying milk," Anthony Lisi remembers. So, he visited the WIC office, and Lisi Market became the second grocery store in Bridgeport to enter the program. Today, 50 stores participate.

Shortly after they began serving WIC clients, the Lisi brothers decided to put up the WIC sign and locate the WIC foods in one specific area of the store.

"It certainly makes it a lot easier for a mother who is trying to shop with a baby or a toddler in tow," comments Ben Gallucci. ☆

Training for school food service: the opportunities are growing

In the school lunch issue of FOOD AND NUTRITION -- October 1975-- one section focused on the importance of continuing education for school food service people. Here's a follow-up on that section with a report on some innovative projects.

"What we're trying to do in South Dakota is reach school food service people in isolated rural areas who find it difficult to take part in regular certification courses," explained Karen Pearson of the State department of education. "Often these people are interested in upgrading their skills, but they just don't have the opportunity to do so."

Ms. Pearson was speaking to a small group of people who, like herself, are working on projects to increase training opportunities for school food service workers. The projects are funded by grants from FNS to State education agencies, and they're aimed at developing new approaches to provide training in areas ranging from isolated rural communities to large metropolitan centers.

In December, FNS hosted a 2-day meeting so project coordinators from various States could share their experiences in setting

up programs. During the meeting, all of the coordinators had a chance to explain what they are doing to tailor training efforts to the needs of school food service people in a particular area.

Karen Pearson, for example, described the "suitcase home study kit" she's developed especially for school food service workers in rural communities. The kit is just what it sounds like—a suitcase full of study aids, including a tape recorder and audio tapes to use with the lesson notebook. The book is complete with worksheets and contains chapters on the history and philosophy of school food service, as well as on program regulations, nutrition, menu planning, purchasing and storage, quantity food preparation, sanitation and safety, human relations, communications, and nutrition education. The kit also contains such FNS basic program aides as the "Food Buying Guide," and "Menu Planning Guide."

In a pilot test this fall, Ms. Pearson selected about 45 individual food service workers in different geographic areas of the State to take the course. Each of them was supplied with the kit and, over a period of weeks, worked with it at home. They received a certificate upon completion of the course, and they're now evaluating it.

The project coordinator said she was pleased to learn from many of the participants that the course made them feel "more confident on the job." Many reported that they've talked about it with their supervisors and co-workers, as well as with teachers and principals in their schools.

Ms. Pearson is now discussing plans to have more school food service workers throughout South Dakota take the course. She already has 105 kits to use.

Other project coordinators also reported enthusiastic responses from the school food service people they've talked to about their efforts. The projects vary in approach, but all are aimed at helping the people in the school cafeterias do the best job they can

in providing high quality meals.

The following summary provides highlights from each of the training projects discussed at the December meeting. FOOD AND NUTRITION will be reporting on the progress of these and other projects.

- In Maine, Katherine Musgrave and Susan Webber of the University of Maine are working cooperatively with the State Department of Education to lay the groundwork for a Statewide program of professional certification for school food service people. They're starting with a systematic plan to find and fill the training needs that will lead to such a program.

- New Jersey project coordinators Carrie Lane and Miriam Hughes of the State Department of Education are developing curriculum materials for training cafeteria aides, cashiers, general workers, and cooks. Their primary objective is to encourage these people to produce school meals more efficiently and effectively.

- Wyoming project leader Nanette Hoymer of the State Department of Education has developed a Statewide training program to reach all 736 of Wyoming's food service employees, through regional workshops and self-improvement learning packages. It's a major effort to overcome problems of geographical distance and isolation.

- Working cooperatively with the State Department of Education, Hannelore Dawson and Roy Alonzo of the University of New Hampshire have written new courses for both supervisory and non-supervisory level workers.

A mobile van with classroom space for 16 students, and outfitted with the latest institutional cooking equipment has been designed to take the courses to school districts in all regions of the State. With this mobile kitchen now under construction, training opportunities will soon be available to New Hampshire school food service workers, including those in the more isolated mountainous regions. ☆

Breakfast at school

By Carol D'Arezzo and Tino Serrano

Eat breakfast at school? For some kids that may be a new idea, but for others, it's something they've been doing for years.

