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Especially
for
Children

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What can we do to help children?

In communities across the United States, people are asking how we as a country can help children thrive and succeed. While no one can guarantee that a child will succeed, there are ways to maximize the chances.

Here, at USDA, we're proud to be working with our partners in state and local agencies and the private sector to make sure that children have access to nourishing food. Without adequate nutrition, they cannot grow, learn, or fully discover their talents.

In this issue of **Food and Nutrition**, we focus on how the food assistance programs serve children. Our lead article gives an overview of the federal government's commitment to the food programs and outlines some recent actions USDA has taken to strengthen them. It also looks at results of studies that show the programs are making a difference for children who participate.

In addition, in a variety of features from around the country, we look at the food programs in action. And we see that in addition to getting food to kids, they often help get kids to other services and activities that benefit them.

As a member of New York City's Human Resources Administration says about a project that gives homeless children opportunities to take part in a variety of cultural activities, the kids learn from and love the activities, but "it's the food that gets them there."



Working together for their future...

Getting Food Help To Children Is A Job For All Of Us

"As a nation," President Bush said on National Children's Day in October 1989, "we have no greater obligation than to help provide every child with the opportunity to grow up healthy, safe, and well-educated."

Throughout his Administration, President Bush has called for wise and carefully developed measures that strengthen the family and protect, educate, and nourish children.

The food assistance programs—and the people they serve—are an important part of federal, state, and local efforts to help children, particularly low-income children, and give them a better chance for a bright future.

"In describing our programs," Food and Nutrition Service (FNS) administrator Betty Jo Nelsen said at special Congressional hearings on children, "we often speak in terms of rules and budgets and spending...Those things are measurable.

"But behind those dry statistics will be the reality of the infants who thrive because of USDA food supplements, of children who are alert in school because of breakfast and lunch programs, of adults who are better parents and more productive citizens because of food stamps. The true measure of our food policies is how they change people's lives...

"The Bush Administration is committed to working with all levels and branches of government, advocacy groups, the private sector, community organizations, and individuals in a partnership to improve services to at-risk children."

Programs rest on solid foundation

The Food and Nutrition Service, the USDA agency Nelsen heads, was set up in 1969 specifically to administer domestic food assistance programs.

The programs rest on a solid foundation. This year's funding for FNS programs totals more than \$32.6 billion, representing more than half of USDA's total budget.

President Bush's budget proposal for 1993, announced the same week as his State of the Union address in January, calls for \$39 billion for FNS programs.

From their start, the food programs have relied on a partnership with state and local agencies. While authorized by national legislation, they are operated by people in state and local governments together with schools, day care centers, health agencies, charitable organizations, and other sponsors.

The programs couldn't exist without the cooperation of the private sector—food stores, for example, to accept food stamps and WIC coupons—and without the support of the American people.

This young boy stands a better chance of being ready for school thanks to the nourishment he is getting now through WIC, one of several food assistance programs administered by USDA together with state and local agencies.

When the National Commission on Children released its findings, it reported that most children have a bright future, but a sobering number are at risk:

- One child in four is raised by a single parent.
- One in five is poor.
- Each year a half-million children are born to teenagers.
- An increasing number of children are impaired before birth by their parents' substance abuse.
- Some children live amid violence and exploitation, much of it fueled by an illegal drug trade.
- Many children are poor; some are homeless; some are hungry.

Among the Commission's conclusions: problems can overwhelm individuals, families, or even government programs, but by working together we can make a difference.

We can make a difference

The President's domestic agenda calls for working together in many ways to make a difference in the lives of children. And the best approach, he believes, is to start early.

That's why the first of the six national education goals the President developed with the governors is "Readiness for School." It states: "By the year 2000, all children in America will start school ready to learn."

Working toward this goal, the President supported and Congress



passed major child care legislation that will enhance educational opportunities for pre-schoolers.

For example, the Human Resources Reauthorization Act of 1990 authorizes full funding for the Department of Health and Human Services' Head Start Program by 1994. At the time the legislation was passed, Head Start was serving only one in four eligible children, which means it has the potential for tremendous growth in coming years.

Expanding Head Start and other child care services will mean new opportunities to get food help to young children who need it through USDA's Child and Adult Care Food Program (CACFP). Most children in Head Start receive meals under CACFP.

This is just one example of how FNS programs are central to improving services for children and helping them be ready for school. There are many others:

■ The Food Stamp Program is the cornerstone of America's food help efforts. It is available nationwide, and everyone who qualifies is guaranteed benefits. In federal expenditures for benefits, the Food Stamp Program ranks second among the means-tested programs, behind Medicaid.

In 1992, the program is expected to serve more than 25 million people on average each month and provide more than \$21 billion in benefits over the year.

Families with children have always been the major beneficiaries of the Food Stamp Program. In fact, more than half of all food stamp participants are children, and more than 82 percent of all food stamp benefits go to households with children.

In addition to working to make sure the program is adequately funded and managed with integrity, USDA is also stepping up efforts to provide participants with nutrition education and to coordinate services with other agencies that assist families and children.

■ The WIC program makes a vital contribution to maternal and child health. Officially called the Special Supplemental Food Program for Women, Infants, and Children, WIC provides supplemental foods, nutrition education, and health care referrals to participating low-income women and young children.

Despite constraints of a "pay-as-you-go budget," the President's 1992 and 1993 budget proposals singled out WIC for additional funding. His 1993 budget proposal calls for \$2.84 billion a year for WIC—enough to increase monthly participation to nearly 5.4 million mothers, infants, and young children.

As we'll see in a more extensive article on WIC beginning on page 12, a major study has shown that WIC makes a big difference to the mothers and babies it serves.

In that article and companion features, we'll also look at how WIC

"As a nation, we have no greater obligation than to help provide every child with the opportunity to grow up healthy, safe, and well-educated."

is part of national, state, and local initiatives to encourage mothers to breastfeed; help children get needed immunizations; and, through education and referrals to treatment centers, help pregnant women avoid endangering their babies through drug and alcohol abuse.



■ Each year millions of nourishing breakfasts, lunches, and snacks are served through USDA's child nutrition programs by schools, child care facilities, summer recreation centers, residential institutions, and other sponsors.

For many low-income children, these may be the only nutritionally balanced meals they receive all day. In addition to providing needed nutrients and energy, these meals also offer children an example of what makes a lunch or breakfast nourishing and well-balanced.

Along with states and local sponsors, USDA is working to improve the nutritional quality of the meals served through the child nutrition programs and to develop more opportunities to provide children with nutrition education.

Meals served by schools, child care centers, summer camps, and other child nutrition program sponsors help provide children with the nutrients and energy they need. For many low-income children, these may be the most nutritionally well-balanced meals they eat all day. Sponsors receive financial support, USDA commodities, and technical assistance.

■ Through its Food Distribution Program, USDA donates a variety of federally purchased commodities to food assistance efforts. USDA commodities, for example, help schools and other child nutrition program sponsors serve nourishing meals at low cost. In fact, more than 70 percent of federally donated food goes to schools participating in the National School Lunch Program.

USDA-donated foods are also close at hand to help victims of natural disasters and people getting meals or emergency food help through charitable organizations. Some Native American families choose to get USDA commodities instead of food stamps.

USDA and its partners in state and local agencies are working in a variety of ways to strengthen the child nutrition programs and improve the nutritional quality of meals served through them. Here's a more detailed look at some major steps being taken:

Expanding the Child And Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is the fastest growing Food and Nutrition Service program, thanks in part to increased funding and efforts to enlist additional sponsors.

CACFP provides funds and USDA-donated food, year-round, to help provide meals to children in day care centers, family day care homes, and afterschool programs. (It also provides support for meals served to impaired and elderly adults in non-residential care centers.)

During fiscal year 1991, approximately 1.7 million children received nourishing meals and snacks through the program—up from 23,000 in 1969, the year the program began. Between fiscal years 1989 and 1990 alone, average daily participation increased by 8 percent and total funding by 17 percent.

Program managers expect participation to reach nearly 2 million this year, with continued growth in coming



years as Head Start and other child care services expand.

Because nourishing meals are an important part of quality child care—and because CACFP is such a valuable tool in getting food help to needy children—FNS is working closely with the Department of Health and Human Services and other agencies to provide information about the program to child care providers.

Through three demonstration projects, FNS is also looking at ways to encourage greater participation among sponsors serving low-income children :

- One demonstration project, in Kentucky and Iowa, is testing the effect of a change in eligibility requirements for private “for-profit” centers in CACFP.

Currently, for-profit centers may participate in CACFP if 25 percent of the enrolled children are Title XX beneficiaries. (Title XX funds of the Social Security Act are used by states to purchase child care services for low-income children.)

Under the demonstration, instead of having to meet the Title XX requirement, for-profit centers may participate if 25 percent of the children meet the income eligibility guidelines for free and reduced-price meals.

Results of the demonstration are currently being evaluated.

- The second demonstration is looking at ways to encourage CACFP participation among family day care homes located in low-income areas or serving primarily low-income children. Traditionally, this group has been under-represented in the program.

Among the strategies being tested are: helping low-income homes get properly licensed; giving them individual attention through the use of mentors; and designing program materials to be easily understood by people who have limited reading skills or who don't speak English.

This demonstration was completed in October. Results are currently being evaluated.

- The third demonstration will determine the best means of providing year-round food assistance to preschool children in homeless shelters. Several sponsors of homeless shelters are taking part; two of them are the Archdiocese of Philadelphia and the Joan Kroc Center for homeless people in San Diego.

Reaching Out With School Breakfasts

In addition to expanding CACFP, FNS is also working to reach more children with school breakfasts.

The school breakfast program provides assistance to states to initiate, maintain, or expand nonprofit breakfast programs in eligible schools and residential child care institutions.

As in the school lunch program, FNS provides reimbursement for meals, with higher rates paid for meals served to needy children. It also provides USDA-donated food and technical assistance.

Recognizing the importance of breakfast to children's ability to concentrate and learn, FNS has a number of initiatives to enlist more schools to offer morning meals.

“When I came on board at the Food and Nutrition Service,” Betty Jo Nelsen said at the Congressional hearings on children, “I was struck by the difference between the number of schools that participate in the National School Lunch Program and in the school breakfast program. We simply need to do more to encourage schools to implement a breakfast program.”

Nelsen directed all seven FNS regional offices to work with the states in their regions to expand school breakfast, especially in low-income areas.

In addition, in 1990 FNS began awarding a series of breakfast outreach grants. To date, \$13 million has been awarded to more than half the states in the country to help defray the costs of starting a breakfast program. An additional \$10 million



will be awarded between fiscal years 1993 and 1994.

For schools that already have lunch programs, the amount of new equipment needed for breakfast is minimal. The logistics of serving morning meals are often of greater concern to school administrators.

But with some scheduling adjustments and by being flexible—serving breakfast in classrooms or multi-purpose rooms, for example, if early morning cafeteria service is not feasible—schools can help make sure their students start the day with the energy they need.

