



Iowa Community Empowerment Newsletter

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Questions/Comments:
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Smart Start Update



Pictured from left to right, Gerry Cobb, Smart Start National Technical Assistance Center, Leslie Anderson, Coach for the Smart Start Technical Assistance Grant and, Community Empowerment Contact person, Annette Dunn.

North Carolina Smart Start Technical Assistance Grant:

Iowa is one of four states to receive a \$150,000 technical assistance grant to help strengthen and expand Iowa's state and local partnership for providing quality care and education for young children in Iowa. The Technical Assistance Grant comes from the North Carolina Smart Start National Technical Assistance Center s.

A formal assessment was conducted in March by the Smart Start team of Iowa's early childhood capabilities in leadership; strategic planning; accountability; existing resources; organizational development at the state and local levels; and public support. The technical assistance plan for Iowa builds upon and strengthens what has already been accomplished in Iowa through local community empowerment boards. The following areas are the focus of the technical assistance plan:

- Developing a comprehensive, compelling and unifying vision for all of Iowa's young children;
- Strengthening and building on the accountability for results at the state and local levels;
- Deepening and broadening the public will to support early childhood issues;
- Strengthening leadership to increase support for Community Empowerment and the greater vision for early childhood in Iowa;
- Expanding the organizational capacity to meet the greater vision for young children.

Iowa's Early Childhood Vision:

Every Child,
beginning at birth,
will be healthy and
successful.

Two members from the Smart Start Technical Assistance Team attended Iowa Empowerment Board Meeting in July. During the meeting, the Board developed a unifying vision for all Iowa's young children and began to articulate specific goals for the five results adopted by Community Empowerment in order to promote a seamless and integrated early care, health and education system for young children and their families. The unifying vision is "Every Child, beginning at birth, will be healthy and successful."

If you'd like more information about the Smart Start initiative, their website is: www.ncsmartstart.org. Information about this grant opportunity is located under the National section.

Community Empowerment Board Makeup



3rd in a Series: Members Representing “Faith”

Members Representing “Faith”

Community Empowerment boards are to have a member who represents faith. Faith organizations, such as churches, synagogues, temples, and faith based family support organizations such as the Salvation Army, provide strong support for children and families in Iowa. They often function as centers for family interaction and socialization. In Iowa, faith organizations historically have been a core component for community efforts to be successful.

Iowa’s churches and other faith organizations have become a center for family resources with food pantries, pre-schools, meeting rooms for community groups, senior meals, after-school activity centers, outreach to those in need, and numerous activities in the community that increase local social capital.

The desired results of Iowa’s Community Empowerment for Early Childhood is a natural “fit” into the philosophy and practices of faith based organizations. Members representing faith know the community and are an asset for input into community assessment and planning. A faith leader is educated and experienced in children and family relationships. They are experienced leaders who assist others to address funding issues, manage conflict, understand social needs, and sustain organizations. A member representing faith has a stake in the community, especially its children and families. A member to represent faith is essential and important for every Community Empowerment Area board.

Challenged to obtain a member on your community board to represent faith? Reach out to your ministerial associations, ecumenical councils, church councils, and sub-groups within faith organizations to tell the story about your Community Empowerment Area’s mission, vision, and purpose. Follow-up on previous outreach efforts to potential faith representatives and continue to seek their commitment for early childhood.

Upcoming Fall Conference



Building State Collaborations

Planning for the joint conference is underway! The Community Empowerment State Networking Conference and the Iowa Early Childhood Care and Education Congress are combining. We are excited to build on each other’s strengths. During these tight times it is one step to become unified in our efforts to support young children.

The agenda will include former Governor Hunt as a keynote presenter and Ross Thompson, a co-author and researcher of Neurons to Neighborhoods, Smart Start professionals, Sue Hegland to share information about the Midwest Child Care Research Study, Linda Lewis from the Dept. of Health and Human Services, along with many other presenters will be sharing some great workshops as well!

Mark your Calendars! The conference will be held at the Scheman Center in Ames, Iowa on November 19 and 20th. An exhibit fair will be conducted on the 2nd day where everyone can share information about their programs and efforts!

We will also be combining the previous Day on the Hill and Empowerment Exhibit Fair activities. Please reserve the afternoon of February 4, 2003 as an advocacy training day and February 5 as the Day on the Hill/Exhibit Fair. We will keep you informed as details become more final.