The school breakfast program began 10 years ago as a pilot program when the Child Nutrition Act of 1966 authorized USDA to work with State education agencies in helping schools set up, maintain, or expand nonprofit breakfast programs. More than 752 schools took part during the first year of operation, and most of them still have programs.

Today, the school breakfast program is available to all schools—it was authorized on a permanent basis by Public Law 94-105, the child nutrition legislation of October 1975. And now, more schools than ever before are expressing interest in starting programs.

But where do they begin? How will the food service staff handle the added work, and what changes will have to be made in the regular school routine? What will be the reaction of parents, teachers, and community leaders? Will students actually eat breakfast at school?

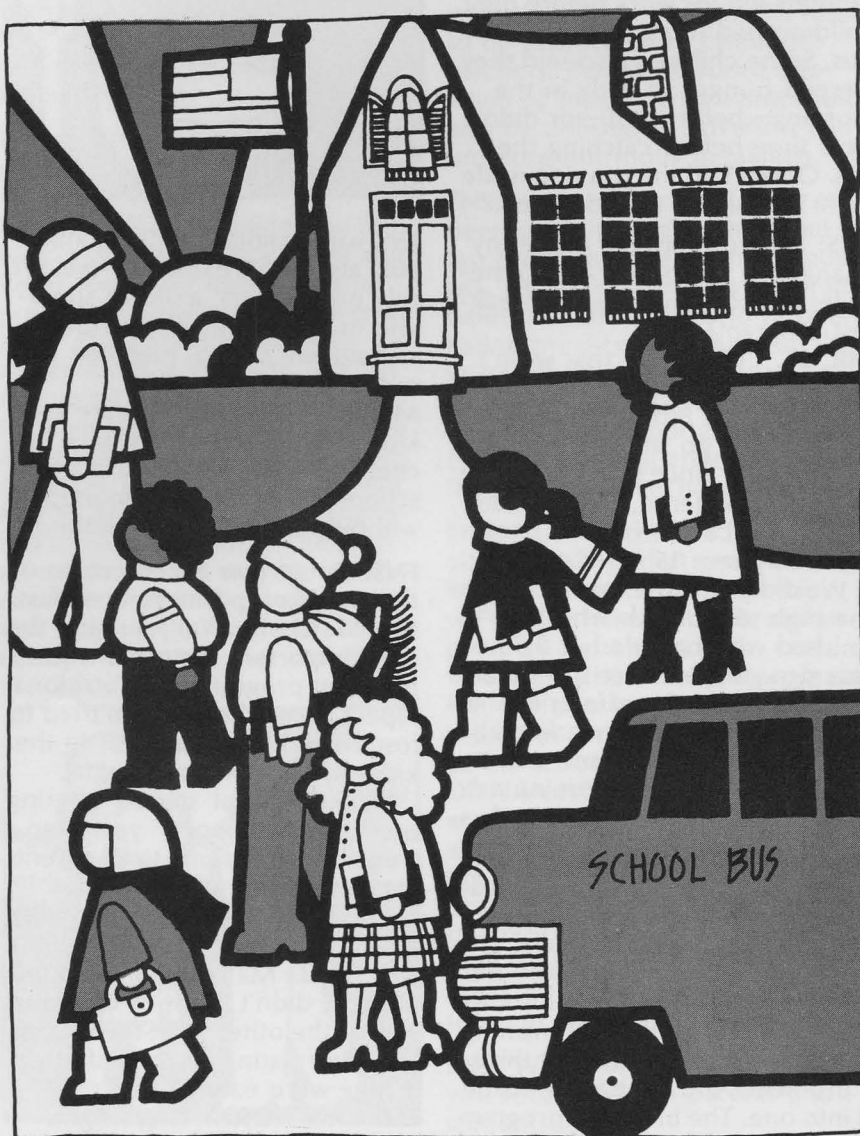
The following articles provide some answers to questions like these from people involved in setting up school breakfast programs. One is an interview with three of the people responsible for the development and continued success of one of the country's first pilot projects. The other is a feature about two schools which have begun breakfast programs within the last 2 years.

A continuing success at Northern Bedford

Schools in Northern Bedford, Pennsylvania, have been serving breakfast to students for the past 9 years. Initiated in 1967 as a pilot project, the breakfast program has continued to grow and is available in all three district elementary schools as well as the high school. Benjamin Van Horn, district superintendent, Robert St. Clair, principal of Northern Bedford County High School, and Dora Hull, managing supervisor of the district school food service, share their experiences in setting up the program and getting the support of parents and students.