More schools are serving breakfast. The number of schools and institutions with breakfast programs increased a total of 32 percent between 1985 and 1991, and further increases are expected as a result of recent outreach efforts. During fiscal year 1992, the school breakfast program is expected to reach more than 4 million children each day, and the great majority of them will be low-income children.

Improving The Quality Of School Lunches

The National School Lunch Program (NSLP), the largest and oldest of USDA's child nutrition programs, has come a long way since it was created in 1946.

Nearly 90,000 schools nationwide take part, serving lunches to approximately 24 million children every school day. The program is available in 95 percent of all public schools—representing 98 percent of all public school children. It also operates in many nonprofit private schools.

NSLP's goal has always been to help schools provide affordable, nourishing and well-balanced lunches to children. And to make sure no child goes without lunch because his or her family cannot afford it, the program is specifically structured to give schools extra support for the meals they serve to needy children.

Schools receive a basic reimbursement for each lunch they serve plus

additional reimbursement at special rates for each lunch they serve free or at reduced-price to eligible students. Of the approximately 23.6 million children who participated in the program last year, 12.1 million paid full price, 10 million received free meals, and 1.5 million paid a reduced price.

USDA commodities make up about 25 percent of the food served through NSLP. More than 60 different commodities are available to schools, including canned and frozen fruits and vegetables, cheese, chicken, ground beef, peanut butter, enriched flour, and grain products. Schools may also order quantities of other "bonus" commodities when they are available.

USDA commodities are wholesome, nutritious foods that are subject to strict quality standards. In recent years, the Department has made many improvements, including

reducing the amount of fat, salt, and sugar where feasible.

Continuing these efforts, USDA is taking some additional steps in line with the 1990 Dietary Guidelines for Americans that for the first time recommend a quantitative standard for fat.

The guidelines recommend that healthy adults and children over the age of 2 consume no more than 30 percent of their total calories from fat and less than 10 percent of calories from saturated fat. These goals for fat apply to the diet over several days, not to a single meal or food.

Many school food service teams are making changes in menu planning and meal preparation to bring their lunches and breakfasts more in line with recommendations contained in the Dietary Guidelines. Improvements in federally donated foods and new technical assistance materials will help them do this.



The following are examples of improvements that have been made in USDA commodities to reduce fat:

- The ground beef the Department has been purchasing has an average fat content of 20 percent. Beginning a little more than a year ago, hamburger patties with only 10 percent fat were tested in schools in six states. Because the comments USDA received from the test schools were very favorable, the Department is distributing low-fat beef patties this year.
- The amount the Department will be able to purchase and distribute during the current school year depends on several factors, including how much the meat industry can supply.
- Frozen ground turkey is now available with an average of 12 percent fat. As a new option, USDA is testing the use of this product in turkey burgers.
- The maximum fat of canned pork was lowered from 21 to 18 percent.
- An option of diced, frozen poultry is now offered.
- Fish products have been added, including canned tuna and salmon.

Also in line with the Dietary Guidelines, USDA is offering more foods with complex carbohydrates, including whole wheat flour, bulgur, brown rice, dried fruits, pasta products, dried bean products, split peas, and lentils.

In many areas, states or school districts arrange to have USDA commodities processed into finished products—for example, pizza made with USDA ingredients such as enriched flour, oil, tomato sauce, and cheese. USDA is cautioning states and school food service directors to be careful not to lose the nutritional benefit of the improved commodities by using them in end products high in fat, salt, and sugar.

Over the years, as the school lunch program has grown and changed, so have the challenges facing food service directors. USDA is working on several research projects that will, among other things, look at what today's students choose to eat and how meal preparation practices affect the acceptability of these foods.

Helping Schools Meet The Challenge

In addition to making changes in USDA-donated foods, USDA is working in other ways to help school food service directors serve meals that more closely follow the latest nutritional knowledge.

To ensure that school meals set an example of good nutrition, the "Year 2000 Nutrition Objectives for the Nation" established the following goal: by the year 2000 at least 90 percent of school food service and child care meals programs will have menus that are consistent with the nutrition principles in the 1990 Dietary Guidelines for Americans.

"That is a major challenge for food service operators," Betty Jo Nelsen told the state directors of school nutrition programs at their biennial

meeting in San Diego in December. "To reduce the fat content of food, and still give children the calories they need, may require significant changes in menu planning, food purchasing, and preparation."

Secretary Madigan, she added, has promised that by the end of 1994, all food service personnel will have the tools and training they need for that task.

As a first step, USDA and the Department of Health and Human Services have jointly developed a publication to help food service professionals in the child nutrition feeding programs prepare meals consistent with the Dietary Guidelines. Called *Nutrition Guidance for the Child Nutrition Programs*, this publication will be out this spring.

In addition, FNS has revised its *Nutritive Value of USDA-Donated Foods for Schools and Institutions*



and developed and distributed a poster-sized chart. Both contain a complete nutrient profile of each USDA commodity provided to schools.

Future technical assistance materials will include new menu planning guides and other manuals as well as video tapes to help local food service personnel select and prepare safe, nutritious food.

Measuring Progress And Setting Goals

A major study conducted in the early 1980s—the National Evaluation of School Nutrition Programs (NESNP)—showed that school food service directors have much to be proud of.

Results indicated, for example, students who eat school lunches get greater percentages of Recommended Daily Allowances (RDA's) for calories and all nutrients except for vitamin C and iron. It also showed that participating students under age 15 eat less sodium at lunch than other students, and that among 5- to 14-year-olds, protein intake is greater for participants than for nonparticipants.

However, the study also showed that school meals need to be lower in fat—about 37 to 40 percent of calories in the lunches surveyed came from fat.

As USDA works to help schools bring their meals more in line with the Dietary Guidelines, the Department will be encouraging them to serve meat and meat alternates that are lower in fat and a greater variety of fruits, vegetables, and whole grains. Many schools are already making these kinds of changes.

Efforts to improve school lunches require a solid foundation of facts. Program managers need to know the current status of child nutrition to determine where improvements are needed and to provide a benchmark for measuring progress. They also need to find out what strategies work best to improve nutrition.

USDA is working on several research projects designed to supply this information:

• **Dietary Assessment Study**

The Dietary Assessment Study is the first major school nutrition research since the NESNP to assess the nutrient content and dietary impact of the school lunch and breakfast programs. The study has four main objectives.

One is to compare the nutrient content of USDA and non-USDA meals using the RDA's, the Dietary Guidelines, and food groups. The "non-USDA" meals include lunches brought from home, meals bought in off-campus restaurants and from vending machines, and a la carte items available in school.

A second objective is to determine what ingredients and cooking procedures schools are using, and a third is to determine which foods students choose to eat. The study will also examine how meal preparation practices affect the acceptability of these foods.

The final objective is to determine the contribution of USDA meals to students' total nutrient intake.

All together, 4,000 students and 600 schools are participating in the study. Students, their families, and school food service staff will all be interviewed. Data collection began in November 1991 and will continue through May 1992, with the final results to be published in December 1992.

By identifying changes over the past decade, the study will produce a comprehensive picture of school meals nationwide.

• **Menu Modification Grants**

In another research effort, FNS is testing ways to reduce fat and sodium in school meals. The study involves 3-year grants to five school districts to help them modify their menus. Here, the focus is on elementary schools because eating habits acquired at an early age often carry over into adulthood.

For the most part, participating school districts are making changes in existing menu items

that children like. For example, they are substituting low-fat ingredients in recipes, modifying cooking methods, and purchasing products that have a lower fat and sodium content.

The grants also include nutrition education for students and training for food service employees. In San Bernardino County, California, for instance, a high school drama student in a green "Nutrasaurus Rex" dinosaur costume visits classrooms along with a nutritionist to give nutrition lessons.

The menu modification project is in its third and final year. The measure of its success will be not only the improved nutritional quality of meals but the ability of schools to keep their customers. So far, students have accepted most of the changes.

A number of states and local school districts are also taking the initiative to reduce fat and sodium in their schools by starting pilot programs of their own.

For example, for 2 weeks in March 1991 elementary schools in Chicago served breakfasts and lunches with only 30 percent fat. The menus used foods commonly available to schools, including USDA commodities.

In Minnesota's "Lunchpower" program, schools are offering students food choices that are lower in fat and sodium. Monthly menus in participating schools average 30 to 33 percent of calories from fat. Another part of "Lunchpower" is providing training for school lunch personnel and nutrition education for students and parents.

Sharing Information And Technology

Sharing information on strategies that work will be one of the goals of the new National Food Service Management Institute (NFSMI). Established by Public Law 101-47 and funded by USDA, the Institute began operations 2 years ago with the signing of a cooperative agreement between the University of Mississippi and USDA.

NFSMI has three divisions: one for applied research; one for education and training; and the third for technology transfer.

In its first year, NFSMI established its physical facilities at both the University of Mississippi in Oxford and the University of Southern Mississippi at Hattiesburg. It also established advisory boards and recruited a staff.

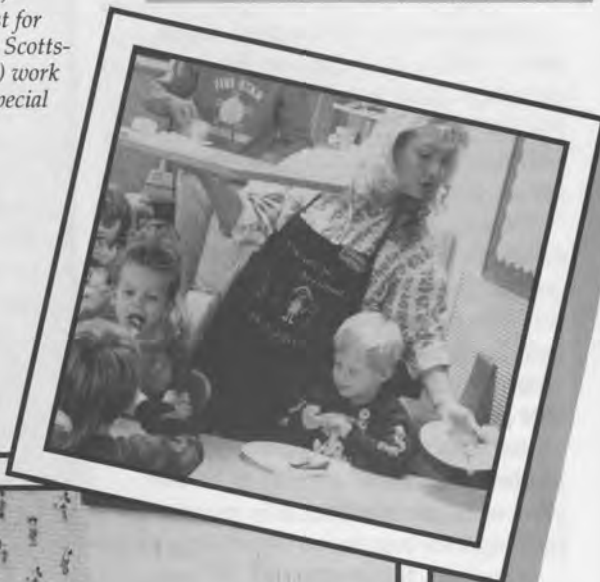
Now at the end of its second year, NFSMI is working on or has completed a number of activities, including a conference with school food service directors and people in related research disciplines to determine future trends in school food service. It has also started research to identify which factors have the greatest impact on productivity and is developing a "train the trainer" program.

NFSMI has established an information clearinghouse in conjunction with the Food and Nutrition Information Center of the National Agricultural Library, accessible through a toll-free number, 1-800-321-3054.

Plans for the upcoming year include: providing educational opportunities through satellite programming; developing training materials that support feeding children with special needs; designing educational projects to implement the Dietary Guidelines; and hosting a national procurement conference to promote quality food service programs.

Dr. Josephine Martin, a nationally recognized leader in school food service and program administration with 40 years experience, is executive director of NFSMI. (A more extensive article on NFSMI will be in the next issue of FOOD AND NUTRITION magazine, which will focus on nutrition education.)