Top 10 Signs of a Quality Early Childhood Program

Upcoming Events

Empowerment Board Meeting Schedule
October 4, 2002

Empowerment Advisory Council Meetings
September 19, 2002

Contact/Coordinator Meeting
September 18, 2002

Mark Your Calendars!!
Early Care & Education Congress
(Joining forces with Empowerment Conference)
November 19 & 20, 2002
Scheman Center, Ames

Day on the Hill/Exhibit Fair
February 4 and 5, 2003

Top 10 Signs of a Quality Childhood Program

1. Children spend most of their time playing and working with materials or other children. They do not wander aimlessly, and they are not expected to sit quietly for long periods.
2. Children have access to various activities throughout the day. Look for assorted building blocks and other construction materials, props for pretend play, picture books, paints and other art materials, and table toys such as matching games, pegboards, and puzzles. Children should not all be doing the same thing at the same time.
3. Teachers work with individual children, small groups, and the whole group at different times during the day. They do not spend all their time with the whole group.
4. The classroom is decorated with children's original artwork, their own writing with invented spelling, and stories dictated by children to teachers.
5. Children learn numbers and the alphabet in the context of their everyday experiences. The natural world of plants and animals and meaningful activities like cooking, taking attendance, or serving snacks provide the basis for learning activities.
6. Children work on projects and have long periods of time (at least one hour) to play and explore. Worksheets are used little if at all.
7. Children have an opportunity to play outside every day. Outdoor play is never sacrificed for more instructional time.
8. Teachers read books to children individually or in small groups throughout the day, not just at group story time.
9. Curriculum is adapted for those who are ahead as well as those who need additional help. Teachers recognize that children's different background and experiences mean that they do not learn the same things at the same time in the same way.
10. Children and their parents look forward to school. Parents feel secure about sending their child to the program. Children are happy to attend; they do not cry regularly or complain of feeling sick.

Also ask if the program is accredited by NAEYC. NAEYC-accredited programs complete a rigorous self-study and external review to prove that they meet standards of excellence in early childhood education.

Source: NAEYC

Examples of Child- and Family-Focused Strategies Developed by Community Development Corporations

This information is shared to you from the National Center for Children in Poverty

Implementing child development and family support programs

- Adopting national child development and family support program models including home visiting, Even Start, Head Start, and Early Head Start

- Requiring that center-based programs seek national accreditation to ensure high quality

- Providing developmental screening and, if necessary, referrals for fuller assessments of young children

Helping child care providers

- Rehabbing homes for family child care providers

- Supporting family child care providers in creating sustainable businesses

- Working with child care providers to help them become advocates for improved child care availability and quality

- Providing short-term substitute child care for providers who are ill or taking vacation

- Helping unlicensed providers become licensed

- Developing provider loan programs and scholarships for professional development

Helping families

- Organizing support groups for parents, grandparents, and children

- Building parent leadership networks to address issues of availability and quality of child care

- Providing short-term, emergency child care scholarships to providers so children can stay in the same setting

- Addressing environmental risks to children, such as lead poisoning

Community Story: Family Resource Center in Boone.

*Thanks to Sara Behn for
submitting this article.*



The Boone County Empowerment Board and the City of Boone have joined forces to bring a Family Resource Center to Boone. The Center, in phase one, will be about 16,000 square feet of new construction located near the DMACC Campus. The first phase includes an accredited Infant and Child Care Center with a preschool component, Head Start classroom(s), and Adult Day Services. We hope future phases would include a multi-purpose room, agency offices, a teen center, senior center, and more.

This "centralized services" concept was wished for by the Empowerment Board in 1998 while writing the grant that now funds four early childhood programs in Boone County. A sub-committee was formed in January 2000 to coordinate the planning of the Center. The City became involved in late 2001, when Brent Trout, the new City Administrator, was hired. He came from Eagle Grove where he single-handedly wrote the successful application for the Community Development Block Grant to fund the construction of "Eagle's Wings" Child Care Center. He felt it is important for every community to have access to these services, especially where the industry requires nearby child care services. The City of Boone will be the owner of the facility once it is built.