FNS: Why did you decide to take part in the pilot breakfast program?

DR. VAN HORN: We found that there was a real need for the program. Because of the time and distance the children were traveling to school, many of them were suffering nutritionally. I would consider the Northern Bedford area to be an average, rural community—not unlike most communities, rural or urban. We're not a "needy" community. And yet, before we started the breakfast program, nearly half of our youngsters were coming to school without



eating breakfast. We discovered this in a study that we conducted, surveying over 13,000 elementary and high school students about their morning eating habits.

FNS: Were you able to find out any reasons why so many children were not eating breakfast?

DR. VAN HORN: Well, some students responded with the usual answers—they said they didn't want to get fat or they weren't hungry. But many children indicated that eating breakfast would interfere with their morning routine. Some 600 families took part in our survey, and we found that in one-third of them, the mothers left for work before their children had to catch the school bus. Some children also said they weren't hungry so early in the morning—before 7:30—or didn't have time before catching the bus. Others said the bus ride made them feel sick if they'd eaten.

FNS: Did you have to make any changes in the bus or class schedules to accommodate the breakfast program?

MR. ST. CLAIR: No, that wasn't necessary. The buses arrive any time between 8:00 and 8:20, and the kids just go straight to the serving line. Since bus arrivals are naturally staggered, there is seldom a wait, and even the latest "arrivals" have 15 minutes to eat.

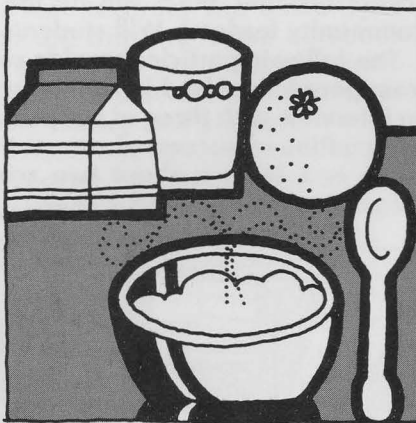
We did make one small change: the high school kids who aren't finished with breakfast at 8:30 may sign an attendance sheet that's passed around the cafeteria. This means they won't be marked absent in their homerooms, and it gives them a few more minutes' "grace" before they report to class.

DR. VAN HORN: Basically, we do this to make breakfast more pleasant and less regimented. Many of the students enjoy the social aspects of breakfast at school—it's a chance to visit with friends. Sometimes they're a little late finishing breakfast, but we don't see this as a problem. And we haven't made it into one. The breakfast program

is a service we offer to our students—one that we do our best to encourage them to take advantage of. A relaxed atmosphere helps make school breakfast an attractive option for them.

FNS: What kind of supervision is needed at breakfast?

DR. VAN HORN: Very little, we're pleased to say, and that's consis-



tent with maintaining the comfortable atmosphere the kids like. We rely on teachers' aides to supervise in the elementary schools, and student council members help out in the high school.

MR. ST. CLAIR: Our kids are good kids—well-behaved. We have teachers who eat breakfast in the school cafeteria and can enjoy it without having to act as monitors.

FNS: Could you explain some of the ways you promote breakfast?

MR. ST. CLAIR: Well, certainly the most important feature of the breakfast program is its nutritional aspect. From the first, we tried to foster nutrition awareness in the kids, and also in the parents.

When we first started offering breakfast at school 9 years ago, we sent letters home to all parents explaining how eating a good breakfast was vital to their child's ability to learn.

MS. HULL: Many parents, up until then, didn't seem to care one way or the other what their children were eating for breakfast or if they were eating at all.

DR. VAN HORN: That's right.

In our pre-breakfast survey, we discovered that the morning meal for the kids who did eat at home often consisted of fried potatoes and gravy, a cookie, or a sausage cake—not what you would call very nutritious meals.

So nutrition education has been our top emphasis. I'd also like to add that we have always tried to stress that our interest is in the health and well-being of the children. We don't care *where* they eat in the morning—at home or at school—just as long as they eat a good breakfast. The school breakfast program is *not* in competition with breakfasts served at home. It's an option—an alternative that can be used.

