WIC and Head Start

Partners in Promoting Health and Nutrition for Young Children and Families

WIC Nutrition Services

Adjunct to Preventive Healthcare
Health & Nutrition Education
Provide Nutritious Foods

Head Start Comprehensive Child Development Services

AUTHENTICATED
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Introduction

WIC and Head Start: Common Ground, Common Goals

The WIC and Head Start programs share common goals. Both programs strive to promote positive health and nutrition status for young families. Both programs provide young children and families with nutritious foods, health and nutrition education, and assistance in accessing on-going preventive health care. In many communities, WIC and Head Start serve the same families. By working together, programs have an opportunity to coordinate these services and maximize use of scarce resources (e.g., funding, staff, space). Working together can mean minimizing duplicative efforts on the part of families and staff; more opportunities for WIC and Head Start to benefit from each program's strengths, expertise and best practices; and ultimately, more ways to make a positive impact on good health and nutrition for children and families.

WIC and Head Start: Partners in Promoting Health and Nutrition for Young Children and Families is a publication that provides information on a variety of ways that WIC and Head Start can work together. This publication is the result of a coordination project undertaken at the federal level between the Head Start Bureau (Administration for Children and Families, Department of Health and Human Services) and the WIC Program (Food and Nutrition Service, Department of Agriculture). In 1994, these two entities entered into an interagency agreement to jointly support coordination at the regional, state and local levels. As part of this effort, the Food and Nutrition Service (FNS) and the Head Start Bureau have developed this informational report. It describes a variety of efforts undertaken in States and local communities to coordinate Head Start and WIC services and discusses strategies used to overcome barriers to coordination. The report is based on a study (WIC-Head Start Coordination Study) conducted by Research-able, Inc., from October 1994 through September 1996, under a contract with FNS (USDA Contract Number: 53-3189-4-037). The WIC-Head Start Coordination Study was undertaken to:

- Identify current and potential collaborations;
- Identify statutory, regulatory, and practical barriers to collaboration;
- Gather information on collaborations and their implementation; and
- Disseminate study findings for use by local and national WIC and Head Start staff.

The study's methodology involved a series of personal telephone interviews and site visits during which coordination activities were identified and examined. The programs surveyed were WIC and Head Start agencies that demonstrated a significant level of collaborative activity. For more information about the methodology used, please see Appendix B.

How To Use This Publication

Although Head Start and WIC share common goals, the scope and design of each program's services are quite different. Chapter One provides a broad overview of each program including some information about program history. The remainder of the report is organized by chapters that give examples of coordination strategies in five service areas common to both WIC and Head Start:

- Eligibility;
- Health and Nutrition Screening/Assessment;
- Nutrition Education for Children and Parents;
- Providing Nutritious Foods
- Program Administration

In each of these chapters, a review of each program's relevant regulatory requirements is provided and examples of coordination efforts reported by survey respondents are described. Comments, observations and insights from respondents about how to promote cooperation between the programs are also included. The last chapter (Chapter Seven) discusses the factors that support coordination as cited by respondents.

As this report illustrates, there are many strategies programs can use to coordinate WIC and Head Start services. The examples cited in this report should not be interpreted as recommended models but as examples programs can use as a reference in developing coordination strategies that meet specific needs of their communities. Although coordination models look different from place to place, the potential benefits of working together are universal.

Chapter 1

Program Overview

"The days of all of us doing our own things are gone. There just isn't enough money. Clients should not have to go to a bunch of places to get the services they need and are entitled to. They should not have multiple case workers. We need to pool our resources and get the job done as cost effectively as possible."

Survey Respondent from Greenville, Ohio

Chapter 1

Program Overview

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides specific nutritious supplemental foods, nutrition education, and health care referrals at no cost to its participants. WIC participants are low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are at nutritional risk. At the time of this study in FY 1996, the total number of average monthly participation in the WIC Program was 7,187,831.

WIC started as a pilot project in 1972. At that time, concern about undernutrition during critical stages of growth and development led to an amendment to the Child Nutrition Act authorizing WIC's creation. WIC became a fully authorized program in 1974.

WIC is a Federal grant program. It is administered at the Federal level by the Food and Nutrition Service (FNS) of the U.S. Dept. of Agriculture. FNS provides funds to its seven regional offices, which in turn distributes them to WIC State agencies, including the District of Columbia, U.S. Territories, and Indian Tribal Organizations for program administration and operations. State agencies are responsible for administering the Program within regulatory guidelines established by FNS. FNS determines the size of each State Agency's grant on the basis of a regulatory funding formula, and

establishes eligibility requirements, priorities for client waiting lists, and guidance in defining nutritional risk. FNS monitors State agencies for compliance with these regulations.

State Agencies have broad discretion over program implementation within the regulations established by FNS. For example, State agencies select from among Federally allowable WIC foods in creating WIC food packages for their clients. Hence, there is a great deal of variation among States in specific program characteristics.

Local WIC agencies are authorized by State agencies to provide checks or vouchers, redeemable at authorized vendors for specified supplemental foods to WIC participants and to pay administrative costs, including the costs of certifying applicants for eligibility and providing nutrition education and counseling, and referring the applicant to locally available needed health services. Any public or private, nonprofit, health or human service agency which provides health services to the public directly or through contract may apply to a WIC State agency to become a local sponsoring agency. Local agencies are often city or county health departments, but they may also be hospitals, maternal and child health groups, or community action agencies. Each local agency may provide services at one or more sites.

The goal of the WIC Program is to improve the nutritional health of program participants during pregnancy and the postpartum period, infancy and early childhood. The benefits provided by the WIC Program include:

- **Food Package:** Participants usually receive vouchers or checks redeemable for specific items at local grocery stores. The foods provided in the WIC food package target specific nutrients that are known to be lacking in the diets of low-income individuals. They are to supplement the regular diet.

- **Nutrition Education:** The current WIC legislation mandates that State agencies earmark at least one-sixth of their administrative funds for nutrition education. The purpose of nutrition education is to teach participants how to use WIC foods, foster positive changes in food habits, promote breastfeeding and, if needed, refer participants for drug treatment and counseling.

- **Breastfeeding Promotion:** Legislation also mandates that WIC promote and support breastfeeding, and specifies a target which must be spent on these efforts. State agencies meet and exceed the target, spending over $50 million annually in support of breastfeeding.

- **Health Care Referrals:** An expected effect for participants is increased and regular use of health care services such as immunization, lead screening, and dental services. Although WIC does not fund such services, the Program encourages the utilization of existing health care through referrals.

What is Head Start?

Launched in 1965, Head Start is a comprehensive child development program that serves low-income children and their families. The goals of the Program are to foster each child's social competence by supporting and

"It is in the best interest of families to avoid duplication. Collaboration strengthens both programs. It gives wider professional expertise that can be shared, e.g., WIC brings nutrition expertise, Head Start brings education expertise. Collaboration is mutually stimulating, a cross-fertilization of ideas."

Survey respondent from Portsmouth, New Hampshire

nurturing their social, emotional, cognitive and physical development; and to support each family in fostering their child's development and in attaining family goals. Head Start provides children with the skills they need to function in kindergarten. Head Start provides child development and health services through locally defined service delivery models such as center-based preschool services, home-based services, combination services that provide both center and home-based services, family child care services, and locally designed models. Through family and community partnerships, the program assists parents in their role as the primary educator of their children, to be involved in their child's learning, and to meet other family goals such as training and employment. Children enrolled in Head Start are 3 to 5 years old. At the time of this study in FY 1996, the total number of children enrolled in Head Start and Early Head Start was 752,077.