As the Food and Nutrition Service and other agencies work together to strengthen links among programs serving children, it is caring adults in local communities who are strengthening links to children. This Delaware WIC mother, for example, (top photo, page 11) makes sure she learns what foods are best for her baby. And staff at KIDS PLACE in Scottsburg, Indiana, (below and opposite page) work together to identify children who need special help or attention. (Story on page 20.)



Strengthening Links Among Programs

USDA's efforts to reach children and to enhance nutrition in the food assistance programs reflect President Bush's emphasis on helping program clients. Another USDA priority, improving coordination, further promotes the President's goal.

USDA has a number of activities to improve coordination within the Department and with other agencies.

For example, FNS is working with the Extension Service to more extensively involve the Expanded Food and Nutrition Education Program, or EFNEP, in nutrition education for food program participants. EFNEP workers teach basic nutrition and shopping skills to low-income families in the families' homes.

FNS is also working with the Centers for Disease Control to increase immunization rates among young high-risk children participating in WIC. Since WIC mothers bring their children to health clinics, FNS and HHS suggested that clinic staff assess each child's immunization status and assist mothers in obtaining immunization services if needed.

Together with HHS, FNS has also been working to attack inconsistencies and overlap, particularly in the Food Stamp Program and Aid to Families with Dependent Children (AFDC), and to make it easier for clients to receive the array of benefits available.

For example, FNS is exploring ways to better coordinate the Food Stamp Program's Employment and Training (E&T) program with AFDC's Job Opportunities and Basic Skills (JOBS) program. Both are aimed at helping people gain self-sufficiency.

Also, FNS and HHS have both worked with state and local agencies in launching electronic benefit transfer (EBT) projects that allow clients to access benefits from two or more assistance programs with a single debit card.

In an EBT project in Baltimore, Maryland, for example, participants can use a single plastic card to buy food with food stamps at specially equipped food stores and to withdraw

benefits at automated teller machines for AFDC, Child Support Enforcement, and other cash assistance programs.

In another cooperative effort, FNS and HHS have developed a model application form that can be used to apply for seven maternal and child health programs, including WIC.

Also to improve and streamline benefit delivery, FNS is encouraging state and local agencies to "co-locate" services. Delaware, for example, has 12 "one-stop shopping" centers that offer a full array of public health and welfare services at a single site. The result is fewer lines to stand in, fewer forms to fill out, and more comprehensive care.

Looking for ways to help high-risk children, one Indiana community created a "one-stop" family services center that has dramatically improved coordination and won state and national recognition.

As we'll see in an article that begins on page 20, Scottsburg's "Kids Place" houses three agencies offering a variety of services—WIC, child care, parenting classes, immunization clinics, assessment and therapy for special-needs children, and more.

The agencies' managers and staff work as partners to follow children's progress, identify youngsters who need extra help, and make appropriate referrals. And because Kids Place is centrally located and has solid community support, more families learn about and benefit from its services.

As communities across the country look for ways to help children, the food programs are valuable tools. They are even more valuable when they are linked to other efforts to help children thrive, learn, and if they are poor, grow up to break the chains of poverty and welfare dependency.

Investing in children means investing time, energy, creativity, and caring as well as money. But what better investment than one that gives children a chance for a healthier and more successful future? ♦



A gateway to health care for many

A Healthy Start With WIC Makes A Big Difference

Maria Foster broke into a wide smile last February when she spoke of her new baby, Cindy Vanessa. At 2 months, Cindy was the active, alert baby Foster hardly dared hope for.

A 23-year-old domestic helper in Springfield, Virginia, Foster struggles to keep her weight up. The problem was more than she could handle during her pregnancy. But, thanks to a nutrition intervention program for at-risk pregnant women, she got the help she needed to deliver a healthy 7-pound, 7-ounce baby girl.

"In the early months of pregnancy, I was constantly nauseated," Foster explained. "When my weight fell to 85 pounds, I had to be hospitalized."

After a week in the hospital, Foster was discharged, 5 pounds heavier. But she was not on her own.

Rebecca King, the nutritionist who worked with Foster, provided nutrition counseling and enrolled her immediately in the Special Supplemental Food Program for Women, Infants, and Children (WIC).

WIC provides nutritious food supplements, access to health care, and nutrition education to low-income pregnant and breastfeeding women, infants, and children up to 5 years of age who are found to be at nutritional risk. The program is administered by USDA's Food and Nutrition Service (FNS) through state health departments. Foster was referred to an Arlington County health clinic.

Maria Foster is glad she was referred to WIC early in her difficult pregnancy. Her baby, Cindy Vanessa, was born strong and healthy.

"I was afraid she'd be sickly"

"I thought my baby would weigh about 5 pounds and I was afraid she'd be sickly," Foster said, then added, happily: "But just look at her."

Like a cuddly teddy bear in her bright print sleeper, Cindy squirmed gleefully and broke into a big grin at the sound of her mother's voice. Cindy was thriving on nature's perfect food—her mother's breastmilk.

"It's especially important to eat right while I'm breastfeeding Cindy," said Foster. "Ms. King worked with me on a high-calorie diet. I drink more milk and eat more eggs and cheese than I used to."

"We talked about things that are bad for both me and my baby, too, like tobacco and alcohol, and Ms. King was pleased that I don't use these things."

"I don't earn a lot of money, and now there are things I need to buy for my baby. WIC makes it easier to eat well."

A young mother's joy and a baby's healthy start in life are program benefits that numbers don't capture. Yet, Maria Foster and Cindy are just two among the millions of American women and children WIC has helped.

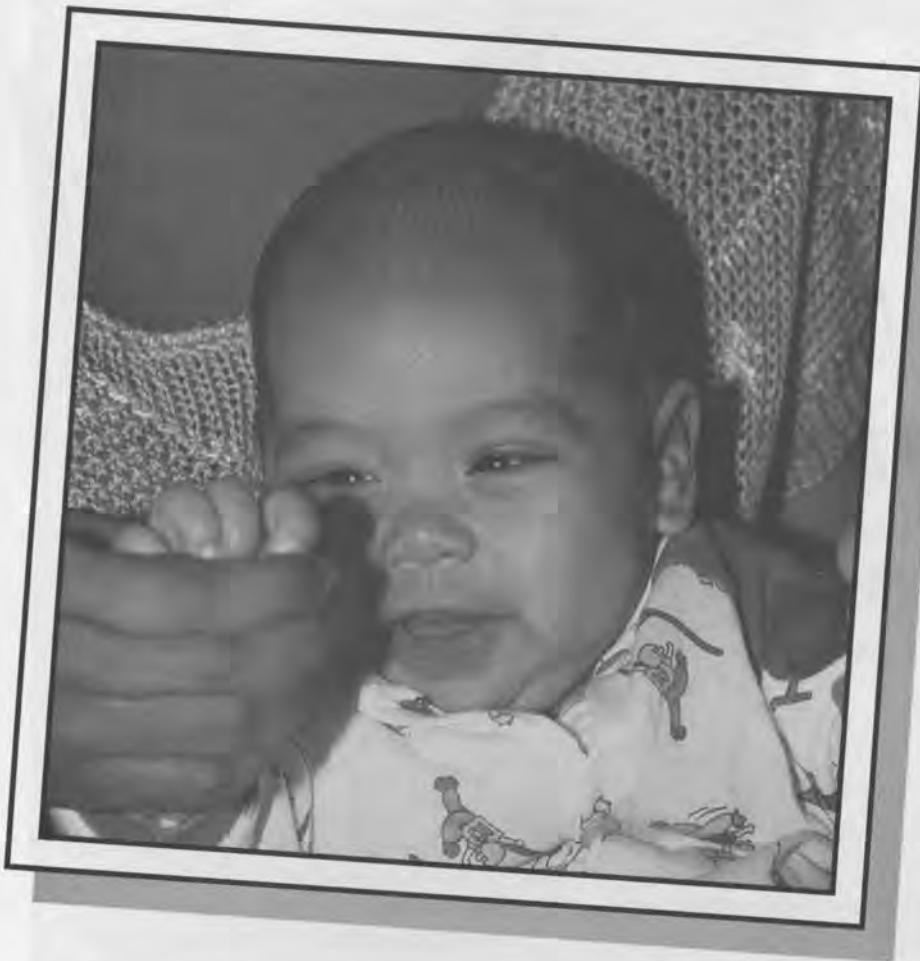
Their story is as close as the neighbor next door in communities throughout the United States.

WIC's focused growth continues

In 1974, WIC served 88,000 women, infants, and children, at a cost of \$10 million. Today, WIC serves about 5.3 million participants each month at a annual cost of \$2.6 billion. Those numbers include one in three babies born in the United States. Despite current budget constraints, WIC's pattern of focused growth continues.

An important source of program growth has been state efforts to





control costs. Most notably, states have achieved significant savings by contracting with manufacturers to obtain price reductions in the cost of formula for infant food packages.

Unlike the Food Stamp Program, WIC is not an entitlement program. States receive federal funds for WIC in the form of grants, with separate grants for food and administrative costs.

States serve as many eligible women, infants, and children as they can, using a specific priority system designed to target benefits to those most in need. To be eligible, participants must be determined to be at nutritional risk as well as in economic need.

By saving through rebates on infant formula and other cost-containment approaches, states can serve greater numbers of WIC participants. In 1988, rebates on infant formula purchases added up to \$30 million. In

1991, savings totaled more than \$600 million, allowing WIC to serve a million more participants each month. The expected savings for 1992 are about \$650 million.

Increases in federal funding also allow further growth. In fact, WIC was one of the few non-entitlement programs for which President Bush proposed additional funds in both his 1992 and 1993 budgets.

Study proves WIC is effective

According to Catherine Bertini, USDA's Assistant Secretary for Food and Consumer Services, WIC was singled out for increased funding because of its proven value in producing healthier babies and lower medical costs.

A study released last year examined the effect of prenatal WIC participation on health care costs for Medicaid-eligible newborns and their mothers during the first 60 days after birth. The study reviewed 1987-1988

data from five different states: Florida, Minnesota, North Carolina, South Carolina, and Texas.

"This study offers dramatic evidence that WIC works," says Bertini. "It tells us what we hoped to hear. For every dollar spent, WIC saves from \$1.77 to \$3.13 in Medicaid costs for newborns and their mothers.

"It also results in increased birth-weight and longer gestation. On average, WIC babies weighed more at birth than non-WIC babies and the difference was most pronounced for preterm births. WIC mothers were also more likely to carry their babies to full term.

"I want taxpayer dollars to help keep babies and children well rather than to treat them after they are ill. The WIC program is a sound investment in children's health."

All study states showed benefits

In interpreting study results, researchers say that two key factors should be kept in mind: First, results are specific to the five states involved. Second, both the Medicaid and WIC programs have changed dramatically since the data were collected.

At the beginning of 1987, income eligibility requirements for Medicaid ranged from a low of 33 percent of the federal poverty level in Texas to a high of 88 percent of this level in Minnesota. Since 1987, Medicaid has increased the income eligibility standards for pregnant women and children.