Since then, the City has committed \$900,000 from two different sources to the Family Resource Center. On March 1, 2002, we were awarded a \$600,000 Community Development Block Grant from the Iowa Department of Economic Development. We have accumulated \$1.5 million dollars of the \$2.2 million dollar goal. The plan is to break ground in the Spring of 2003 and have a Grand Opening in the Fall of 2003. We are well on our way to making the Boone County Empowerment Board's dream a reality.

"Partnering with Parents: Walking the Journey Together"

*The parenting education
institute offered by Iowa
State University Extension.*

Are you a professional or volunteer who works with parents? Do you want to increase your knowledge and sharpen your skills in facilitating learning and support with families? If yes, then look no further.

Partnering with Parents consists of a series of training modules that promote a strength-based approach using principles of family centered practices to facilitate learning and support with parents. The modules are delivered in face-to-face group settings in various locations throughout Iowa, and through online learning activities.

Their website <http://www.extension.iastate.edu/pwp> has been revised and is up and running! People can download a brochure with extensive information from the website.

If you have questions, you may contact Kim Greder. kgreder@iastate.edu.

Community Story:

Lakes Area Empowerment Encouraging Good Health Practices

Other Activities

The Twenty-third Annual Summer School for Helping Professionals

August 5-8, 2002

University of Iowa, Iowa City;
2 & 4 day basic and advanced
classes; 1 & 2 hours UI Credit
and/or CEU's;

If interested in receiving the
conference brochure, please send
your request with mailing address to
jo-dickens@uiowa.edu, or call
1-800-551-9029.

Building Brighter Visions Conference

September 26-27, 2002

Coalition for Family & Children's
Services in Iowa; Holiday Inn
Airport, Des Moines, Iowa
More information will be available in
July at www.iachild.org.



In the previous issue, we spoke about the Lakes Area coming together to fight a major health problem called Respiratory Syncytial Virus (RSV). As a follow-up to that article find here additional information that this community is doing to prevent various potential health-related problems.

Understanding RSV infection and the burden that it inflicts on society are vital for the development of strategies for management and prevention of their widespread virus. The partnership between Best Care for Better Babies, Child Health Specialty Clinic, Clay County Public Health, and participating families' private insurance have developed a process that insures rural children in Northwest Iowa have the necessary care that they so desperately need.

The Bureau of Nutrition in the Iowa Department of Public Health recently collaborated with the Iowa Fit Kids Coalition and purchased two videos for each of the 20 WIC agencies. The videos are Parents and Children Sharing Food Tasks and Children and Weight.

Both videos are produced by the University of California Extension Service. Parents and Children Sharing Food Tasks shows parents how to create a friendly atmosphere during mealtime using the Division of Responsibility (parents decide what, when and where food is to be served, children decide whether and how much to eat.)

The Children and Weight video provides general guidelines for helping children to maintain a healthy weight: healthy foods, exercise and love and accept your child.

The Iowa Fit Kids Coalition developed a discussion guide that can be used with the videos. The videos and the discussion guide can be borrowed from local WIC agencies.

Any questions about the videos, contact Susan Pohl at (515) 281-4545 or spohl@idph.state.ia.us.

Meet Iowa Empowerment Board Member

Elaine Szymoniak

Elaine Szymoniak was first elected to the Iowa Senate in 1988. She served as a Senator until she retired in 2001. Ms. Szymoniak joined the Iowa Empowerment Board as a legislative member in 1999. She currently serves as a citizen member. Elaine also serves on the Advisory Committee on Responsible Fatherhood.

Elaine received her bachelor's degree at the University of Wisconsin in 1941 and then received her masters at Iowa State University in 1977. She worked at Iowa Vocational Rehabilitation as a speech therapist, audiologist, counselor, and resource manager. While living in Wisconsin, New York and Kansas, she worked as a Public School Speech Therapist.

Elaine's many community activities include sitting on the Des Moines City Council from 1977 to 1988. She has been active in the Chrysalis Foundation, On With Life and the Terrace Hill Foundation Board.

Elaine is married and has 5 adult children and 6 grandchildren.