With the reauthorization of the Head Start Program in 1994, Congress established a new program for low-income families with infants, toddlers and pregnant women which is called Early Head Start. The program was created based upon strong evidence from research and practice that early intervention can make a significant positive impact on children and families. High quality programs for children birth to age 3 can enhance children's physical, social, emotional, and cognitive development; enable parents to be better caregivers and teachers to their children; and help parents meet their own goals, including economic independence. Beginning in 1995, Early Head Start began serving pregnant women and children up to age 3. The program's focus is to maximize a child's developmental potential and support parents' role as primary caregivers/educators as early in a child's life as possible. Like Head Start, Early Head Start provides comprehensive services, including child development, health and nutrition services to eligible families. Program services may be delivered through center-based, home-based or family child care models. All Head Start and Early Head Start programs must meet program performance standards, a set of federal regulations that ensures that programs provide a defined set of quality services to children and families and have management systems to support those services.

The focus of Head Start and Early Head Start health services is to assure that children and families are receiving on-going preventive health care and to promote preventive health and safety practices. Health services are comprehensive and include physical, dental, nutrition, and mental health

services that are tailored to individual needs. Through partnerships with families, programs must assure that children and pregnant women receive the appropriate schedule of well child exams, prenatal exams, dental exams, and immunizations. They must also assure that a nutrition assessment and other appropriate health screenings are performed. Children and families are involved in health and nutrition education through classroom curriculum, parent/family education activities and home visits. Children who receive center-based child development services also receive nutritious meals on-site.

Head Start and Early Head Start are administered federally by the Head Start Bureau in the U.S. Department of Health and Human Services. The federal government provides funding directly to local programs through ten federal regional offices which govern all fifty States, the District of Columbia, U.S. Territories, and Indian Tribal Organizations. The Head Start Bureau also serves eligible children and families through its Migrant Programs and American Indian Programs Branches. In addition, each State has a Head Start State Collaboration Office that ensures coordination with other State-administered programs that serve children and families.

Chapter 2

Eligibility

"Getting started in the collaboration was awkward. Both programs are very busy and it was much easier to pay attention to your own program rather than put the energy into working together. It was a paradigm shift to look at both programs and their needs and how each program could serve the other. Once we were communicating, a lot fell into place."

Survey respondent from Collier County, Florida

Chapter 2
Eligibility

WIC and Head Start have different eligibility criteria. In spite of these differences, many families are eligible for both programs. Collaboration on eligibility issues can make it easier for families to receive WIC and Head Start services in a coordinated, non-duplicative, and convenient manner.

In order to be eligible for WIC services, participants must meet all of the following criteria:

- Be a resident of the State in which they apply for services or live in the jurisdiction of an Indian Tribal Organization serving as a WIC State agency;
- Be a pregnant, breastfeeding, or postpartum woman, infant or child up to age 5 (categorical eligibility);
- Be individually determined to be at nutritional risk by a health professional; and
- Have a family income at or below 185 percent of U.S. Poverty Income Guidelines or a person or certain family members who participate in other benefit programs such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families automatically meet the income eligibility requirement.

Generally, WIC participants are certified to be eligible to receive WIC benefits at intervals of about 6 months. Infants under 6 months of age may be certified for a period extending up to their first birthday. Pregnant women are certified for the duration of their pregnancy and for up to 6 weeks postpartum.

In order to be eligible for Head Start/Early Head Start services, participants must meet all of the following criteria:

- Be a child age 3 or 4 for Head Start; or
- Be a pregnant woman, infant or child up to age 3 for Early Head Start; and
- Have a family income at or below the U.S. Poverty Income Guidelines (Ninety percent of families)
- Ten percent of families may be over-income
- Ten percent of Head Start enrollees must have children with special needs.

If a child has been found income eligible and is participating in a Head Start program, he or she remains income eligible through that enrollment year and the immediately succeeding year. Children enrolled in Early Head Start remain income eligible while they are participating in the program (potentially, from pre-natal to age 3).

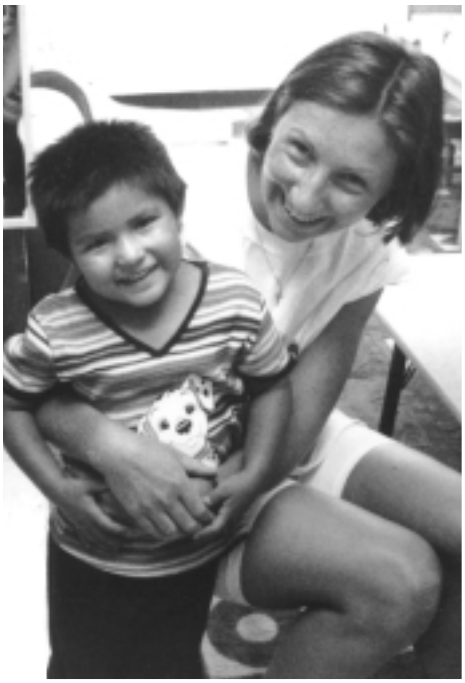
ELIGIBILITY CRITERIA

WIC Criteria	Head Start Criteria
■ Reside in the State in which they are applying.	
■ Be a pregnant, breastfeeding or postpartum woman, infant, or child up to age 5.	■ Be a child age 3 or 4 years for Head Start. ■ Be a pregnant woman, infant or child up to age 3 for Early Head Start.
■ Be determined at nutritional risk.	
■ Have a family income below 185 percent of U.S. Poverty Income Guidelines or determined adjunctively income eligible.	■ Have a family income at or below the U.S. Poverty Income Guidelines.

Ninety percent of Head Start families have incomes under 100 percent of U.S. Poverty Income Guidelines. Because Head Start programs strive to serve those with the greatest need for services, the 10 percent of Head Start families who exceed the federal poverty level are likely to have family incomes under 185 percent of poverty. Thus, the vast majority of Head Start families are income-eligible for WIC. However, not all Head Start families meet the categorical and nutritional risk requirements for participation in WIC. Therefore, the exact number of children eligible to participate in both programs is not known.

Eligibility: Opportunities for WIC-Head Start Coordination

Although Head Start does not require children to demonstrate nutritional risk to be eligible, many Head Start/Early Head Start children and pregnant women are found to be at risk for poor nutritional status when physical exam data (i.e., height, weight, hemoglobin/hematocrit) are reviewed



after enrollment in the program. At least 90 percent of Head Start families are living at or below the poverty level which substantially increases their risk for poor nutritional status. During 1996—1997, anemia, asthma, overweight, high lead levels and underweight were the five most prevalent nutrition-related conditions reported in Head Start children (1996-1997 Annual Program Information Report).

Neither WIC nor Head Start are entitlement programs. Given the limited and sometimes variable funding from year to year, both programs prioritize their enrollment, striving to serve those families who will benefit most from program services. If funding does not make it possible to serve all those who are eligible, WIC has a formal priority system for determining who should receive benefits. The priority system is based on participant category and risk factors. In Head Start, programs are required to determine criteria that define the types of children and families who will be given priority for selection into the program. Factors that must be considered are level of family income and age of the child. Many programs also consider degree of need for comprehensive child development services. For both programs, the population served may vary in each local area. Thus, it may be helpful to examine the extent to which Head Start and WIC are serving the same families in a given community.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: ELIGIBILITY

- While most Head Start/Early Head Start families will meet income guidelines for WIC, individuals must also be determined to be categorically eligible and at nutritional risk to be eligible for WIC services.
- At least 90 percent of Head Start families are living at or below the poverty level and, thus, are at substantial risk for poor nutritional status.
- The extent to which Head Start/Early Head Start and WIC serve the same families will vary from community to community.