FNS: What was the reaction of parents?

MR. ST. CLAIR: Dr. Van Horn took care to introduce the breakfast program in a way that made it very acceptable to most of the parents from the outset. For one thing, he explained that it was something of a privilege to participate in the pilot program. Secondly, he pointed out that our district was eligible on the basis of time and distance of bus travel, so there wasn't any feeling that the breakfast program was a "poverty program." Based on the background of the community, we might have had some resistance to the program if we hadn't made that clear.

FNS: What percentage of your students are eligible for free or reduced-price breakfasts?

MS. HULL: Our overall average daily participation ranges from around 30 to 40 percent of our total enrollment, districtwide. Of these children, 42 percent receive free breakfast, and 5 percent pay a reduced price.

DR. VAN HORN: An interesting sidelight is that many children started eating breakfast at home right after we launched our nutrition awareness campaign. So we feel that the success of having a breakfast program extends be-

yond the classroom and cafeteria and right into the home—where there is a boost in nutrition awareness, and better eating habits for the whole family.

FNS: Are you satisfied with your rate of participation?

DR. VAN HORN: No. I don't believe that we'll be satisfied until we know that all the children are eating breakfast either at home or at school. We've worked hard to promote breakfast over the last 9 years, and feel that we have a good program. Yet we're aware that there are still students who skip breakfast all of the time.

MS. HULL: We've worked hard to make our school breakfast program the best it can be. For example, we offer four basic menus, rotating them daily. The kids like our Number Four menu the best—that's orange juice, cereal, french toast, and milk. The Number One and Number Three menus offer orange juice, cold cereal or choice of cereal, toast, and milk. The Number Two menu offers scrambled eggs in addition to orange juice, cereal, toast, and milk.

FNS: Are you able to use any USDA-donated foods?

MS. HULL: Yes, we've been using the donated orange juice, margarine, prunes, and peanut butter. Many of the children like to put peanut butter on their toast.

FNS: In terms of preparation time and labor costs, can you describe your high school program?

MS. HULL: Well, I'd say the program adds between 4-1/2 and 5-1/2 man hours per day at the high school. We serve around 100 breakfasts there on an average day. Our food service people are enthusiastic about the breakfast program, and they're glad to have the opportunity to work a longer day. Since the program is self-supporting, the labor costs have never presented a problem.

FNS: How much do you charge for breakfast?

MS. HULL: A full-priced break-

fast costs the child 15 cents. The reduced price is 5 cents. School athletes, both girls and boys, get a 5-cent discount on breakfast. The athletic department offers the discount, paid from its own budget, to encourage the members of various teams to eat breakfast every day.

FNS: Do many of your athletes turn out for breakfast?

MR. ST. CLAIR: A good many of them do, particularly before important events. The coaches push breakfast as part of the whole physical readiness concept. We've had a winning football team and a winning wrestling team in our high school for the last 4 years, and we feel that breakfast has definitely contributed to that winning streak.

FNS: What are some other methods of promoting breakfast that you've found effective?

DR. VAN HORN: Besides the daily radio menu announcements and items about the breakfast program in our bulletins to parents, there are a few special treats for the children during the year. In the spring, our local "Dairy Princess" visits the elementary schools and speaks to the children about nutrition. The kids really love that.

MS. HULL: As part of the home economics program in the high school, home ec students visit the elementary school classrooms and teach the youngsters about eating a balanced diet and the

importance of different foods. I think this is a great learning experience for both the older and the younger students, and it really gets everyone involved.

DR. VAN HORN: We plan to continue placing emphasis on the nutritional benefits of a good breakfast in hopes of increasing our participation, especially in the high school. I am hoping that some studies will be done which will give us ideas on how to motivate more students to participate. Our promotional campaigns have been somewhat successful. However, I feel that a national effort is needed. Up-to-date teaching materials, such as movies and curricula, need to be distributed to classroom teachers. Perhaps favorite television or movie personalities could also be enlisted to advertise and promote nutritious breakfasts.

FNS: Have many of the older students been participating in the breakfast program since the first grade?

MS. HULL: Yes, and it's generally been the same kids who've been eating breakfast at school all the way through elementary school and high school. I can't put enough stress on the importance of encouraging young children to get into the breakfast habit.

FNS: How do the teachers feel about the breakfast program?