Study Shows Positive Results from Early Head Start Program

Links to Empowerment Web sites

State : www.empowerment.state.ia.us
Buchanan Delaware Fayette :
www.bdfempowerment.org
Cherokee, Lyon, Plymouth Sioux:
www.northwestiowa.org
Floyd, Chickasaw, Mitchell:
www.fmccom.org
HAWC (Howard, Allamakee, Winneshiek):
www.HAWC-Iowa.com
Hardin <http://www.empowerhardin.com/>
Humboldt, Hamilton, Wright
www.buildingfamilies.net
NEW! Jasper:
<http://www.jaspercountyvempowerment.org/>
Linn:
www.linnempowerment.homestead.com/homepage.html
Marshall:
www.youthandviolence.org
Pocahontas, Calhoun and Webster:
www.linking-families.com
Polk:
www.humanservicesplanningalliance.org
Scott:
www.scottcountyvempowerment.org/
Story:
<http://www.storycountyfamily.org>
Washington:
www.empowerwashington.org
Woodbury:
www.siouxlandship.org

Send us your web site address and we'll include it in the next newsletter.

HHS Secretary Tommy G. Thompson today released results of a seven-year national evaluation of the federal Early Head Start program showing that 3-year-old children completing the program performed better in cognitive and language development than children not participating in the program.

The children also developed behavior patterns that prepared them for success in school, such as engaging in tasks, paying attention and showing less aggression. Parents in Early Head Start showed more positive parenting behavior, reported less physical punishment of their children and did more to help their children learn at home through activities such as reading to their children. The effects of the program were sustained and broadened from earlier assessments completed a year ago when the cohort of children was 2 years old.

“Early Head Start fulfills an important part of this administration’s objective to support families through prevention and early childhood education and to promote literacy for both parents and children,” said Secretary Thompson. “The program improves the chances for our youngest and most disadvantaged children to grow up healthy, to learn, and to prepare for school, while providing support to mothers and fathers to improve their parenting and other skills.”

Early Head Start, a component of the Head Start program, provides high quality child and family development services to low-income pregnant women and infants and toddlers, from birth to age 3. Early Head Start began in 1995 and has expanded to serve approximately 55,000 children and their families in 664 communities across the United States. To study the effectiveness of the program, researchers randomly assigned approximately 3,000 demographically diverse children and families to Early Head Start or a control group and followed them during the first three years of the children’s lives.

The study found that children completing Early Head Start achieved gains on standardized tests of cognitive and language development, may need fewer special learning interventions later on, and performed better on critical social-emotional tasks, such as relating to their parents, paying attention and behaving appropriately.

The study also found that Early Head Start parents were more likely to read to their children, be emotionally supportive, help with language development and show positive parenting behavior. Early Head Start parents also participated more in education and employment-related activities, although average family income did not increase significantly.

“This study is important in helping us to understand how early childhood programs can work with families, including fathers, to help prepare children to arrive at school ready to learn,” said Wade Horn, Ph.D., HHS assistant secretary for children and families. “The program is also equipping parents with positive strategies to work with their children to promote positive home environments, showing that a large national program that is well-implemented, maintains quality, and focuses on specific child development goals for children and parents can succeed.”

Because Early Head Start programs serve families that are demographically diverse, the study examined differences according to population subgroups. African-American parents, families that enrolled during pregnancy and those with a moderate number of demographic risk factors were most positively affected. The program also had positive impacts on some groups that other programs have found challenging, specifically teen parents and parents who were depressed when they began the program.

The study was performed by an independent contractor, Mathematica Policy Research. A copy of the study can be obtained from the Head Start publication center at www.hskids-tmsc.org/cgi-bin/pubcatstore.com. Later in June, it will be available on the Administration for Children and Families’ Web site at www.acf.dhhs.gov/news.

What is the Difference Between a Child Care Home Consultant and a Child Care Health Consultant?

The next two pages will provide a good overview of the requirements for each position. Thank you to Jody Caswell at the Department of Human Services and Sally Clausen at the Department of Public Health for providing the information.