Survey Findings: Coordination Strategies At Work

The WIC-Head Start Coordination Study provides examples of local WIC and Head Start programs that collaborated to streamline the eligibility processes of assessing and screening qualifications. Many respondents also reported joint efforts in recruiting participants including, coordinated development of recruitment literature, or joint literature distribution. A

number of respondents mentioned that in many areas there is a lack of awareness and understanding of the WIC Program and that Head Start can help by introducing its clients to WIC. As the Gering, Nebraska WIC and Head Start Programs report:

> *[Collaboration] begins with cross referrals and joint recruitments…more often than not they [programs] have joint assessments and screenings."*

A Head Start program in Haverhill, Massachusetts reported how they secured extra resources to do recruitment for WIC and other programs:

> *"Head Start got a grant for a neighbor-to neighbor program. They took laptop computers out to rural areas and screened the adults on site for 80 different programs. As a result, all numbers are up; there even is a waiting list for Head Start. Lunch program has increased by 143%. WIC participation for the whole community has gone up by 70%."*

All the Head Start and WIC programs surveyed reported they gather income and other child/family information as part of the eligibility and/or intake process. Both programs also reported they collected nearly identical information to screen for nutritional risk. However, the WIC program screens for nutritional risk as a ***determinant*** of eligibility while Head Start screens for risk as part of the comprehensive health services provided to families enrolled in the program. In Head Start, screening may coincide with enrollment or may occur after enrollment.

The majority of programs interviewed for the study had developed some procedure for sharing or jointly gathering family income information. Many programs have developed joint forms to collect enrollment information. Other programs simply work out a system for exchanging income-related information. For example, The Graettinger, Iowa collaboration developed joint data collection forms with appropriate consents for release of information to exchange income data and other qualification information. The Riverside, Rhode Island WIC-Head Start collaboration reported:

> *"We recruit together and refer to each other's programs. We use the same income information form, as well as a release form to authorize sharing medical information."*

New York's Tioga Opportunities Program Head Start shared this:

> *"At one of our locations, the WIC people do certifications at the Head Start site. This enables parents to use a single day to come in and volunteer for Head Start and at the same time get certified for WIC."*

And one program, the Seattle Public Schools Head Start/WIC used the same staff person (a Nutrition Coordinator) to complete the eligibility processes for both Head Start and WIC, using an integrated record-keeping system that virtually eliminated duplication.

Electronic Benefits Transfer or so-called "smart" cards also offer collaborative possibilities for the future. Use of these cards has the potential to allow parents to be in charge of family information, retaining the ability to make decisions about sharing that information with any and all community programs, while at the same time eliminating the need for parents to produce basically identical information on multiple forms. While several programs stated they were interested in pursuing the use of these cards, the projects are still in the planning stages.

COORDINATION STRATEGIES AT WORK: ELIGIBILITY

- Joint recruitment efforts.
- Joint Head Start-WIC forms to collect eligibility information.
- Shared staff who enroll children/families for both WIC and Head Start.
- Consent forms that allow programs to exchange enrollment information.
- "Smart" Cards: electronic means for families to share child/family information with many programs without having to complete multiple, duplicate forms.
- Joint "health fairs" to recruit and enroll children/families and perform health screenings used by both programs.

Chapter 3

Health and Nutrition Screening/Assessment

"Focus on your successes, not your setbacks in collaboration efforts. Remember that successes can be very, very small. Appreciate them."

Survey respondent from Newport, Vermont

Chapter 3

Health and Nutrition Screening/Assessment

WIC and Head Start Programs are both required to complete health and nutrition screening/assessment procedures or assure that participants receive these services from another appropriate health professional. As a result, families participating in both programs may be asked to provide similar information to each program at different times. Coordinating the health and nutrition screening/assessment processes between programs may minimize duplicative efforts for families and staff.

WIC Program Requirements

As part of the eligibility process, applicants must be individually determined to be at nutritional risk by a competent health professional. To determine risk, at minimum, a current height, weight and blood test for anemia must be obtained and evaluated. This data must be obtained prior to or at the time of certification for eligibility and may be obtained directly or by referral to an appropriate health care provider. Examples of nutrition risk criteria are anemia, underweight, overweight, a medical condition with nutritional impact such as diabetes, or inadequate dietary patterns as assessed by a 24-hour dietary recall, dietary history or food frequency. WIC also provides referrals for health care, including Medicaid and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, to assist families in accessing appropriate ongoing health services.

Head Start Requirements

As quickly as possible, but no later than 90 days after enrollment, Head Start and Early Head Start Programs are required to assure that participants are enrolled in a system of ongoing preventive healthcare. Programs must obtain from a health care professional a determination that each child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age. In addition, information about child and family eating patterns, including current feeding schedules for infants, must be collected and assessed.

Although programs have 90 days to obtain health assessment information from a health care provider, many Head Start Programs choose to perform some health screenings on-site including, height, weight, vision, and hearing screenings. Providing screenings on-site prevents delays in obtaining health data that may be used as a part of the developmental screening that must be completed for each child within 45 days of enrollment. The developmental screening identifies concerns regarding a child's developmental, visual, auditory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

HEALTH AND NUTRITION SCREENING/ASSESSMENT

WIC Requirements	Head Start Requirements
■ Nutrition risk must be demonstrated prior to or at the time of certification. At minimum, height, weight and a blood test for anemia must be assessed. Assessment may be based on data collected directly or from another appropriate healthcare professional. A poor diet may also be included as a nutrition risk.	■ Nutritional needs must be identified, taking into account information about child/family eating patterns and relevant health exam/screening data (height, weight, and blood tests for anemia). Health exam data is obtained within 90 days of enrollment - see below.
■ Programs provide participants with referrals to on-going health care as needed.	■ Within 90 days of enrollment, programs must assure that children and pregnant woman are up-to-date on a schedule of preventive health care used by EPSDT for children or prenatal care for pregnant woman. Programs may choose to conduct some health and nutrition screening activities directly to aid in identifying health/nutrition needs as quickly as possible.

Early Head Start Programs must ensure that pregnant women are receiving comprehensive prenatal and postpartum care immediately after enrollment into the program. This care must include early and continuing risk assessments, including an assessment of nutritional status as well as nutrition counseling and food assistance. The care must also include dental and mental health assessments and interventions as deemed appropriate by the attending health care provider.

Health and Nutrition Screening/Assessment: Opportunities for WIC and Head Start Coordination

Although both Head Start and WIC Programs conduct health and nutrition screening/assessment activities, WIC utilizes assessment data to determine program eligibility while Head Start does not. Instead, within 90 days of enrollment, Head Start programs must assure that children and pregnant women are up-to-date on a schedule of preventative health care, including appropriate screenings. Programs may choose to complete some of these activities as part of enrollment, although this is not required. Thus, the timelines required for completing these activities may differ, making collaboration efforts in this area more challenging. Nevertheless, coordination of health and nutrition screening/assessment activities can be successful in minimizing duplicative services and assuring that families have access to on-going preventive healthcare.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: HEALTH AND NUTRITION SCREENING/ASSESSMENT

- Both Head Start and WIC require that similar health/nutrition assessment data be obtained for children and pregnant women, including and assessment of dietary patterns/eating habits.
- Head Start requires that information be collected within 90 days of enrollment into the program, while WIC requires that the information be collected prior to or at the time of WIC certification of eligibility.
- Both programs work to assure that children and families are enrolled in a system of on-going preventive health care such as Medicaid and EPSDT. Information from a health care provider may be used to determine health/nutrition status and risk.