Currently, states are required to extend Medicaid coverage to pregnant women and children whose incomes are below 133 percent of the federal poverty level, and they have the option to provide coverage up to 185 percent of this level. As a result, most states, including all of the study states, have expanded their Medicaid coverage of pregnant women.

"Many factors affect the stability of these findings over time," Bertini says, "including expansions in both WIC and the Medicaid program. However, this was a very large and important study involving a census rather than a sample of Medicaid births in the states involved.

"And all study states showed clear benefits despite substantial population and program differences. This study provides evidence of WIC's effectiveness in improving pregnancy outcome for both mothers and infants.

"Now we are interested in learning more about the program's impact on children. Our research people are working to design a study to measure the effects of WIC services on preschool children."

Although WIC funding has steadily increased, the program does not serve everyone who is eligible. As mentioned earlier, agencies with a full caseload fill vacancies through a priority system based on nutritional risk.

This targets benefits closely to need, and a high percentage of eligible pregnant women and infants participate. However, young children are less likely than pregnant women and infants to be in the higher risk categories.

"More funds will allow WIC to enroll more unserved children," says Bertini. "This could mean raising the participation rate among children. In 1989, about 45 percent of eligible children participated in WIC."

Part of many key initiatives

The proven benefits of WIC give it an important role in the Bush Administration's initiatives to reduce infant mortality and improve the health of needy youngsters.

Infant deaths are not a tragedy that strikes all communities equally. Therefore, an initiative called "Healthy Start" has awarded 15 demonstration grants to communities with disturbingly high rates of infant mortality. The goal is to reduce infant mortality in these areas by 50 percent over 5 years.

Administered through an agency of the Public Health Service, Healthy Start will target health and social services according to plans tailored by each participating community to meet its special needs and population groups.

"The Healthy Start initiative will develop creative new ways to strengthen WIC's coordination with

Many WIC agencies are helping make sure young children get immunized. This child was one of thousands in New York City screened and given referrals for shots. (See page 18.)

other maternal and child support programs," says Bertini.

WIC also has a role in an Administration initiative to help low-income children start school ready to learn. This is the first of six education goals set by the President and the nation's governors.

Surgeon General Antonia Novello, asked to address the health component of learning readiness, has identified WIC as the primary food assistance program involved because of its access to needy preschool children.

Members of WIC's national staff, along with representatives of the Departments of Education and Health and Human Services, serve on the "learning readiness" task force that is seeking ways to achieve this goal.

The task force organized a national conference in February that brought together parents, state officials, and health, education, and social service professionals from across the country. The purpose was to create a stronger partnership between families and the programs that serve children's health needs.



Nutrition education also a priority

In addition to these joint endeavors, Secretary of Agriculture Edward Madigan has identified nutrition education—with an emphasis on children and low-income adults—as one of USDA's four strategic goals.

Nutrition education and helping children form good eating habits early are logical concerns for a Department that spends more than half of its budget on food assistance.

Of the federal food programs, WIC is the most actively involved in nutrition education.

WIC state agencies must allocate at least one-sixth of their administrative budgets for nutrition education and related nutritional services. This year, that amount will be almost \$105 million nationwide. By law, another \$8 million or more must be devoted to promoting breastfeeding.

WIC's nutrition educators deal with a wide range of issues. In addition to teaching pregnant women and new mothers about the benefits of breastfeeding, they help them learn about proper infant feeding practices and

When Maria Foster chose to breastfeed Cindy, she made a decision that health professionals and WIC officials would like to see become the norm for mothers.

"It's simply the best way to nourish and nurture babies," says FNS Administrator Betty Jo Nelsen.

During a visit to LaCrosse, Wisconsin, Nelsen visited a WIC clinic serving Hmong mothers, a people from the highlands of Vietnam. Breastfeeding had been part of their traditional culture, she was told. But, because they saw few American women breastfeeding and many tall and healthy children, they figured babies grew better on infant formula.

A WIC education campaign reassured them that, here as elsewhere, breastfeeding is the preferred way to protect an infant's health and development. And the percentage who chose breastfeeding climbed back from 19 percent in 1988 to a current 52 percent.

Counseling pregnant women on the benefits of breastfeeding, and helping them solve some of the problems that can come up are important parts of WIC's educational message. While WIC has always emphasized breastfeeding, program officials are looking for additional effective ways to get that message to the public.

"We must do more than identify breastfeeding as the best choice for babies. We need a public climate that supports that choice," says USDA Assistant Secretary Catherine Bertini.

Working to build a supportive climate

In June 1990, FNS formed a consortium of government and private health professionals to promote breastfeeding.

The consortium includes the American Academy of Family Physicians, the American Academy of Pediatricians, the American College of Obstetricians and Gynecologists, the American Nurses Association, La Leche League, the National Association of WIC Directors, the U.S. Department of Health and Human Services, and other interested groups.

In its meetings to date, the consortium has laid the groundwork for a pro-breastfeeding media campaign. It has also focused on establishing a network of state and local coalitions to support breastfeeding.

Other FNS efforts that support breastfeeding include the following regulatory provisions, technical assistance activities, and research and demonstration projects:

- In determining program eligibility, WIC gives priority to breastfeeding women.
- States serving a high number of breastfeeding women receive additional administrative funding.
- Breastfeeding women receive a larger food package than other postpartum women. The Department is looking into further enhancing the food package for women who choose to breastfeed.



- Breastfeeding women may participate in WIC for a full year, while other women become ineligible for WIC after 6 months postpartum.
- Nutrition education for participants includes information on breastfeeding. Participants learn about the benefits of breastfeeding and techniques to breastfeed successfully. They also receive support and encouragement.
- Recent legislation (P.L. 101-147) establishes standards for state agencies in promoting breastfeeding. It also earmarks \$8 million from WIC's annual appropriation to promote breastfeeding.
- FNS funds a variety of research and training projects. These include support for state conferences to train WIC and other health providers to promote breastfeeding. Sponsored research includes a 3-year study and demonstration that tested and evaluated ways to increase breastfeeding by WIC mothers.
- FNS has awarded small demonstration grants to encourage local agencies to be creative in developing incentives for women to breastfeed.
- FNS program guides suggest effective ways for health professionals to promote breastfeeding.
- FNS actively cooperates with other federal agencies and private organizations to share information, develop educational materials, and promote breastfeeding.

"More WIC mothers who breastfeed means more healthy babies," says Bertini. "And the hard work of WIC clinic staff and other health professionals helps this happen."

the dangers of using tobacco, alcohol, and other drugs.

They also inform participants of health services, such as where to obtain immunizations, or counseling and support services to assist them in making changes in their eating habits and establishing healthy lifestyles.

Working together to improve service

From the beginning, WIC has functioned as a gateway to health care. Today, social trends such as teenage pregnancies, single parent families, and parental substance abuse place America's children at special risk. Meeting this challenge requires a new level of partnership among government and other health professionals.

"By coordinating services among programs that serve women, infants, and children, we can make the best use of limited resources and expand and improve the services we provide," Bertini says.

Here are some examples of cooperation and regulatory changes intended to achieve simpler, more consistent rules:

"I can't think of any job satisfaction that beats seeing a beautiful baby get the right start in life."

- WIC rules now require referrals to Medicaid.
- Anyone who receives food stamps, Medicaid or AFDC is automatically income-eligible for WIC.
- FNS and the Department of Health and Human Services (HHS) have developed a model application form that can be used to apply for seven maternal and child health programs, including WIC.
- FNS is encouraging state and local WIC clinics to cooperate with the Centers for Disease Control and other Public Health Service programs to promote immunization of preschool children.
- FNS is working with the Extension Service, which will make intensive nutrition education available to the



WIC-Medicaid Study Is One Of Many At FNS

The WIC-Medicaid study is one of many products of the Food and Nutrition Service's Office of Analysis and Evaluation (OAE). It demonstrates how research can provide timely, complete, and accurate information to policymakers.

In fact, the President's budget cited the WIC-Medicaid study in requesting additional funds to expand WIC participation in fiscal year 1992.

The importance of evaluation in deciding funding levels and as a management tool to ensure that programs are doing their intended job led FNS to establish its research and analysis division in the late 1970s.

Today, OAE director Jan Lilja heads

a professional team that manages a research budget of \$17 million, including \$5 million for WIC-related research.

"The credibility of the WIC-Medicaid findings reflects careful advance planning and labor-intensive data analysis," says Lilja.

"From the point of view of statistical complexity, WIC-Medicaid was unique," she says. "In each state, we had to match three different databases, kept in different ways.

"We had to deal with differences in how Medicaid and WIC are administered and documented in order to know which findings were comparable. And we had to distinguish between cost savings due to WIC and those due to prenatal care.

"This required sophisticated analytic techniques and it required exceptional support from state cooperators. The results were a clear showing that WIC participation by

pregnant, low-income women leads to healthier mothers and babies and Medicaid savings."

Of great interest to many groups

Lilja points out that interest in the WIC-Medicaid study extends beyond USDA and the cost implications for Medicaid: "The study is of great interest to all those persons and organizations working to reduce infant mortality and improve the health and welfare of children at risk."

An initial printing of 1,000 copies did not begin to meet requests, she says. Several states did their own printings, and some distributed copies to their entire state legislatures.

FNS also provided briefings at the request of committees of the U.S. Congress, the federal Office of Management and Budget, the Department of Health and Human Services' Low Birthweight Prevention Work-



neediest WIC participants. The President's 1993 budget request includes funds to enable Extension to serve 50,000 more WIC participants through the Expanded Food and Nutrition Program (EFNEP) in addition to the approximately 91,000 now being served.

- FNS supports state and local efforts to provide "one-stop service" in delivering benefits. The idea is to co-locate health, welfare, job training, and nutrition services, and to reduce overlapping and inconsistent forms and rules in assistance programs serving the same populations.
- FNS is working with the HHS Office of Substance Abuse Prevention to develop an extensive series of resources to help participants learn about the dangers of smoking and using drugs during pregnancy. Manuals and videos will be available this summer for use in WIC clinics.

Healthier babies are the reward

WIC is one piece in a larger picture that public assistance professionals

draw on to meet maternal and child health care needs.

"When Maria Foster reported for her first appointment at the Arlington Nutrition Intervention Clinic last year, we looked at all her needs," says Rebecca King. "And one by one, we helped her find the resources to support a healthy pregnancy.

"The nutrition information we provided was important," King adds. "But even more important was building a trusting relationship, which encourages clients to stick with our advice.

"I can't think of any job satisfaction that beats seeing a beautiful baby get the right start in life." ♦

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*article by Wini Scheffler
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group, the National Association of WIC Directors, regional meetings of WIC agencies and Maternal and Child Health Programs, and other agencies and organizations.

As additional funds allow WIC to target more benefits to young children, OAE is addressing a new research challenge. The narrowly focused WIC-Medicaid study shed light on one aspect of the program, but much less is known about WIC's effect on children.