	Child Care Health Consultant	Child Care Home Consultant
Qualifications	Must be an Iowa registered nurse	Bachelor's degree and 3 years of child care home experience preferred. Knowledge of state child care home regulations and best practice for child care homes.
Training	All child care health consultants are required to complete the 4.5 nursing CEU, Iowa Training Project for Child Care Health Consultants sponsored by the Iowa Department of Public Health	
Type of Activities	<p>The child care health consultant participates in multiple activities including (alphabetical listing):</p> <ul style="list-style-type: none"> • Community development, building support for health and safety in child care • Health education with children and families • Health education with providers • Internet/email consultation • On-site consultation for problem solving or assessment • Professional development • Requests for information via mail • Telephone consultation • Training small and large groups of child care providers 	<ul style="list-style-type: none"> • Assist individuals interested in becoming registered child care home providers. • Assist and monitor efforts of child care providers to meet state regulations and quality standards. • Assist providers in developing linkages within their community. Identify potential child care providers.
Common issues or topics addressed	<p>Child care health consultants address the following health and safety issues:</p> <ul style="list-style-type: none"> • Activities to promote healthy development • Child care personnel health issues • Child care policy and procedures • Children with special health or developmental needs • Facilities, supplies, and equipment to promote health and safety • Health promotion and protection including management of illness • Infectious diseases • Nutrition and food safety • Transportation 	<ul style="list-style-type: none"> • Assist providers to be able to complete items on the State Registration Checklist • Provide Information and Referrals • Share about available training Opportunities • Setting up environment for children; learning centers • Safety Issues • File organization • Insurance options • Taxes, record keeping
Total number of child care health consultants	63 5 of these positions are full time and located in Child Care Resource and Referral lead agencies	10 regional
Healthy Child Care Iowa talkline 1-800-369-2229	The talkline is available to child care providers 24 hours per day and 7 days a week. Child care providers may call with questions about health and safety or may be connected with a child care health consultant in their region. The talkline has a registered nurse available to answer calls.	
Healthy Child Care Iowa website: Http://idph.state.ia.us/hcci	The website is available to providers at their public library or by using their home computer. The website has links to other internet sites like the National Resource Center for Health and Safety in Child Care. There are free materials that can be downloaded or printed directly from the website. Child care providers may also send an email to their child care health consultant through the website.	

Regional Child Care Home Consultants

<p>SDA 1 Child Care Resource and Referral of Northwest Iowa Serving: Buena Vista, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Hamilton, Humboldt, Ida, Kossuth, Lyon, Osceola, O'Brien, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Webster, Wright, and Woodbury Counties</p>	<p>Vicki Hogeland Mid-Sioux Opportunity, Inc. 418 Marion St. Box 390 Remsen, IA 51050 712-786-3482 1-800-859-2025 fax:712-786-3250 vhogeland@mid-siouxopportunity.org</p>
<p>SDA 2 Child Care Resource and Referral of Northeast Iowa Serving: Allamakee, Black Hawk, Bremer, Buchanan, Butler, Cerro Gordo, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Howard, Mitchell, Winnebago, Winneshiek, and Worth Counties</p>	<p>Jane Dahlhauser Exceptional Persons, Inc. 760 Ansborough Ave. Box 4090 Waterloo, IA 50704 319-274-8209 ext. 466 1-800-475-0804 fax: 319-274-8841 jdahlhauser@episervice.org</p>
<p>SDA 3 Child Care Resource and Referral of Southwest and South Central Iowa Serving: Adair, Adams, Audubon, Carroll, Cass, Clarke, Decatur, Fremont, Greene, Guthrie, Harrison, Lucas, Mills, Monona, Monroe, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union and Wayne Counties</p>	<p>Eula Greene West Central Development Corp. Box 709 Harlan, IA 51537 712-755-7381 eula_green@yahoo.com</p>
<p>SDA 4 Child Care Resource and Referral of Central Iowa Serving: Boone, Dallas, Hardin, Jasper, Madison, Marion, Marshall, Polk, Story and Warren Counties</p>	<p>Deb Scrowther Child Care Resource Center 1200 University Ste. H Des Moines, IA 50314 515-286-2063 1-800-722-7619 fax: 515-283-9293 dscrowt@co.polk.ia.us</p>
<p>SDA 5 Child Care Resource and Referral of Southeast Iowa Serving: Appanoose, Benton, Cedar, Clinton, Davis, Des Moines, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, and Washington Counties</p>	<p>Liz Novak Iowa East Central TRAIN 2804 Eastern Ave. Davenport, IA 52803 319-324-1302 ext. 421 fax: 319-324-7736 lnovak@iowatrains.org</p>