Survey Findings: Collaboration Strategies at Work

Although somewhat limited by the barriers posed by the confidentiality of participant records, a substantial number of programs have developed the means through which assessment data can be shared between WIC and Head Start Programs. The following are specific examples of collaborative efforts in the area of health and nutrition screening/assessment as shared by study respondents:

- Joint medical assessments and screenings;
- Joint data collection forms which contain a signed release authorizing information sharing between WIC and Head Start;
- WIC performing all the health-related testing and screening functions for Head Start with both programs utilizing the information gathered;
- WIC performing selected health-related functions, the most common being hematocrits and anthropometrics measures; less common are immunizations and lead testing by health department-funded individuals assigned to work with WIC;
- Head Start performing all or selected health screening functions for both programs;
- Each program gathering its own information utilizing forms with a release so information can be shared;
- One program completes dietary intake assessments for the other;
- Shared medical equipment for use in testing and screening;
- Shared staff who complete screening/assessment procedures for both programs;
- WIC monitoring and follow-up on clients referred by Head Start for specific medical or nutritional needs;
- Staff in-service training by WIC for Head Start staff on nutrition assessment procedures (e.g., to perform height and weight measurements and plot growth charts); and
- Head Start provides transportation to WIC appointments.

The Jackson, Tennessee Collaboration reports significant benefit from WIC conducting medical and nutrition screenings for both programs, stating that:

> *"This makes more efficient use of time resources for both staff and clients."*

The ability to bring WIC services to the Head Start sites allows families to get both services at one site. The Oklahoma City WIC-Head Start Collaboration, for example, involves WIC bringing its mobile services to the Head Start sites on a regular basis.

> *"Our van travels to eight separate Head Start sites, with clinics on Monday through Thursday of each week and half-day on Friday. Each site is visited at least once per month and the larger ones are visited once each week. This enables WIC to serve 1,000 clients at Head Start. Because this is a Community Action Program as well, the mobile unit also sees other WIC clients at the Head Start site from time to time. Services provided include: certifications, dietary assessments, heights, weights, and hematocrits, along with issuance of vouchers."*

WIC mobile-unit collaborations were reported by several programs as providing excellent benefits, particularly in rural areas with widely dispersed client populations. The Community Action Programs in Spartanburg, South Carolina and Owego, New York where WIC and Head Start are co-located reported this benefit:

> *"Parents don't have to take off work to come to the health department for physicals for their children."*

Haverhill, Massachusetts's Collaboration said of its van program:

> *"The Department of Public Health gave us a WIC van with a nurse practitioner whose time is donated by a local hospital one day each week. She does wellness care, immunizations, and physical exams at the rural Head Start center and all around the city at Head Start sites as well."*

In addition, a number of programs reported cooperative use of vans or buses for transporting clients for services. The Head Start Program in Macon County, North Carolina reported how they work with WIC:

> *"Head Start helps provide transportation, reminds people of their appointments and provides a list of children who aren't up-to-date on their shots. Head Start provides health and medical information to WIC. Head Start does their own screenings for dental, height and weight. WIC does hemoglobin."*

The Child Development, Inc. Head Start Program in Russellville, Arkansas also collects health information for both Head Start and WIC with many reported benefits:

> *"When parents and children come to Head Start for enrollment, Head Start does EPSDT, height, weight and hemoglobin. Then [families] go to the WIC person who enrolls them because they are qualified for WIC if they meet the income guidelines for Head Start. Then WIC gives them the vouchers on the spot and does their nutrition assessment. Parents have loved it and look forward to it. It cuts down on transportation."*

At Cherokee Tribal Child Care Services in North Carolina, WIC does all medical screening and the information is shared, authorized by a joint release form. The benefits of collaborations in the medical testing area can be obvious. Program after program offered some variation on the following comment:

> *"Kids don't like to get stuck. It hurts! If we can figure out a way to only have to stick them once it's a lot better than having to do it twice. Collaboration cuts down on pain."*

COORDINATION STRATEGIES AT WORK: HEALTH AND NUTRITION ASSESSMENT/SCREENING

- Joint screenings for both programs can contribute to:
  - greater efficiency;
  - less time off from work for parents; and
  - fewer duplicative screening procedures for children.
- Joint release forms and shared forms facilitate information sharing and minimizes duplication.
- Shared staff allow similar functions in both programs to be efficiently accomplished so families do not have to provide duplicative information.

Chapter 4

Nutrition Education for Children and Parents

"Through the [collaboration], Head Start became more aware of WIC services and WIC became more aware of Head Start's needs. It was a perfect marriage from the start. They have gotten so many more families involved and receiving benefits."

Survey respondent from Collier County, Florida

Chapter Four

Nutrition Education for Children and Parents

Nutrition education is a central component of both WIC and Head Start health services. Both programs provide nutrition education to support and encourage life-long habits that promote positive health status and prevention of chronic illnesses. Accordingly, this area offers many opportunities for collaboration. Both programs are required to provide nutrition education and coordination of these efforts can make the lessons more meaningful to children and families.

WIC Program Requirements

Nutrition education is a WIC Program benefit that must be made available to each WIC participant. According to federal regulations, nutrition education must be designed to achieve the following two broad goals:

- Stress the relationship between proper nutrition and good health, with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children under 5 years of age, raise awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding, and to promote and support breastfeeding as the preferred infant feeding method.

- Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods. This is to be taught in the context of the ethnic, cultural, and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

WIC Programs must make nutrition education opportunities available to all categories of participants at least twice during each six-month certification period, or at least quarterly for infants that are certified for periods longer than 6 months. Nutrition education may be offered to parents, guardians or caretakers of infant/child participants, or to the children directly. WIC Programs may provide nutrition education directly or enter into an agreement with another agency to provide this service. Educational activities may be provided through individual or group sessions. WIC programs also are required to promote and support breastfeeding through education, technical assistance, and provision of breastfeeding aids.

Individualized nutrition care plans are provided for participants based on the need for a plan as determined by an appropriate health professional. Individual care plans are also made available upon request to any participant, parent, or caretaker. Typically, participants receive individual care plans based on nutrition risk criteria that indicate they are at high risk for nutrition-related problems and warrant individualized care from a nutrition professional such as a registered dietitian.

Head Start Requirements

Head Start Programs must provide health and nutrition education opportunities to children and parents. For children, health and nutrition learning activities are integrated into the overall child development curriculum. Typically, children are involved in daily health activities such as brushing their teeth, washing their hands, and eating family style meals. Other learning activities such as preparing foods, growing foods, reading stories, singing songs, and play-acting around food themes are included throughout the program year. These health and nutrition activities are planned and carried out in a manner that promotes the individual cognitive, physical, and social-emotional development of each child.

As part of Head Start's focus on parent involvement, the program must provide parents with the opportunity to learn the principles of preventive health, including the selection and preparation of foods to meet family needs and the management of food budgets. Parents must also have opportunities to discuss and learn about the individual nutritional status of their child and how to access services that may be needed to meet identified nutrition needs. Programs are required to provide on-going follow-up to ensure that identified nutrition needs are met and that nutrition education opportunities pertaining to individual nutrition concerns are available. Programs may provide nutrition education opportunities for parents directly, or through agreements with other agencies. Interactions with families must be respectful of each family's cultural and ethnic background. Although not required, many programs reimburse parents for travel and child care expenses related to their attendance at parent education activities. Some programs may also provide child care on site during educational events/meetings or may implement educational strategies that involve the whole family.