"We have begun work on a study of WIC's impact on children," says Lilja. "Potentially, this could be the largest evaluation we have ever done. It's an opportunity to answer many questions of concern both to health research and to educational studies that follow children over a period of years."

She says the 'child impact' study has already galvanized the interest of Head Start, Environmental Protection

Agency staff concerned with lead poisoning among children, the Centers for Disease Control, and other federal and non-federal agencies and programs.

"The challenge will be to meet our primary goals of evaluation and to satisfy other interests at the same time. We are laying the groundwork very carefully to ensure solid data," says Lilja.

A field test of two research designs was recently completed to test data collection procedures and ways to implement the study.

Studies provide valuable information

Through these and other studies of WIC and other food assistance programs, OAE continues to supply information that affects all aspects of program funding and operation.

The studies identify what works and what doesn't, how to target

benefits where the need is greatest, what is cost effective and what isn't, and how to intervene with high-risk populations.

"It's easy to appreciate the upfront role of WIC nutritionists who weigh and measure babies, refer them for shots, prescribe food packages, and advise moms on good nutrition," says Lilja.

"The research that backs up this wonderful first line of workers is less visible. Yet, when government policies involve a tradeoff between competing interests, good numbers are the basis for effective advocacy.

"Everyone wants healthy babies and children. We are proud that our study shows conclusively WIC's important contribution to reaching that goal." ♦

WIC Agencies Help Put Measles On The Run...

"Measles Cases Are Epidemic in the Region" read a *New York Times* headline last spring. Some 2,000 cases of measles had already been reported in the first 3 months of 1991 just 500 fewer than the 2,500 cases reported in the same area during all of 1990.

But that's only part of the story. The measles epidemic could have affected thousands more children had not the New York State Health Department identified the potential for a serious measles outbreak and taken the offensive with a 4-month immunization project in the fall of 1990. Local WIC agencies throughout New York City played a key role in the effort.

Through the project, all children enrolled in WIC were screened to make sure they had received vaccinations for measles, mumps, and rubella (MMR). If they had not, special arrangements were made to see that they got them. In many instances, their brothers and sisters who had not been vaccinated were also referred for shots, even if they were not participating in WIC.

In all, more than 95,000 children were screened at local WIC agencies. As a direct result of this initiative, more than 3,200 children were immunized either at the WIC site or escorted to a nearby agency where they could be immunized. Another 4,000 were directed through written referrals to accessible health care providers.

Outreach and screening carefully planned

To reach as many children as possible, the health department

developed multi-language information materials, which were mailed to participants and given out at local agencies, and established a system for screening children.

When a parent visited the local agency to have a child certified or to pick up food vouchers, WIC staff would ask to see the child's measles immunization card.

If the child had never been immunized, or if the parent did not bring the immunization card to the local agency at a subsequent appointment, the staff would begin the referral process. If the parent had other unimmunized children who were not participating in WIC, they would be given a referral at this time.

In some local WIC agencies, the referral process for WIC participants involved providing written forms introducing the child to the health center. In others, public health nurses working on-site provided the immunizations. In WIC agencies "co-located" with hospitals and health centers, WIC staff escorted parents and participating children to the immunization clinic.

Escort system worked well

Two local WIC agencies using this escort system were the Jamaica Hospital WIC program in Jamaica and the Union Hospital WIC program in the Bronx. WIC directors at both locations were pleased with how well it worked.

However, according to Carmen Rodriguez, director of the Jamaica Hospital WIC program, there were some challenges in putting it all

together. Her first obstacle was getting the cooperation of health professionals.

"Doctors have their own philosophies in terms of how immunizations should be handled," she says. "Some still live by the old school of thought: 'Let the child get the disease and then be immune.'"

"When we told them we'd like these children to be immunized as soon as we saw need, they said, 'Wait a minute here, we're the ones who make this determination.'"

To overcome this, Rodriguez set up several meetings with doctors and administrators to explain the state agency's position. "Little by little," she says, "they became more easily accessible and more willing to give the shots."

Having enlisted the cooperation of health professionals, Rodriguez's next obstacle was selling the idea to parents. Some, especially those who did not speak English, were frightened and intimidated.

"We were able to work around that by talking to parents in their own language, letting them know there was a serious epidemic," Rodriguez says. "And we were able to let them know that the immunization was free and would be done within 20 minutes. Our agreement with the health center ensured that when we escorted a child to get immunized, we went right in."

Outreach campaign allayed fears

Mildred Maldonado, director of the Union Hospital WIC program, had a different experience in dealing with parents. Everyone in her neighborhood, she said, seemed to understand the measles problem and was concerned about it.

"People were very aware of the situation," Maldonado says. "Besides the state outreach, we had spent a week campaigning around the community. I was on television and radio telling the community there was a problem and that there was a need to come to the WIC clinic."

Maldonado thinks these efforts removed some of the apprehensions people had about getting their children immunized. "Our outreach

"Our outreach seemed to convince people we were worried about them and their families. We emphasized that no one needed anything from them—only that their child come to the local agency."



seemed to convince people we were worried about them and their families. We emphasized that no one needed anything from them—only that their child come to the local agency."

The response, says Maldonado, was overwhelming. "We actually signed up many new WIC participants as a result of the immunization outreach. We even had people come in off the street worried about measles who weren't qualified for WIC. We couldn't provide the escort service for them, but we were able to refer them straight to the hospital where they could be immunized."

Like the Jamaica WIC staff, Maldonado's team at Union Hospital worked together to make it easy for parents to get their children immunized.

When the staff identified a participant who needed to be immunized, Danny Hernandez, a clerk, would check the patient's MMR card, ask the child's mother if an MMR was ever done, and get some background information.

"He would take the time to explain the process and answer any questions," says Maldonado. "If an MMR had not been done, he would fill out a referral form. One copy went to the state, one to the clinic, and the third stayed in the participant's file."

Hernandez would then prepare a consent form and make sure the parent understood possible contraindications to the shot and what she should do if she saw any of the reactions.

"We told parents to come right back to our office," says Maldonado. "We wanted to make sure parents were confident we were right here to help."

Entire process took 10 minutes

After the screening and referral forms were completed, Hernandez would escort participants around the corner to the clinic. The Union Hospital Pediatrics Department had been very supportive of the initiative from the start and had set up a special area, the WIC MMR Room, just for WIC participants.

This was key to encouraging parents to get their children immunized: WIC participants bypassed the waiting area and went straight to an examining room.

A nurse would conduct a routine evaluation, remind parents of potential side-effects, and ask if they had any questions. A doctor would do a quick check-up, then the nurse would give the injection. The entire process took about 10 minutes. Danny Hernandez stayed throughout to provide support and to translate if necessary.

The process had some added benefits for some of the children. "When the physicians got involved in the project," says Maldonado, "they wanted to do an overall evaluation of

the patients to determine their medical needs. The evaluations found scurvy, influenza, psychological problems, and even cardiac problems.

"Fortunately, we were able to reach these children through the MMR outreach and they could be treated."

The state initiative lasted 4 months. Its impact, however, will last for years. So will the new rapport WIC local agencies established with other health care providers.

Though only a few local agencies were able to continue providing an escort once state support ended, most continue to screen children and make referrals. ♦

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*article and photos
by Martin Boner*

A dream come true is now a model

Kids Place Puts Many Services Under One Roof

KIDS PLACE, a "one-stop services center" for children, has brought Scottsburg, Indiana, into the national spotlight.

The center brings together under one roof three agencies—the Scott County health department, which offers a variety of services; the Scott County WIC program, which provides supplemental foods and nutrition counseling to low-income mothers, infants, and young children; and New Hope Services, which has several supportive programs for children and parents.

All three agencies have their own staff of professionals and paraprofessionals, but they work closely with each other to make sure their young clients get the help they need. Being "co-located," staff members say, makes it easier to identify needs, make referrals, and follow children's progress.

For parents, KIDS PLACE means getting more comprehensive—and more convenient—care for their youngsters. For instance, the WIC staff can now arrange for a child to get immunization shots from the public health nurse on the same day the child visits the WIC clinic.

Working as a team to help children

The range of services provided at KIDS PLACE is impressive. New Hope Services, for example, works with children and parents both at KIDS PLACE and in families' homes. Among other things, staff do developmental screening and assessment and offer occupational, physical, and speech therapy services.

They also have mother-and-baby play groups and parent education classes, including some for pregnant teens. They make home visits and bring "welcome baby baskets" to all new arrivals.

They also operate a licensed day care center, which provides regular child care services, afterschool kindergarten care, and enrichment classes for preschoolers. Schools contract with New Hope for special education assessment (and therapy if it is needed) for all 3- to 5-year-olds in Scott County.

Carolyn King, New Hope's director, is pleased with the way KIDS PLACE agencies coordinate their efforts. "Close to 100 percent of families with special needs are referred to programs in Scott County," she says. "We also work as partners in prevention and intervention efforts with the Child Protection Service."

New Hope Services and other KIDS PLACE agencies are well known in Scott County. "The community learns about us," King says, "through our welcome baby project and through our high visibility on coordinating councils and at community events."

Community involvement is key to success

Community involvement is a big part of the KIDS PLACE story. Five years ago, the center was just a dream for Scott County health, education, and social service professionals. Concerned about the multiple problems facing low-income families and how these problems put children at risk, they had formed an interagency task force and were

taking a hard look at causes and possible solutions.

According to King, Scott County had high unemployment, large numbers of teenage pregnancies, and many families receiving government assistance. The high school completion rate for adults was a low 38.6 percent.

"These factors are associated with problems like premature births, infant deaths, developmental difficulties, malnutrition, and child abuse," says King, who set up and was a member of the initial problem-solving team.

"We were looking for a plan to help children have a better start in life. We decided the county needed a high-profile, attractive family services center that would show we value our children—a place where families would be proud to come."

But, says King, it could only happen "if the community would support the concept both philosophically and financially."

The committee explored every possible funding source, applied for grants, and set out to win local support. According to Scott County WIC director Jean Robbins, the community had to first acknowledge that there were problems and that dealing with them was a shared responsibility.

Being a small rural community in some ways made that harder. "In an urban area," Robbins explains, "it's a little easier to admit there are problems. But in a small town like this one, people think it's their fault."

State grant sparked fundraising effort

The Indiana Department of Mental Health offered a \$375,000 grant if the small southern Indiana community of 22,000 could raise an additional \$125,000. Task force members took their message to the people of the county.

Their message was compelling. "Every time we made a presentation," says New Hope family services

worker Sandy Johnson, "we would show slides of kids. We'd say, 'They're ours. They're yours. They belong to this county.' And people began to realize that."

Local individuals, businesses, religious and social organizations raised more than \$125,000 in 18 months. "They had bean suppers, bowling tournaments, rock concerts, clogging events, roller skating parties, flea markets, and even a piano bench race," says King. "Additional funding came from the Mary and Barry Bingham Fund, WHAS radio's Crusade for Children, and Ronald McDonald Children's Charities."