Child Care Health Consultants

<p>Healthy Child Care Iowa state coordinator</p>	<p>Sally Clausen, ARNP, BSN Healthy Child Care Iowa Iowa Department of Public Health; 321 E. 12th Street Des Moines, IA 50319-0075 Telephone 515-281-6071 or 800-383-3826 Email: sclausen@idph.state.ia.us</p>
<p>Northwest Iowa, Service Area 1 Child Care Health Consultant for the region</p>	<p>Kim Schroeder, RN Mid-Sioux Opportunity, Inc. 418 Marion Street, PO Box 390 Remsen, IA 51050 Telephone: 712-786-3493 or 800-859-2025 Email: kschroeder@mid-siouxopportunity.org</p>
<p>Northeast Iowa, Service Area 2 Child Care Health Consultant for the region</p>	<p>Marsha Platt, RN, BSN Exceptional Persons, Inc. 760 Ansborough Ave., PO Box 4090 Waterloo, IA 50704 Telephone: 319-233-0804 or 800-475-0804 Email: mplatt@episervice.org</p>
<p>Southwest Iowa, Service Area 3 Child Care Health Consultant for the region</p>	<p>VACANT</p>
<p>Central Iowa, Service Area 4 Child Care Health Consultant</p>	<p>Karen Doughan, RN, BA CCRR of Central Iowa 1200 University Avenue, Suite H Des Moines, IA 50314 Telephone: 515-286-3697 or 800-722-7619 Email: kadougha@co.polk.ia.us</p>
<p>Southeast Iowa, Service Area 5 Child Care Health Consultant</p>	<p>VACANT</p>



School-Based Outreach in Non- Traditional Settings

“You never stand so tall as
when you bend down to help a
child.”

Arthur Unknown

Reaching out to enroll eligible children in health care coverage programs during regular school activities can be among the most productive outreach efforts. However, non-traditional school settings and school-based programs should not be overlooked as places to identify eligible children and get them enrolled. Children who may need health care coverage may be missed by outreach efforts if such activities take place solely in public schools. Outreach activities can be conducted for students in alternative schools, vocational schools, adult education classes and private and parochial schools. School based programs, such as Family Resource Centers and after-school recreation and tutoring programs, also can be important venues for outreach and enrollment.

Examples of outreach activities that can be done in these settings include:

Alternative or Vocational Schools: Outreach staff can go into alternative schools to present information on health care coverage and to enroll eligible students. Many students may be eligible, or may be parents themselves and enroll their own children. This also presents an opportunity to teach students about the benefits of health care coverage and how to navigate insurance programs. Instructors can discuss the need for well child care and the importance of making sure children get routine health screenings.

Adult Education Classes: Adult literacy and English as a Second Language (ESL) classes present great opportunities to share information about health care coverage options for uninsured children. Some instructors use the application and promotional materials to lead a discussion about health insurance, and they help students complete the application as a class activity. ESL classes may be particularly good places to reach families that face difficult barriers to obtaining coverage, such as families with immigrant members and those who are not proficient in English.

Private schools: It is often assumed that children attending private schools are not likely to be eligible for free or low-cost health insurance, yet there may be many children in private schools missing out on coverage for which they qualify. Private schools participate in the School Lunch Program and serve free or reduced-price school meals. Students receiving such meals are likely to qualify for coverage under Medicaid or *hawk-i*.

After-School and Summer Programs: These programs offer good opportunities to provide information on children’s health care coverage to families with eligible children. They also may assist families in getting their children ready for the coming school year – a good time to help them obtain health care coverage so they can ensure children get the immunizations and check-ups they need.

Home Schools: Families of children who are being home-schooled may not have access to information about health care coverage programs to the same extent that children in a public schools system do. Getting information to families of home schooled children is particularly challenging. If states distribute curriculum or testing guides to these families, children’s health insurance materials could be included in these mailings. Families whose children are home-schooled also may be reached through home-schooling networks and through conferences or publications.

(Adapted from Conducting Children’s Health Coverage Outreach: In Non-Traditional Educational Settings, by Donna Cohen Ross and Meg Booth, Center on Budget and Policy Priorities).

For questions or comments about this article, contact Sonni Vierling, Covering Kids in Iowa Coordinator, at (515) 281-4516 or svierlin@idph.state.ia.us.