Early Head Start Programs must assure that pregnant women have access to health promotion and treatment services, including nutrition counsel-

NUTRITION EDUCATION REQUIREMENTS

WIC Requirements	Head Start Requirements
■ Nutrition education opportunities must be made available for all categories of WIC participants at least twice during each six month certification period; or quarterly for infants with longer certification periods. ■ Nutrition education for pregnant women and mothers with new babies must include breastfeeding promotion and support.	■ Nutrition education must be made available for all children, pregnant women, infants and toddlers enrolled in Head Start. ■ At a minimum, nutrition education must include the selection and preparation of foods and the management of food budgets.
■ Nutrition education may be offered to parents/caregivers or to children directly.	■ Nutrition education activities must be integrated into the overall child development curriculum. ■ Nutrition education opportunities must be made available to parents.
■ Nutrition education may be provided through individual or group sessions and should be designed to meet individual cultural and language needs of participants. ■ Nutrition education may be provided by WIC directly or through agreements with other agencies.	■ A variety of educational methods may be used for nutrition education. ■ All interactions with families should be respectful of each family's cultural and ethnic background. ■ Nutrition education may be provided by Head Start directly or through agreements with other agencies.
■ Individualized care plans are provided for participants based on need or on request.	■ Staff and families work together to identify each child's individual nutrition needs.

ing, information on the benefits of breastfeeding, substance abuse prevention and treatment, and mental health interventions, as needed.

Nutrition Education: Opportunities for WIC and Head Start Coordination

Nutrition education may be the area of potential collaboration that has the most possibilities. Both WIC and Head Start provide nutrition education with common goals in mind. Using combined resources and differing expertise, the programs may be able to coordinate comprehensive nutrition education efforts that have maximum impact on their ability to influence lifelong healthy eating habits.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: NUTRITION EDUCATION

- Coordinated nutrition education efforts can provide families that participate in WIC and Head Start with a wide variety of opportunities to learn about nutrition, increasing the likelihood that learning opportunities will be effective and meaningful.

Survey Findings: Coordination Strategies at Work

Survey respondents reported a high degree of coordination in nutrition education, including the following:

- WIC conducting individual nutrition counseling for Head Start clients;
- WIC completing follow-up monitoring for Head Start-referred special needs clients;
- Parent nutrition education and training sessions for Head Start by WIC staff;
- Jointly developed or shared nutrition education materials, including bilingual materials;
- Head Start providing nutrition education to children in the classroom for Head Start and WIC;
- Head Start providing nutrition education for parents at the Head Start center for both programs;
- Integrated services in which all nutrition education is planned and implemented by one staff for both WIC and Head Start; and
- Head Start and WIC jointly develop community nutrition education events, materials or mass media programs.

The Head Start-WIC Programs in the Seattle area, for example, reported that they are administered through one agency. All WIC and Head Start services, including nutrition education, are delivered in an integrated manner at Head Start centers. Nutrition education is planned and implemented to meet all WIC and Head Start requirements. Staff are not identified as either "WIC" or "Head Start." They are simply staff that are trained to provide both programs' services. In addition to children receiving nutrition education in the classroom, parents receive nutrition education at the child's school on a regular basis. It is also a good time for parents to pick up WIC food vouchers, although they can be picked up at other times. This one-stop setting for parents to receive more than one service strengthens both the parent involvement and the nutrition education component.

Programs that are not totally integrated have found other ways to make collaboration on nutrition education work. The Jackson, Tennessee Collaboration reports significant benefit from WIC conducting nutrition education and medical and nutrition screenings for both programs.

> *"This makes more efficient use of time resources for both staff and clients."*

Another way of collaborating is to provide families with extra support to motivate them to attend nutrition education sessions. The Ohio Valley Education Cooperative Head Start Program collaborated with WIC to ensure that families were receiving education services:

> *"Head Start also follows up with the parent to make sure they are attending their nutrition education classes at WIC and provides transportation if it is needed.*

Two sites described creative use of electronic media for collaboration on both medical and nutrition education. In Las Vegas, Nevada:

> *"…our WIC and Head Start Programs collaborate on a weekly radio program – the Cycles of Life – which addresses a series of medical and nutrition issues in a aeuser friendly' format that appeals to a variety of ages and backgrounds. This program takes a subject and traces it from birth through old age."*

The Macon County Program for Progress Head Start Program in Franklin, North Carolina, reports on its satellite television program:

> *"We have what we call a Distance Learning Classroom Program that enables us to broadcast our nutrition education sessions to other sites – about 130 sites at high schools, colleges, and universities where groups can gather to watch them."*

The Jackson, Mississippi WIC-Head Start Collaboration reported:

> *"Our pride and joy is our Health Choice nutrition education program for both parents and children that is coordinated by both WIC and Head Start. The results are rewarding and in the long run help both agencies. Collaboration is much needed…it's wide open. Make it a priority and it will happen."*

COORDINATION STRATEGIES AT WORK: NUTRITION EDUCATION

- Combined nutrition education efforts that are planned and implemented to meet both programs' requirements.
- Nutrition education conducted in the Head Start setting for both programs.
- WIC-Head Start Collaboration on community nutrition education programs that reach a wide audience.

Chapter 5

Providing Nutritious Foods

"Look for common ground, the same kind of goals, needs and clients."

—Survey respondent from Trenton, New Jersey

Chapter Five

Providing Nutritious Foods

Both Head Start and WIC provide participants with nutritious foods as part of their nutrition services. WIC provides participants with vouchers for supplemental foods and Head Start provides nutritious meals to children who attend Head Start centers.

WIC

WIC participants receive supplemental foods as one of their WIC benefits. Depending on participant category (pregnant, postpartum, or breastfeeding woman, infant, or child), WIC provides a monthly set of vouchers for nutritious foods to supplement the diet. In general, WIC vouchers are for specific foods that are high in protein, calcium, iron, and vitamins A and C. WIC foods include iron-fortified infant formula and infant cereal, iron fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, and peanut butter or dried beans or peas. Although they do not receive WIC foods, exclusively breastfed infants are counted as WIC participants and their mothers receive an enhanced food package which include larger quantities of WIC foods, tuna and carrots.

Head Start

In center based settings, Head Start provides each child with nutritious meals. Every child in a part-day program receives meals and snacks which provide at least 1/3 of daily nutritional needs. Every child in a full-day program receives meals and snacks which provide 1/2 to 2/3 of daily nutritional needs depending on the length of the program. All children in morning programs who have not received breakfast at the time they arrive at the Head Start Program are served a nourishing breakfast. Infants or toddler in center-based care must receive food appropriate to his or her nutritional needs and developmental readiness. Meals are provided free of cost and must meet USDA Child and Adult Care Food Program meal pattern requirements. Foods served must be high in nutrients and low in fat, sugar and salt. Special diets needed for medical reasons or other dietary requirements are accommodated.

A variety of foods is served which broadens each child's food experiences and mealtime is considered a learning opportunity that is integrated into the overall curriculum. Opportunities are provided for children to be involved in food and mealtime related activities. Staff, children, and volunteers eat together family style and to the extent possible, share the same menu.

Providing Nutritious Foods: Opportunities for WIC and Head Start Coordination

Although WIC and Head Start both provide children and families with nutritious foods, WIC provides supplemental foods for participant home consumption, while Head Start provides Meal Service. In spite of the differences, the programs can support each other's efforts and enhance the quality of services to families.

Survey Findings: Coordination Strategies at Work

To provide "one-stop" shopping for families, many Head Start and WIC Programs surveyed reported that they collaborated by making it possible for participants to pick up WIC vouchers at their child's Head Start center. For example, Chicago's Community and Economic Development Association of Cook County reported that parents are permitted to accompany the children on the Head Start buses to the Head Start Program where WIC vouchers are distributed. Other collaborations make vouchers available in conjunction with nutrition education activities or other parent/family involvement events. In these settings, WIC staff or trained Head Start staff may distribute the vouchers. Staff at Puget Sound Educational Service District Head Start in Seattle, Washington reported:

> *"It is difficult to list specific collaborative services, because the programs are totally blended. They are co-located and share all other functions. Even the Head Start teachers, for example, are trained and authorized to hand out WIC vouchers. At monthly parent meetings, vouchers are always available. This increases parent attendance and much of the nutrition education is offered there [too]."*

Another collaborative strategy used is that WIC nutritionists helped plan the menus served in Head Start. This was reported as particularly helpful in efforts to integrate a child's individual or cultural preferences into the menu, or to incorporate menu strategies for children with special nutrition needs due to a medical condition. The Pasco County WIC Project stated that collaborating in this way had many benefits:

"Two [WIC] nutritionists do monthly visits to the Head Start classrooms, the school system dietitians, food service supervisors and employees. They modify the school lunch menu to meet the needs of the Head Start children. [This has fostered] harmony between food service supervisors and teachers. WIC has been a bridge to making things more comfortable for the teachers."