KIDS PLACE became a reality in 1988. Since occupying their new home—an inviting, brightly colored building-block structure—all three agencies have experienced an increased demand for their services.

Most children who come to KIDS PLACE participate in two or more programs offered. Some services are provided free through multiple funding

sources; others are for a fee.

WIC, for example, is a federal food program administered by the U.S. Department of Agriculture in cooperation with the state department of health and local agencies. Participants must meet eligibility criteria to receive free supplemental foods and nutrition education.

"WIC enrolled 363 pregnant women, 494 infants, and 594 children under age 5 in 1990," says Robbins. "This represents a 41-percent increase since pre-KIDS PLACE days. It's particularly noteworthy since early prenatal care and early infant care can help avoid long-term health problems."

KIDS PLACE looks like a place for kids. The brightly colored building-block structure is home to three agencies serving children—the county health department, WIC, and New Hope Services. While the agencies each have their own staff, they work closely together to make sure children get the help they need. A well-child clinic was added this year.

"We decided the county needed a high-profile, attractive family services center that would show we value our children—a place where families would be proud to come."

Many problems can be spotted earlier

The public health department now routinely offers immunization clinics, with both WIC and local physicians referring all their patients. More than 3,000 Scott County children received immunizations from the public health nurse in 1990, a 40-percent increase since relocating to KIDS PLACE.



In addition, the health department provides older adult screening, maintains health records, and operates a tuberculosis program as well as a medication program for administering prescribed injections.

New Hope Services initially offered special help for children with developmental disabilities, but since moving into KIDS PLACE has expanded its clientel and now provides many additional services to children with and without disabilities.

"KIDS PLACE has drawn an impoverished rural community together to ensure a better future for children," says Robbins.

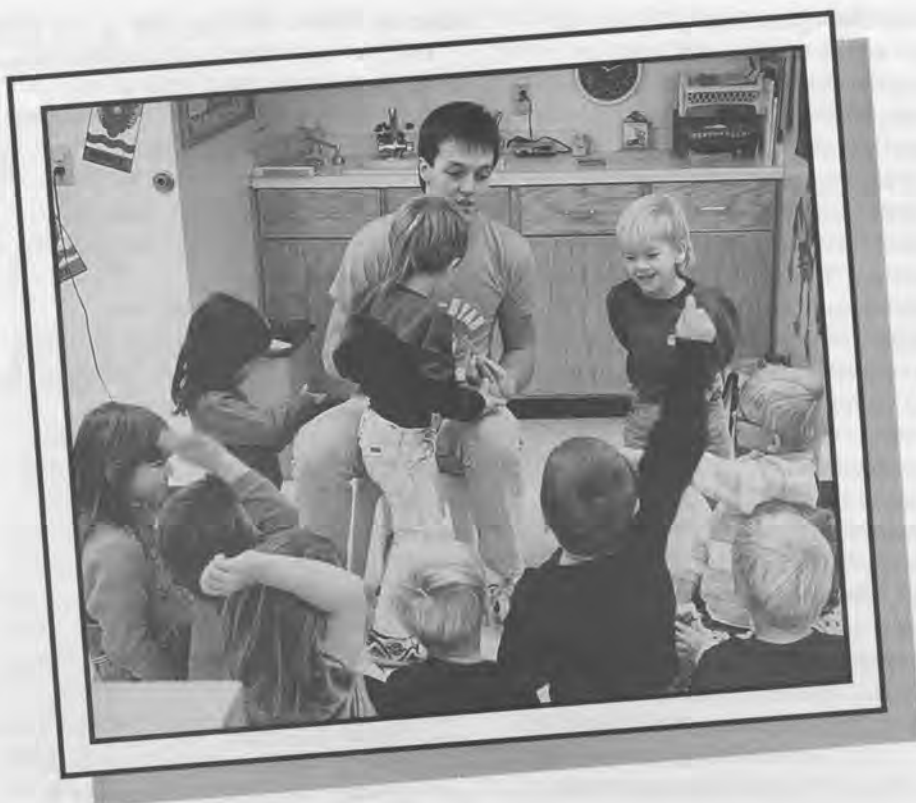
Sometimes to help a child, health and social service professionals need to consider a family as a whole. Being at KIDS PLACE makes that easier. "Due to our proximity to other services," says Robbins, "we can now consider the needs of the whole family and how they are affecting mothers and children participating in WIC.

"For instance, a mom who failed to wean her baby off the bottle said that all her time was demanded by her 6-year-old, who was cutting up the curtains and starting fires. WIC counselors realized the baby's bottle habits were, for this reason, not one of the mother's priorities.

"They referred her to the public school system's special services staff for help with her child. This is just one example of how a referral benefited a family as a whole." The 6-year-old, who was not a WIC participant, got the attention he needed, and the mother was able to focus more on the baby and what the WIC counselors were advising.

WIC mother Liza Cline says she appreciates the services offered at KIDS PLACE. "WIC food vouchers really help out," she says, "and the WIC staff referred my son Christopher to New Hope Services, where he has received speech therapy.

"Consultants found the cause of his problem was his ears and we got medical attention. I'm happy Christopher will be on schedule when he enters public school next year."



KIDS PLACE has become a model

KIDS PLACE is a dream come true for Scottsburg, and it may also help other communities as a result of the attention it has received.

In 1990, KIDS PLACE received the Indiana Governor's Showcase Award and this year was selected by the National Center for Clinical Infant Programs (NCCIP) in Washington, D.C., as having one of the nation's six most promising approaches for improving maternal and child health.

The NCCIP is funded through a federal Maternal and Child Health (MCH) grant and administered by the U.S. Department of Health and Human Services. The center chose KIDS PLACE because of its broad-based community involvement and interagency cooperation, its value as a model for providing quality service to children in a rural area, and because children are not labelled or segregated according to disability.

The NCCIP will be observing and consulting with KIDS PLACE over the next 5 years to develop innovative ways to screen for and prevent health and development problems in infants and toddlers. The project will also

refine procedures for coordinating early intervention services.

As Robbins explains, recognition from NCCIP has also sparked some new activities in Scott County. "At the same time NCCIP recognized KIDS PLACE as exemplary, it also identified a need—KIDS PLACE lacked a provision for well-child health services," she says.

As they did in 1986, Scott County professionals looked at needs and funding sources. Then the three KIDS PLACE agencies applied for and received a \$55,000 MCH grant to establish a well-child clinic. The clinic opened in February. Well-child visits are scheduled 2 days a week and coincide with WIC scheduling.

"Well-child care works hand in hand with WIC and other programs to serve the whole child," says Robbins. "And, although WIC already offered an extensive referral system, adding the well-child clinic allows more opportunity to help."

Robbins is working with the Indiana state department of health on a "memorandum of understanding" which will allow all three agencies to share the same patient records.

"KIDS PLACE has drawn an impoverished rural community together to ensure a better future for children."

During the first 9 months, the well-child clinic will serve children 2 years and under who are income eligible. Then the clinic will expand to potentially serve all of the approximately 1,300 Scott County children 21 years of age and younger enrolled in Medicaid. By 1993, not only will the clinic be self-supporting, it will also expand its services to include Jackson and Washington County children.

Opposite page: Preschool teaching assistant Johnny Gullion works on listening skills with a group of children. Below: Carolyn King, New Hope Services director, and Jean Robbins, Scott County WIC coordinator, hold a new "Welcome Baby Basket." Right: Sharon Prall, Scott County public health nurse gives an immunization schedule to Liza Cline for her young son, who comes to KIDS PLACE for WIC services.

Local interest continues to grow

As KIDS PLACE thrives, local interest continues to grow. More community, religious, and student groups are providing active support, and interest among business leaders is increasing.

"Major corporation executive officers are beginning to realize what Scott County social service professionals have recognized since 1986—the future of economic development in the community depends on the quality of life children enjoy," says Robbins.

Additional support has come from the county board. "The final community commitment was evident," says King, "when New Hope Services, which owns the KIDS PLACE building, was allotted a Scott County 4-cent tax support rate.

"In prior years, we had to go to the county board, substantiate our request, and petition for county money. The county allotted amounts varying from \$5,000 to \$10,000. The 4-cent tax rate generates approximately \$25,000 support we can count on."

KIDS PLACE directors are also helping other groups. "In addition to

applying for grants that benefit Scott County," King explains, "we also assist other community organizations in writing their proposals."

King believes KIDS PLACE offers some solid lessons about working cooperatively. "One of the secrets of KIDS PLACE's success," she says, "is that it has succeeded in overcoming the turf battles common to community programs." The common denominator of all KIDS PLACE programs is to do what will be easiest for the client.

Like a kaleidoscope's ever-changing prisms, KIDS PLACE is constantly changing to meet the needs of young families. Scottsburg, a small rural town with big-city problems, has shown that community commitment produces results. The results can be seen at KIDS PLACE. ♦

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*article and photos
by Mary Jane Getlinger*



"...a world outside the hotels"

So Children Won't Go Without Summer Meals

Los Angeles is known for its splendor—the great estates in Beverly Hills, the Disney glitter. Yet less than 10 miles from Rodeo Drive, the city feels like a different country. The streets are dirty and loud, lined with cheap liquor stores and check-cashing services. The man winding through stopped traffic has a green garbage bag over his shoulder.

On the corner of Stanford and Ninth Street is a school surrounded by a 15-foot wire fence. Of the four gates that enter school grounds, three are chained and padlocked except when the children enter in the morning and leave after classes. The last is a service entrance, staffed by a guard.

Despite its foreboding appearance, the school is a haven for the area's transient children.

"These kids treat the school as their sanctuary," says Sally Dunay, area food services supervisor for the Los Angeles Unified School District. "In other schools, you'll see a lot of graffiti. Here the school isn't defaced."

Kids need the help they get

The Ninth Street School offers little that most of us would consider a luxury: the site is small; the buildings mere bungalows; the lunchroom, an open-air cluster of picnic tables under a concrete awning. Yet the school provides three things that are extremely important to these children: protection, supervision, and food—year 'round.

For Ninth Street students, these luxuries are needed. Of the 555

children who attend the school, 550 participate in the National School Lunch Program and 420 eat breakfast at school. Only one pays full price and two pay a reduced-price for their meals. The rest eat for free.

"Basically what we're talking about," Dunay says, "are very transient people. These kids are living in a hotel room with their entire family. Their only furniture is a milk crate and mattress on the floor."

Concern for the children — and cooperation among many interested people from a variety of agencies — has translated into a multi-faceted program, originally set up to make sure these students didn't fall through the cracks when their school stopped having traditional summer vacations 2 years ago.

From its opening in 1984 until 1990, the Ninth Street School had operated on the standard, single-track school year. During the summers, the school offered breakfast and lunch to nearly 500 children in conjunction with USDA's Summer Food Service Program and Para los Niños (For the Children), a nonprofit organization which has been active in helping transient children for more than 12 years.