MR. ST. CLAIR: The response we've had here to the breakfast program has always been very favorable. The breakfast program has come to be accepted and valued as a natural counterpart to the school lunch program.

DR. VAN HORN: Classroom teachers in the elementary schools are aware that their pupils who eat breakfast stay alert, with "less dragging and drowsiness" in the late morning hours. And in the high school, teachers feel that breakfast has improved students' test and recitation performances.

FNS: What kind of response have you received from parents and students?



DR. VAN HORN: After the first full year that we offered breakfast, we asked all the parents if they felt the breakfast program should be continued. All of the parents whose children participated answered "yes."

MR. ST. CLAIR: And, we've continued to receive many compliments on our program.

MS. HULL: Parents seem reassured to know their children are eating a good, balanced breakfast—the kind of breakfast that might be a struggle to get them to eat at home. And the kids say things like "the food's really good" and "you can't beat it for the price."

Two new programs get underway

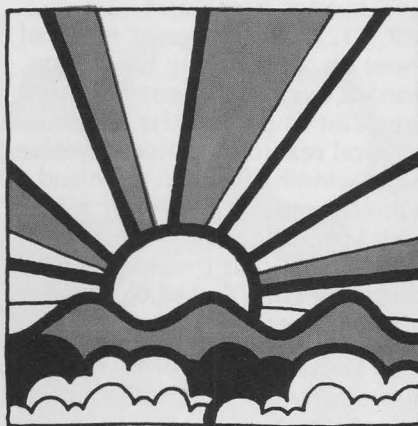
McCord and West Park are elementary schools on the outskirts of Fresno, California. The two schools are in different school districts and separated by a dozen miles of orange groves.

For the most part, both schools serve the children of Spanish-speaking farm workers who harvest the crops of the rich San Joaquin Valley. And, both schools have developed breakfast programs tailored to meet the dietary needs and cultural preferences of these children. The breakfast programs are fairly new additions to the schools' food service programs, begun out of concern for youngsters who were often too hungry to concentrate on morning lessons.

The usual challenge of getting kids to take time out for breakfast is compounded in these rural communities, school administrators explain. Most families' early-to-work schedules have never included a daily breakfast, and the youngsters, although hungry in the morning, aren't used to eating before lunch. Another complication is that students are familiar with a small number of foods, having been raised on a limited

ethnic diet. Many of them have never come face to face with a fried egg or some of the fresh fruits they encounter in the school breakfast serving line.

Setting up the breakfast programs took some imaginative planning—cafeteria workers and district food service people expanded their jobs to include being educa-



tors and inventors. For example, they've modified the breakfast meal plan to include tortillas and beans, and they now serve eggs scrambled with bacon. At West Park, cafeteria workers found a way to convince a few kids to try applesauce, and it soon became a morning favorite. The job of "selling" new foods to the youngsters continues as both schools work to increase the acceptance of milk and broaden the variety of fruits the kids will eat.

Getting the programs started

Nancy McGuire, a kindergarten teacher at West Park, is primarily responsible for the breakfast program there. "It all began with hungry kids asking, 'How long 'til snack time?'" she says.

The teacher met with a group of the local parents and discussed possible solutions with the cafeteria staff and school principal. Putting together a breakfast program proposal, Ms. McGuire and a determined task force of parents and faculty approached the school district. When, at first, the board was reticent, the teacher played her trump card—a record of poor

test scores for the younger students—and convinced the board to give the breakfast program a try.

In nearby Orange Cove, a similar move was underway. A Spanish-speaking community action group realized that the local children were suffering as a result of skipped breakfasts. The parents felt trapped. They worked hard to feed their families, yet their work schedule made it difficult to prepare a morning meal. Grateful for the school lunch program, they asked if the school could help them with their dilemma.

Mary Rose, district food service supervisor, heard about their problem, and, working with McCord principal Tim Vogt and members of the cafeteria staff, developed a breakfast program proposal and sold it to the district. When approved, the program, like West Park, was the first in its district.

Resistance at first

The idea of pioneering the districts' first breakfast programs made a lot of people apprehensive. The cafeteria staffs at both schools were concerned about increased workloads, and cafeteria managers worried about managing the extra people needed for the early meal. With lunch preparation beginning at 6:30 a.m., how could they possibly fit a second meal into the schedule? Storage areas at West Park were already straining at the seams, and they thought another meal would mean another inventory, another set of records, and generally, more work.