COORDINATION STRATEGIES AT WORK: PROVIDING NUTRITIOUS FOODS

- WIC vouchers are made available at Head Start centers so parents can pick up vouchers in conjunction with participating in child/family activities.
- Meal planning for Head Start children with special nutrition needs can be enhanced by utilizing the expertise of WIC nutritionists.

Chapter 6

Program Administration

"It is important to employ as much organizational patience as possible. This is the key ingredient to successful collaboration. Interagency agreements are important, but the relationships that lead to them or flow from them are the real key to effective collaboration"

Survey respondent from Newport, Vermont

Chapter Six

Program Administration

In addition to collaborating to provide direct services as described in the previous chapters, Head Start and WIC Programs have also worked together in various ways to support and strengthen administrative activities. Although there are no program regulations or requirements that specifically address these activities, Coordination has always been fostered in programs sharing similar needs of similar target populations. The Interagency Agreement between WIC and Head Start at the Federal level states that the two agencies will (See appendix A for the complete agreement.):

> *"Encourage local WIC and Head Start agencies to share management techniques, experiences, and program guidelines…Encourage local WIC and Head Start agencies to support co-location… (and) to develop joint staff training opportunities for persons responsible for nutrition (services).*

Survey Findings: Coordination Strategies at Work

A majority of programs reported participation in planning committees which included representatives from community health and social service providers. Every Head Start Program, for example, is required to have a Health Services Advisory Committee that guides the development of health policies and procedures used in the program. Head Start and WIC Programs also reported involvement in other community groups that meet regularly to discuss needs and resources and to identify ways in which these organizations can support each other and work toward expansion of service and elimination of duplicative efforts. Some programs reported that both a WIC and Head Start representative served on a community planning coordination committee. Many others reported regular joint staff discussions and planning sessions between WIC and Head Start. Most reported a staff member designated to serve on the other program's committee.

The Newport, Vermont example is illustrative:

> *"At the State level in Vermont, there is a network of directors of parent-child centers which meets once each month to exchange information. This is almost as helpful as the money itself. The network and training provided by the State are an invaluable resource. The State of Vermont is aggressive in fostering collaboration among all programs in the State. The governor is interested and active in promoting this."*

The Fort Worth, Texas collaboration stated that working together on community planning just makes sense:

> *"Our job is to help the client access all community services 'to help set goals, reach goals, and to learn to access community services."*

The Opelousas, Louisiana WIC-Head Start Collaboration suggests:

> *"Be persistent. Locate the resources in your community and invite them to the meetings. Have good coverage of your meetings through the media. Spread information."*

For some Head Start and WIC Programs, developing formal agreements between programs is an integral part of planning nutrition services in a collaborative manner. A number of programs said they worked together via interagency agreements, memoranda of understanding, or contracts that carefully specify respective expectations and responsibilities. These written agreements were reported to be extremely helpful, particularly during the early stages when new relationships were being forged and these documents served to provide important structure to negotiations.

For example, the WIC-Head Start Collaboration in Fairbanks, Alaska, operates under a statewide Memorandum of Understanding which laid the groundwork for a combined application form that enables families to enroll in both programs. As a result, collaborative strategies such as shared staff and combined nutrition education efforts are also being implemented. Program staff expressed confidence that future collaboration activities will be supported by the agreement, as well.

Two Head Start Programs in the Seattle area reported that they provide WIC services as a sub-contractor of a local WIC Program. As a sub-contractor, they receive WIC funds to provide all required WIC services within the Head Start setting. These programs report many advantages to this model of collaboration. Program policies and procedures are adapted to meet both Head Start and WIC requirements and families are able to receive all services under one roof. In addition, health and nutrition services staff are responsible for meeting both Head Start and WIC Program requirements.

Other programs reported that another way to formalize collaborations is through combining resources to share staff. In Franklin, North Carolina, for example, the nutritionist is shared between both WIC and Head Start. Each program pays a portion of the nutritionist's salary. The Head Start Health Coordinator position is not shared; however, that individual serves on three WIC committees to ensure good communication.

Although only a minority of programs reported that they are co-located or share facilities to a large extent (for example, both programs administered through one agency), many more programs reported more limited sharing of facilities to aid collaborative efforts. For example, several programs reported:

- Medical testing and nutrition risk assessments are performed in a single clinic;
- Intake interviews are conducted at a single site;
- WIC food vouchers are distributed at a Head Start facility serving the same client population;
- Group or individual nutrition education takes place at a single site; and
- Transportation is provided by one program to the other program's activities.

Head Start's emphasis on making services family-friendly impacted collaboration efforts in Waterville, Maine. The Kennebec Valley Community Action Program reported:

> *"With Head Start and child care expertise, we have helped WIC redesign offices and waiting rooms to make them more user-friendly."*

Staff training presents another opportunity for collaboration. Head Start Programs must include on-going opportunities for staff to acquire the knowledge and skills necessary to implement the Program Performance Standards. Staff must also be provided with medical, dental, nutrition, and mental health education. Typically, WIC Programs also provide staff with training to perform their nutrition assessment, nutrition education, and referral duties. Thus, there are substantial opportunities for shared training or subsequent cross-use of professionals and paraprofessionals. Both programs have training needs related to:

- Professionals or paraprofessionals to conduct intake and ongoing medical and/or nutrition risk assessments, observations, and screenings; and
- Professionals to conduct or to train staff to conduct parent education activities.

Many respondents reported in-service medical and/or nutrition training of Head Start staff by WIC. Head Start also must train staff in food handling and food safety for on-site food preparation. Many programs reported this need can best be met by using WIC's professional nutrition staff resources.

Although more often than not WIC staff was helping to train Head Start staff, Puget Sound Educational Service District Head Start-WIC Program reported that one potential way Head Start staff might contribute to training WIC staff is to share techniques and strategies for providing nutrition education directly to young children. As WIC programs serve more preschool age children, they might use Head Start staff expertise in child development and education to enhance their nutrition education efforts.

COORDINATION STRATEGIES AT WORK: PROGRAM ADMINISTRATION

- Programs participate in planning nutrition services together through Head Start's Health Advisory Committee and/or other planning committees in their communities.
- Programs develop interagency agreements, memoranda of understanding, and contracts that specify each program's responsibilities in their collaborative efforts. Some programs also combine resources to share staff positions.
- Programs share facilities and co-locate services.
- Programs plan and conduct staff training sessions to meet both Head Start and WIC staff development goals.

Chapter 7

Supportive Factors and Strategies

"It is important to remember that one agency can't do it all. Collaboration in the long run gives more dollars to each agency to work with. Furthermore it is very important to communicate frequently and to understand each other's goals. There can be hostile feelings if one partner thinks it is doing more than the other. Cooperation has to be a two-way street."

Survey respondent from Cheyenne, Wyoming

Chapter Seven

Supportive Factors and Strategies

Programs were asked to identify key issues, factors and strategies that support collaborative efforts. Respondents identified two key issues that needed to be addressed to support their efforts to coordinate Head Start and WIC services for children and families.