The "off-track" students eat breakfast and lunch at school with the children who are in classes. On days the children will be on field trips, the school food service staff provides sack lunches for the youngsters to take along.



When the school switched to a year-round, four-track system with vacations at various times, the children who were out of classes—or “off-track”—were left without a summer meals program and without organized activities.

To remedy this, Para los Niños worked with the school district, Ninth Street principal Betty Peifer, and Cleo Davis of the Food and Nutrition Service’s western regional office to develop an “off-track” program that would fill the vacuum.

One of a kind in the district

Thanks to these efforts, children who are on break continue to receive two meals each school day through the Summer Food Service Program, even if “summer break” comes in November or March. They also receive tutoring in their studies, get

swimming lessons at the YMCA, and go on field trips to museums and libraries.

According to Sally Dunay, Ninth Street is the only school in the Los Angeles Unified School District with a successful off-track breakfast and lunch program. The program serves about 60 children daily, depending on the number who are on break at the time. Usually about 80 percent of children not in classes participate.

Each morning, the “off-track” children walk to school with those who are in classes, so they don’t have to walk through the neighborhood alone. After breakfast at the school, Para los Niños buses them to another site—sometimes on a field trip, sometimes to the Para los Niños center.

They return to the school at noon for lunch. On full-day field trips, usually 2 or 3 days each week, the

school provides sack lunches in the morning for the children to take with them. They return to the school by bus in the afternoon so they can walk home with the other children.

“Para los Niños teaches these kids basic skills that we take for granted,” Dunay says. For many of the children, learning to swim is as new as arithmetic; the Museum of Science and Industry is as exotic as the Far East.

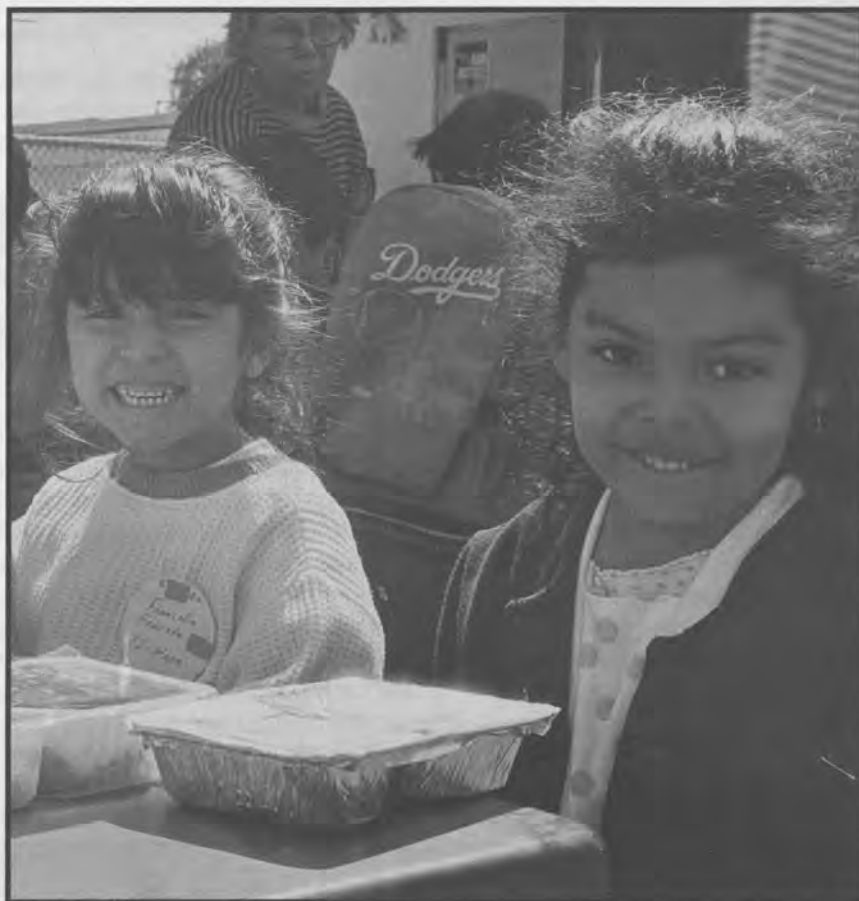
School principal reaches out

Although Para los Niños has been instrumental in developing the “off-track” program, it would not have been nearly as successful without the support of Ninth Street school principal Betty Peifer, who has worked to help the transient children in many ways.

The school is less than a mile from a major Los Angeles shanty town and



"Para los Niños is what makes it work. This is successful because the agency offers planned activities and a safe place to go."



many of the students have been homeless in their 6 to 10 years of life, but none is now.

Working with Para los Niños and the surrounding hotels, Peifer developed a voucher system for Ninth Street students and their families. Now, when she hears that a child is living on the streets, she gives him or her a voucher for the entire family to move into a homeless hotel.

Peifer tries very hard to keep these families together. The school's track system is set up so children from one family are in the same track, which lets siblings play and learn together during their vacations.

Peifer also made sure siblings would not be divided during meals; Ninth Street students eat breakfast and lunch by track, rather than by grade. This way, Peifer explains,

sisters and brothers can eat together and the older students can help the younger ones with their food.

Splitting up families may not be an issue at other schools, but at Ninth Street, Peifer sees the importance of keeping them together. Many of the children are refugees from war-torn countries in Central America and are hearing English for the first time. Often even the Spanish is different from their own. For children who move from place to place every week or month, Betty Peifer's extra efforts are especially important.

Also important at Ninth Street School is Carmen Navarro, the cafeteria site supervisor. "I love these kids," Navarro says, watching as student helpers hand out plastic spoons to the line of children.

Each day, Navarro asks teachers to send her two children to help set up

and assist in the meal service. Only those who are doing well in school are allowed to help, and they can only do so one day.

"It's a treat for them to help," Navarro says. "It helps them feel important."

Why has it worked at Ninth Street?

According to Marilyn Fletcher, the district's senior food services supervisor, Los Angeles Unified School District has tried to start year-round programs in several schools. Only Ninth Street has been successful.

The district has surveyed parents whose children attend other schools, asking whether they would send their children to a "summer program" for off-track students. Most responded



This young girl is one of 555 children who attend the Ninth Street School. School principal Betty Peifer has made special efforts to help these children, including arranging for brothers and sisters to be in the same "track." This means they are on vacation at the same time and can have meals together.

negatively to the idea, preferring to have their children stay in a hotel room rather than have them walk the few blocks to school alone.

"In other schools," Fletcher says, "the first week (of the off-track program), we would get 50 kids out of 400. The next week it would be down to 10."

Sally Dunay attributes the program's success to "the need and the planned activities."

"Para los Niños is what makes it work," Dunay says. "This is successful because the agency offers planned activities and a safe place to go."

Because agency staff drive the children to their field trips and coordinate activities around times when other children also go to school, the parents feel better about letting their children participate. They know that, with Para los Niños involved, supervision will not end after lunch.

"If there were more organizations that helped children throughout the district," Dunay says, "this program would be more widely available." ♦

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*article and photos
by Kristen Bole*

Para Los Niños

To Tanya Tull, founder of the nonprofit service organization Para los Niños, the agency's purpose is straightforward: "We're offering children a world to live in outside the hotels."

Many of the children Para los Niños serves live in hotels that serve as interim housing for their families. Often their parents pay as much as \$500 per month for a room in which the entire family must live.

Tull started the organization as a day care center after reading a newspaper article on homeless children in downtown Los Angeles in 1979. Through donations and grants, Tull raised nearly \$100,000, and by 1981 her organization was operating a full-service day care center for children in the area.

Para los Niños now operates on a \$1.5 million annual budget. In addition to day care, it offers emergency food and shelter for homeless families with children,

prevention and protection services, and a variety of youth programs. It also has a food pantry on site. Since 1990, it has worked with the Ninth Street School to provide special activities for children during school vacations.

The organization was instrumental in re-opening the Ninth Street School in 1984. The school had been closed in the 1950's due to the limited number of children in the area, but with rising housing costs through the 1970's, families started using nearby hotels and the school-age population went up.

When the school re-opened, Para los Niños received a state grant to start an afterschool program for Ninth Street students who lived in the hotels. The program now feeds, tutors, and cares for about 175 Ninth Street children from 2:30 p.m., when their classes end, until 6:00 p.m. when someone will be home to take care of them.

Through USDA's Child and Adult Care Food Program (CACFP),

Para los Niños serves meals and snacks to children participating in their day care program.

In addition, in an unusual arrangement the Ninth Street School worked out with the help of Cleo Davis from the Food and Nutrition Service's western regional office, Para los Niños sometimes also serves snacks that include left-overs from the school's lunch program. Davis says FNS supported this arrangement so no food would go to waste in such a needy area. ♦

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For children who are homeless

It's Art For Kids' Sake In New York City

At 4 o'clock on Friday afternoon, Rhonda McLean-Nur arrives at the Harriet Tubman Family Living Center on West 143rd Street in Harlem. A school bus is parked across the street.

As she climbs the front steps, she is greeted by a group of children, who are obviously happy to see her. "Get on the bus, we're leaving soon," she tells them. In twos and threes, the children jog across the street and climb aboard.

Entering the shelter, McLean-Nur seeks out Sam Haynes, the center's assistant director of social services, who briefs her on anything she needs to know. Ten minutes later, she boards the bus herself.

As the bus heads downtown, McLean-Nur discusses report cards with the children—who had just gotten theirs and the grades that were on them. She wants to let the children know she is interested and to find out who might be having trouble.

At about 90th Street, she gets their attention and leads a "rap". Its message: listen to your heart, not the kids who don't like school. As the bus winds through Manhattan rush-hour traffic, the children repeat:

"Some say: 'Take a puff of this, you'll be real cool. Misbehave, tell lies, don't go to school. Read a book! What for? I'm not a scholar.' Can you add or subtract the value of the dollar?"

You've got to try to get along with the rest of the world.

Got to listen to your heart, not some boy or girl.

You've got to be yourself..."

Helping children be themselves

These children are participants in a special program sponsored by three New York City agencies—the Department of Cultural Affairs, the Human Resources Administration, and New York Public Schools—together with a number of private organizations. It's called the Cultural Arts Program for Children Living in Temporary Housing.

The program gives homeless children opportunities to interactively experience some of New York City's cultural resources. Rhonda McLean-Nur is project coordinator.

Begun in 1988, the program is a truly collaborative effort. It was the brainchild of Department of Cultural Affairs Commissioner Mary Schmidt Campbell, who took the idea to the chancellor of education.

Once the board of education was a partner, the Human Resources Administration found ways in which it could contribute. AT&T provided initial funding, and the New York State Education Department also committed to providing funds.

In addition to taking part in a variety of active learning experiences, the children get nourishing meals through USDA's Child and Adult Care Food Program.

This year, there are 19 cooperating cultural institutions in Brooklyn, Queens, Manhattan, and the Bronx. These institutions range from the American Museum of the Moving Image, to the New York Zoological Society, Ballet Hispanico, and the Metropolitan Museum of Art.

