



Briefing

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EDITOR

As I write this, thousands of students are embarking for college loaded down with telephone answering machines, microwave ovens, and stereo systems. We are ending a summer when a new children's movie seemed to come out every week and theme parks attracted millions of families centering their vacations around their children. Looking at this picture, it is easy to conclude that America's children are well cared for, but other images suggest a different reality.

The summer of 1993 also brought alarming reports of gang violence in Omaha; of such widespread underimmunization that President Clinton introduced an initiative to vaccinate preschool children; of pedophiles using computer bulletin boards to contact unsuspecting child victims. Here in St. Louis drive-by shootings of young people contributed to a soaring murder rate. Equally shocking was a report that the city has the nation's youngest known crack cocaine addict—an 11-year-old boy.

Moreover, the latest census figures show that more than 20 million of the nation's children (about a third) live in poverty. According to a 1992 Children's Defense Fund report on young families, poor children are more likely than non-poor to go without necessary healthcare and early childhood development programs, to be poorly housed, to be hungry. And their mothers are less likely than other women to receive adequate prenatal care and more likely to have low-birth-weight babies. Ironically, the nation has failed to fund the care that would prevent the problems of many at-risk newborns, instead treating them with far more costly high technology.

Although a majority of mothers have entered the work force in the past 20 to 30 years, social structures and services have not kept pace with change. Child care and school systems, as well as wages and health insurance coverage, are widely failing to provide the support families need to nurture the healthy development of their children.

The dismal situation I have described is depicted on the cover of this issue. A more optimistic

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painting introduces the special section on children and families (p. 33). It reflects the hope of child advocates that the Clinton plan for healthcare reform (at this writing it is to be introduced in a few days) will address families' problems through universal healthcare coverage and basic benefits that include preventive interventions and prenatal care.

More specifically, the painting portrays the hope Catholic healthcare organizations are offering children and families. For example, to reduce infant mortality and address a range of family needs in inner-city West Philadelphia, Misericordia Hospital is providing perinatal and children's services through several innovative programs, including a school-based clinic (p. 34).

Another exciting partnership is taking place in Port Arthur, TX, where St. Mary Hospital has formed a community participation team to fill a gap in primary care for children (p. 38).

In southwest Houston the Sisters of Charity of the Incarnate Word Health Care System is cosponsoring a community clinic with the city (p. 42). The area's poor, immigrant population now receives previously unavailable prenatal and pediatric care, immunizations, and tuberculosis screenings. On the city's east side, St. Joseph Hospital's Project Access helps people learn about and obtain primary and preventive care (p. 44).

Only the tip of the iceberg, these creative approaches inspire and stimulate. Please let us know about other projects that reach out to strengthen children and families.

HEALTH PROGRESS RECOGNIZED

Jane White's March 1993 column "Cutting through the Confusion of Managed Competition" and the April 1993 issue on sponsorship have won Apex '93 awards for publication excellence. To obtain copies, please contact Doris Johnston at 314-427-2500.