Understanding and Accommodating the Differences Between Head Start and WIC

Understanding and accommodating the differences between Head Start and WIC programs was frequently cited as a key issue to confront in working toward successful collaboration. Thus, respondents focused their strategies on collaborative efforts that met the needs of both programs. In areas of service in which program requirements vary (i.e., eligibility criteria or varying methods/time schedules for collecting physical exam data), collaboration strategies must employ creativity and flexibility. Respondents also cited the need to consider differences in program administration, funding, staffing, policies and procedures. A respondent for Gering, Nebraska points out that it is helpful if agencies can view their specific program needs and requirements as only part of the equation in a successful partnership.

> *"Try to put yourself in the other person's shoes. Appreciate the demands on their time and try to keep your own needs in perspective relative to the whole."*

Confidentiality

Maintaining confidentiality while sharing child and family data was also cited as an important issue to confront for successful collaboration between the programs to occur. Both programs provide a high degree of confidentiality for medical, income, and other personal and family data. The majority of programs surveyed reported some sharing of medical and nutrition assessment information facilitated by release forms, joint collection instruments containing a release, or unified data collection. While release forms signed by parents/guardians can help to alleviate this problem, ensuring security for these records while allowing personnel from different programs access to information is a challenge. Respondents from both WIC and Head Start in Spartanburg, South Carolina reported the following experience:

"We developed a memorandum of agreement with each Head Start center and share information with parents' consent. We must get a release form from parents and have to make the form work both ways. A lot of paperwork is sent home to parents to sign—consent forms, release of information forms, etc. Many parents find these papers intimidating and either cannot fill them out or do it incorrectly. The child loses out and that is a major barrier we have not resolved. Our goal is to get one release form for both Head Start and WIC.

Other programs are further along in creating joint release forms. The WIC agency in Greenville, Ohio, has a joint release form with Head Start that is very specific about what type of information will be released. It is limited to income, family size, hematocrits, height, and weight. WIC and Head Start have a combined information form throughout Ohio which helps reduce the confidentiality barrier. This enables them to share information, but still protects information that is, and should remain, the property of only one program.

In Cheyenne, Wyoming, there is a county-wide release form for all agencies that interact with parents. The parents fill out the form, initial each agency that can share information, and sign on the bottom. This form was developed in response to a parent's complaint about having to sign so many forms. They reported the hardest part was getting all the agencies to agree on the form. Once they did, however, it has worked effectively.

KEY ISSUES TO ADDRESS IN BUILDING SUCCESSFUL COLLABORATION

- Understanding and accommodating the differences between Head Start and WIC programs.
- Maintaining the highest level of confidentiality when sharing child/family information.
- Creating joint release forms to facilitate information sharing.

Respondents also identified the following factors and strategies that support collaborative efforts.

Clear and Frequent Communication

Clear and frequent communication was reported as a very important prerequisite to success by several programs. The Virgin Island WIC-Head Start collaboration shared how they use communication to foster cooperation:

> *"Each island is different...what works for one may not work for the other. We try to encourage people to talk to each other not at each other. Informally, state what you want to do first. Get a small group together, decide who will do what and share the jobs. This way no one feels threatened if their turf is violated."*

Coordinated Planning

Extensive involvement of both programs in the planning for coordinated services was cited as an important contributor to successful partnerships. The WIC-Head Start collaboration in Trenton, New Jersey pointed out the importance of involving staff at all levels, from both programs, in the collaborative planning and process:

> *"They must be there at the beginning to buy in and participate. If you set it all up and then bring people in, it never works out....From the bottom up and the top down, everyone has to buy into collaboration.... Collaboration needs to be throughout the infrastructure of the agency. There are so many different programs and criteria that you need to be aware of in dealing with other agencies. You also need to be aware that people don't always communicate on the same level. When people can come to the table with something to offer and feel they are getting something out of it for their own mission, it works better for the collaboration."*

State and Federal Support

The support and involvement of State and Federal Head Start and WIC entities was also cited as a supportive factor to collaboration. Several programs reported that the strong encouragement to collaborate from State and Federal agencies greatly facilitated collaborative activities. Head Start has a State Collaboration Office in each state and the District of Columbia. These offices were established to coordinate Head Start with state programs that serve families with young children. State Collaboration projects can play a key role, as in this example from a New Mexico respondent:

"The Head Start collaboration project was the moving force that got us started on the collaboration. [The result was] significant training through seminars that taught the participants how to partner effectively. This was a great learning experience and was vital to the success of the collaboration. It gave each program a real sense of the cultures of the other programs."

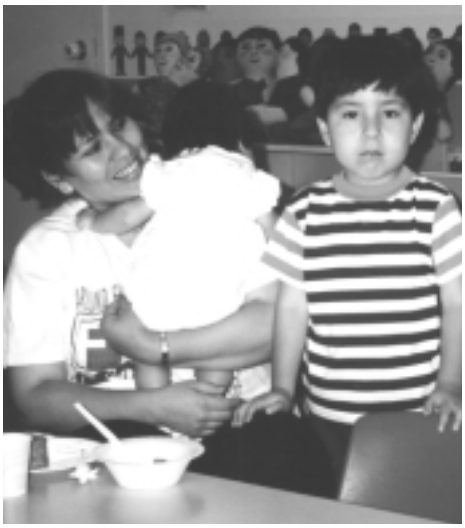
Coordination Takes Time

Finally, many programs reported that another prerequisite to facilitate collaboration is time. The Cheyenne, Wyoming collaboration stresses the importance of taking the time needed to make things work smoothly:

"Time is a big factor. Most programs are now having to do more with less. Staff planning sessions and meetings are an important ingredient, but unfortunately this most often is the thing that gets put off when there is a crunch for time."

Most programs reported that the time investment decreases once a collaboration is in place and functioning smoothly. Oklahoma's Chickasaw Nation, however, still cited the importance of investing time in ongoing communication and planning:

"You need to let your mid-management staff in both programs meet about three times per year, just to see what you could be doing to better serve these families."



FACTORS THAT SUPPORT COORDINATION

- Clear communication.
- Involvement of both programs' staff, at many levels, in collaborative planning and process.
- Support and encouragement by State and Federal agencies to collaborate.
- Adequate time committed toward planning, implementing and evaluating collaborative efforts.

Report Summary

There are many creative ways Head Start and WIC programs can work together to enhance the quality of the health and nutrition services provided to children and families. Each program has its unique experience, expertise and strengths to offer a productive partnership. This publication has provided information on the experiences of local Head Start and WIC programs who are already working together, including what they reported as successes, challenges and lessons learned. This information may serve as background for others who are considering building new collaborations or enhancing existing partnerships. There are many "next steps" programs can take. As a starting point for obtaining more information, the following resources are provided in the appendices of this publication:

For more information about the national efforts to encourage and support cooperation between WIC and Head Start programs, see ***Appendix A: Interagency Agreement Between USDA and The Head Start Bureau, Head Start-WIC Focus Group Report 1994.*** If you would like to know more about the study that was used as a basis of this publication, see ***Appendix B: Head Start-WIC Coordination Study: Methodology,*** and ***List of Study Participants.*** For more information about who you can contact for information about WIC and/or Head Start at the state and regional levels, see ***Appendix C: Key Contacts in Food and Nutrition Service and Head Start: State Head Start Collaboration Offices, State WIC Agencies, Head Start Training and Technical Assistance Network.*** These are just a few resources programs can access to find out more about how WIC and Head Start can work together.

We hope all the information provided in this report is useful to WIC and Head Start programs as they strive to provide the highest quality health and nutrition services to young children and families.