Ten weekly and holiday sessions

The activities are organized in 10-week semesters as well as holiday sessions and are held on-site at cultural institutions. Children receive instruction in the visual and performing arts, humanities, literature, and science. During a holiday session, children go to their cultural institution 4 to 6 days consecutively. During a semester, they attend once each week after school.

There is a culminating event at the end of each semester or session as well as open houses and workshops for parents. In fact, parental involvement is important—one of the program's goals is to help reintegrate families into the positive aspects of New York City life and to work toward family preservation and shared activities.

The group of children from Harriet Tubman Family Living Center are taking part in a 10-week language arts program at the New York Shakespeare Festival at the Public Theatre.

When the bus arrives, the children are greeted by their hosts, who will also be their teachers this afternoon. For the next 2 hours, as they have for several weeks, the children will read, write, act, imitate, and create under the tutelage of festival staff. They will have fun, too.



Time out for a nourishing meal

As the children enter the building, their hosts remind them they must be quiet. They are excited, but cooperative. A short elevator ride up and they come to a room with two long tables set for dinner.

The meal, provided by New York Public Schools, includes a grilled cheese sandwich, potato chips, carrot and celery sticks, an apple, a cookie, and milk. USDA provides reimbursement for the meals as well as federally donated food through the Child and Adult Care Food Program.

"For some kids, this may be the last meal of the day," says Ronald Dabney, coordinator of education programs for the Department of Cultural Affairs and head of the project. "In any case, it's an important meal. When they get here, the kids haven't eaten since lunch—that's a long break. So, nutritious food is important and a major concern of ours."

According to Antonio Rodriguez, coordinator of special events for the Human Resources Administration's crisis intervention center, the meals are basic to the project in two ways.

First, the children can't learn if they are hungry. And, second, the meal offers an incentive to participate in the cultural activities. "The food is what gets them there," he says.

While the children eat, festival staff ask questions about anything interesting that has happened since last week. The children, now well-acquainted with their hosts, respond eagerly. Some tell funny stories. Others tell stories that are not funny—scenes of unhappiness and violence they have experienced at school or in their neighborhood.

This is a place the children like

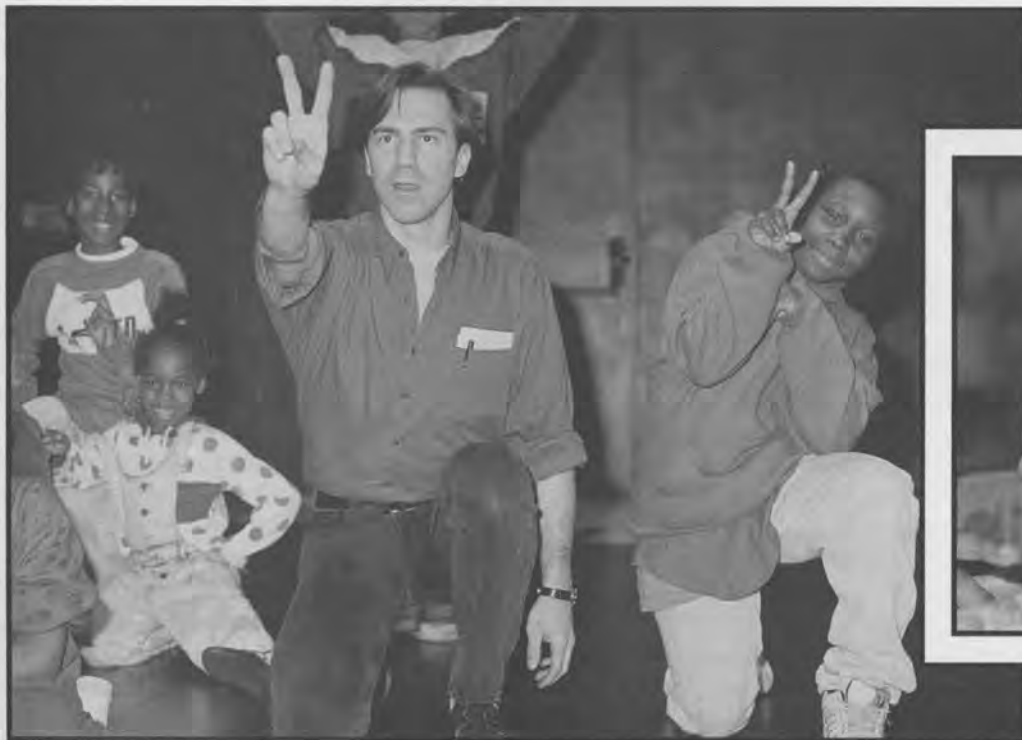
The children finish their meal, clean off their trays, and make their way over to an adjoining room. Soon they are on stage, surrounded by a quiet darkness.

Children from the Harriet Tubman Family Living Center have fun on stage with staff from the National Shakespeare Festival. Below and opposite page: Children work on a series of exercises with one of their teachers. Their afternoon here began with a meal provided by New York Public Schools through USDA's Child and Adult Care Food Program (right).

"Our program provides the children with a sense of belonging. They learn various disciplines through what they are doing and develop a stronger sense of who they are and what they can accomplish."

Some people would feel uneasy here, but the children do not. They've been here before and enjoyed themselves. As they sit in a semi-circle, three of their teachers move to one side, sit down, and pick up musical instruments.

One strums a zither-like string instrument. Another gently pats bon-go drums. The third swings a long hollow tube producing a lilting "wooo." The sounds, played quietly,



will be in the background for the entire class.

Arthur Wilson, director of the Shakespeare Festival's Playwriting in the Schools Program, moves to center stage. A tall man in a flowing caftan, Wilson does not have to ask the children to be quiet as he welcomes them back and starts talking about their writing assignment from the week before. The children had been asked to describe their vision of a magic kingdom.

Their stories have been typed and collected, and a complete set is given to each child. One by one, the children come forward to read.

Many magic kingdoms are described. Some are furnished and populated as only a child could imagine: Rap stars, flying horses, Nintendo, fancy cars, candy, ice cream, and pet animals. Most, though, carry an ominous undertone.

"In my magic kingdom," says one child, "there is love and no wars or killings." Another says there is "no violence... and no drugs..." One boy imagines "everybody...in a home and not in the street."

A little girl has a similar wish: for "poor people to have a house, and some money." And there would be stability, too, in her kingdom: "...poor people could stay how long they want," she reads.

Each reader is applauded and praised. Many, in the spirit of the place, act out their reading, raising their voices, gesturing, and ending with a flourish. When all the children have read, the group splits up to start an imitation exercise.

Tapping resources and building skills

According to Ronald Dabney, these kinds of activities do more than simply expose the children to the arts. They give them valuable training.

"We're tapping resources often considered frivolous and non-essential to our academic and social development," he says. "Our efforts encourage creativity and independence. We rely on the kids to take a great deal of responsibility in what they do and how they do it. They, in turn, become committed to their work.



"They are fearful in the beginning," he adds. "But by the time they leave, they've developed a sense of ownership so that, no matter how transient, no matter where they are in the city, they can return to that space and say, 'I've been here before, I know these people, I know this work, I know this building.'"

"Ten weeks is not really long enough, but a great deal happens in that time. The kids become very close to the teachers. They learn to trust them. This bond is established right away."

While a major goal is to instill an appreciation for the arts, that's not the only purpose. "The project is set up to encourage and enhance the children's reading and literacy skills," Rhonda McLean-Nur explains, "and to develop excitement about self-expression and creativity."

"We also want to let the children know their options are open. It's important for them to know that being homeless is a temporary situation and there are opportunities beyond what they can see or feel immediately."

The arts training also helps build self-confidence and gives the children

an outlet to deal with the stress they experience in their daily lives.

"Becoming homeless gives children a sense of instability," McLean-Nur says. "Their self-esteem is lowered. They have to deal with children at school who know they are in a shelter or a welfare hotel. Their attitudes begin to change about themselves, their families, and other people."

"Our program provides the children with a sense of belonging. They learn various disciplines through what they are doing and develop a stronger sense of who they are and what they can accomplish."

"And if they have any behavioral or learning problems, we try to direct their energy through the arts so they can deal with their situation a little better. We try to give them coping mechanisms."

On-stage stories from their lives

McLean-Nur feels that offering the children opportunities to express themselves about issues that are important to them is the secret to motivating them. "At Ollantay Center for the Arts in Queens," she says, "the

kids were doing playwriting and theatre. At first, a lot of them were wonderful actors, but in terms of creating the written materials it was touch and go.

"As soon as the hosts had them do scenes relating to being homeless, their behavior changed. Everyone wanted to work."

In one scene, they acted out a scene from school. "They had a classroom set up and two little boys walked in," McLean-Nur explains. "The child playing the teacher said, 'You're late again. Sit in the back of the room.'"

"A fight started when one of the other children said something about their being homeless. The teacher blamed the children who lived in the shelter and sent them to the principal, who went into a tirade."

Once the children were able to work on these scenes, they wanted to write. "And the ones who couldn't write got enough individual attention to help them learn to write. They began to say things that were just phenomenal," McLean-Nur says.

The children in that particular group were from two different welfare hotels. As a result, there was some tension and competition among them, but that changed. "That happens in other groups, too," McLean-Nur says. "Once they 'grab on,' they have respect and appreciation not only for everyone else, but for themselves as well."

Success is not measured in stars

Finishing up this week's session with the Shakespeare festival staff, the children from the Harriet Tubman Center are given a writing assignment. Having been physically active for the past 2 hours, they take to the assignment quietly but intensely. When the papers are collected, the teachers and children say goodbye.

The children exit the building into Greenwich Village. The evening is dark but the streets are colorfully lit and teeming with activity. As the children board the waiting bus, they say goodbye to Rhonda McLean-Nur.

"We don't profess to be training future professional artists, but there are some who will be," Ronald Dab-

"It's important for them to know that being homeless is a temporary situation and that there are options beyond what they can see or feel immediately."

ney says. "They have the talent and if given the support and assistance, I believe they will excel."

That support and assistance have been forthcoming. Several participating cultural institutions have offered scholarships for those children who demonstrate exceptional talent or aptitude.

For example, two children received scholarships to continue dance

Children look over their writing assignments before reading them aloud. Each had been asked to describe his or her "magic kingdom."

classes at the New York Theatre of Ballet. They performed with a professional company in "The Nutcracker" after only 6 weeks of classes.

But no one is suggesting that the project's success depends on producing future stars. It is already succeeding in integrating reading, writing, math, and science into a variety of interesting educational experiences.

And it's giving children who are victims of circumstances beyond their control the opportunity to express their concerns, frustrations, and feelings in a forum of supportive and empathetic adults and peers.

It's more than art for art's sake. It's art for children's sake. ♦

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Drawings by pre-schoolers from Scottsburg, Indiana, and Amanda Kronen, age 5, from Marietta, New York