So it went with many of those associated with the program. Some teachers grumbled privately about the necessary early morning supervision, and the two principals prepared for the extra administrative work and the job of working the bugs out of a new program.

Some parents, as well as faculty members, wondered where the school drew the line "between educating and becoming a welfare agency."

"Aren't we subsidizing the family by feeding the kids so mom can work?" they asked, and "Will we

be feeding them dinners next?"

At West Park, Nancy McGuire spoke to several skeptical parents and convinced them to think of the children—the real beneficiaries. Everyone finally agreed that there was a genuine need for some morning food help and that the school was probably in the best position to address that need.

Pointing to a large commercial blender churning away on a corn bread mixture, a cafeteria worker at McCord said, "We've got this equipment sitting here around the clock," she said. "We realized it would be a crime to only use it once a day."

Fears prove groundless

When the programs actually began—a year ago at West Park, 18 months ago at McCord—high participation was one immediate reward for everyone involved. And most people found that their fears were groundless.

The cafeteria staffs have found ways to cut corners and minimize the extra work of the morning meal. Volunteer student helpers have eased the cafeteria workload to the point that few extra employees are needed, and some work only part-time. At McCord, the use of disposable plates and utensils has cut clean-up work. And though the cafeteria staff keeps track of foods used for each meal, foods for both are stored and inventoried together.

Morning supervision has turned out to be less of a task than anticipated. The kids can come and go from the cafeteria as they please—they don't have to remain for the duration of a "breakfast hour." At McCord, parents helped by volunteering for morning supervision work until the program was fully underway.

Popular with younger students

From the outset, the programs have been well attended, with participation varying between half and two-thirds of the average daily attendance. "The real test was baseball season," said a faculty member at West Park. "When the kids began taking time off

from playing ball to eat breakfast, we knew we had them."

The younger students are the programs' most loyal patrons. When asked how they felt about school breakfast, many of these children said they liked the dependability of the daily hot meal and the variety of foods offered. And their only suggestion for improving the program was, "How about waffles, or pancakes?"

At McCord, teachers report that some of the young students walk for miles rather than wait for the school bus that gets them to school too late for breakfast.

In both schools, primary teachers are the program's staunchest champions. They say their students are more alert, have more energy for their studies, and greater attention spans. Gone is the customary "morning lag," and there are markedly fewer disciplinary problems.

In contrast to the younger students, kids in the upper grades seem disinterested in the breakfast program—and breakfast in general. Few of them eat in the school cafeteria, although they say that the food was "fine" and cooked "okay." Some eat their breakfasts at home; most don't bother at all.

But teachers of the upper grades are behind the breakfast program even though their students are largely disinterested. Leon Gutierrez is an example. He teaches eighth grade, the senior class at West Park, and he is popular with his students.



"I support the breakfast program," he said, "even though it has little effect on my eighth graders. These kids, like me, never got in the breakfast habit, so it's tough to sell them on it now."

"If you want future eighth graders to be breakfast eaters, you've got to expose them to it early, when they're forming those habits," he added.

Support is widespread

Today, program support comes from a wide base at both West Park and McCord. School principals speak proudly of the early morning activities in their respective cafeterias. Grateful parents show their pride in their children's new nutritional awareness in notes sent to the school and reports given to State evaluation team members. And school nurses say they value the program highly.

Already enjoying laudable participation, the staffs of both schools anticipate further increases as they find ways to improve the service. At West Park, for example, the staff is simplifying application procedures to avoid the in-person visit a parent previously had to make to the school.

Both schools look forward to using the cafeterias to supplement the basic nutrition courses taught in the classrooms. School administrators and nurses hope that by combining basic nutrition courses with exposure to balanced meals in the cafeteria, they can provide a nutrition education package that teaches the theory and shows by example. Such a cooperative program is expected to make nutrition relevant and easy to learn.

The principals at West Park and McCord are proud that their schools' breakfast programs will serve as models in their districts.

West Park principal Richard Downer says there are no questions in his mind about the justification for such a program or about the good it can do. "Even if you take the position that our job is simply to educate kids, we can do that better if their stomachs are full." ☆

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