Appendix A

Interagency Agreement and Head Start-WIC Focus Group Report

ACF Administration for Children and Families	**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** **Administration for Children, Youth and Families**	
	1. Log No. ACYF-IM-94-18	**2. Issuance Date:** 10/20/94
	3. Originating Office: Head Start Bureau	
	4. Key Work: WIC	

INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Interagency Agreement between the Administration for Children and Families and the U.S. Department of Agriculture

INFORMATION: In August 1994, the Assistant Secretary for Children and Families and the Assistant Secretary for Food and Consumer Services signed the attached Interagency Agreement. The purpose of this Agreement is to establish a collaborative relationship between the Head Start Bureau and the Special Supplemental Food Program for Pregnant Women and Children (WIC) at the federal level, so that the programs can work together to promote and support Regional, State and local efforts to improve service delivery to children and families. The Agreement outlines activities that can be undertaken at each level that will support the Agreement and enhance program coordination and service delivery.

Head Start grantee and delegate agencies are encouraged to take the first step and contact their Regional ACF and USDA Food and Nutrition Service Regional Offices listed in the attachments to the Agreement.

ATTACHMENT: Interagency Agreement between ACF and the USDA

Olivia A. Golden
Commissioner
Administration on Children,
and Families

cc: Regional Administrators, ACF, Regions I-X
American Indian and Migrant Programs Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICES

Dear Head Start and WIC Directors:

President Clinton is committed to improving the health and well being of all children and families in this country. We share the President's commitment to this effort. Congress has also acknowledged the importance in improving the health of our children by providing increased funding for both the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Head Start Program.

Both programs have many common goals, such as providing nutritious foods and nutrition education to participants. Another common goal is to assist parents in making informed decisions about the physical and emotional well-being of their children. Head Start and WIC can serve as excellent referral bases for each other due to similar income eligibility requirements. In addition, both programs address health issues such as lead poisoning, child abuse, substance abuse, and immunizations.

In support of the President's commitment to investment in our children's health through the Head Start and WIC Programs, we have developed an Interagency Agreement that encourages the promotion and support of Regional, State, and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible to participate in the Head Start and WIC Programs. A copy of the Agreement is enclosed. While coordination at the federal level is very useful, we realize that coordination at the community level between local Head Start and WIC programs will produce more tangible results. We encourage you to read over the enclosed Agreement, and to use it as a starting point as you reach out to your WIC/Head Start counter part and begin to discuss ways to work together. This is an opportune time for both programs to recommit to working together to improve the lives of the children and families served by enhancing the effectiveness and quality of our programs.

Sincerely,

Ellen Haas
Assistant Secretary for
Food and Consumer Services

Mary Jo Bane
Assistant Secretary for
Children and Families

Enclosure

INTERAGENCY AGREEMENT

BETWEEN

HEAD START BUREAU ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND

SUPPLEMENTAL FOOD PROGRAMS DIVISION (SFPD)
FOOD AND NUTRITION SERVICE (FNS)
UNITED STATES DEPARTMENT OF AGRICULTURE

I. PURPOSE AND SCOPE

The purpose of this Interagency Agreement is to establish a collaborative relationship between the Head Start Bureau and the Supplemental Food Programs Division at the Federal level. These agencies will work together to promote and support Regional, State and local efforts to improve program coordination and services delivery for low-income children and their families who are eligible to participate in the Head Start Program and the Special Supplemental Food Program for Women, Infants, and Children (WIC)

II. AUTHORITY

HEAD START

This Agreement is made under the Authority of the Economy Act, approved June 30, 1932, as amended (31 U.S.C. 1535).

WIC

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), as amended. The WIC Program is one of several programs administrated by the Food and Nutrition Service that serves low-income women and children.

III. BACKGROUND

A. WIC Program

Congress created the Special Supplemental Food Program for Women, Infants and Children (WIC) in 1972 to meet the special nutritional needs of pregnant, breastfeeding and postpartum women, infants, and children up to age 5. Currently, WIC operates through State health departments in 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Additionally, 31 Indian tribal bands and organizations serve as State agencies.

To be eligible for WIC, applicants must have income at or below 185 percent of the Federal poverty income guidelines, or be a participant in Aid to Family with Dependent Children (AFDC), Food Stamps, or Medicaid. Although there is no length of residency requirement, applicants must reside in the State which is administering the WIC Program. In addition, persons must be at nutritional risk and in need of the specific supplemental foods the program offers. Nutritional risk is assessed by a health professional, according to a broad range of conditions, such as: low hematocrit/hemoglobin, inappropriate weight for height, a history of high-risk pregnancies, low birthweight, hypertension, (in infants and children) failure to thrive, and some categories of children with special health care needs.

The supplemental foods provided by WIC contain nutrients (protein, calcium, iron, and vitamins A and C) often lacking in diets of the target population. The WIC Program provides nutrition education to emphasize the relationship between nutrition and good health. The WIC Program also serves as an adjunct to the health care system by establishing linkages with health care providers. WIC makes referrals to health and social services such as Medicaid, Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), immunization, drug and alcohol use counseling, prenatal care, programs for children with special health care needs, well-baby care, family planning, AFDC, Food Stamps, migrant services, Community Health Centers, Head Start, Even Start, child abuse counseling, and the Expanded Food and Nutrition Education Program (EFNEP).

B. Head Start Program

The Head Start Program began in 1965 under the Economic Opportunity Act, and is based on the premise that all children share certain needs, and that children of low-income families, in particular, can benefit from a comprehensive developmental program to meet these needs. Head Start emphasizes cognitive and language development, socio-emotional development, physical and mental health, and parent involvement. Typically, children enrolled in Head Start are 3-5 years old. The program is designed to maximize the strengths and unique experiences of each child. Parent involvement is a key element of Head Start since parents are considered to be the primary educators of their children.

The Head Start Program consists of four components: education, health, parent involvement, and social services. The health component focuses on four areas: medical, dental, nutrition, and mental health. Head Start children are required to receive a thorough medical and dental examination, health screenings, and immunization assessment, and a nutrition assessment after they enter the program. All children enrolled in Head Start are offered a nutritious breakfast upon arrival in the morning. They also receive lunch half-day program, lunch and a snack, if the program is a full day program. Many Head Start programs participate in the Child and Adult Care Food Program (CACFP) sponsored by the Special Nutrition Programs, FNS, U.S. Department of Agriculture.

The Parent and Child Centers (PCCs) are comprehensive child development and family support programs which were established and continue to be supported by the National Head Start Program to serve children 0-3 years old and their families. PCCs serve parent/child dyads (children between the ages of birth and 3) and pregnant women in center based and home based settings. PCCs provide early and intensive attention to nutrition needs and counseling as well as prevention of nutrition-related deficits during pregnancy.

IV. AREAS OF STATE AND LOCAL COLLABORATION

Both Head Start and the WIC Program are encouraged to work together at the State and local level to better meet the needs of low-income children and their families. Areas for targeting collaborative efforts include:

A. Nutrition Services

WIC and Head Start are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition services to low-income children and their families. In order to accomplish this, both programs are encouraged to identify areas of commonality, such as nutrition assessment and education; gaps in services; and practices that have found to be most effective for each program. For example, both WIC and Head Start require a nutrition assessment which includes height, weight, anthropometric, and dietary information. State and local agencies are encouraged to identify ways to minimize duplication of effort in obtaining this information from persons enrolled in both programs.

B. Nutrition Education

WIC and Head Start are encouraged to exchange educational approaches and materials for children by inviting representatives from the respective programs to attend local, State, regional and national meetings. In addition, Head Start is encouraged to invite a WIC representative to serve on the Head Start Policy Council and Health and Nutrition Advisory Committee. To the extent available, WIC State and local agencies are encouraged to provide Head Start with WIC nutrition education materials. When appropriate, both programs are encouraged to provide nutrition education contacts for WIC and/or Head Start participants.

C. Shared Information

WIC and Head Start are encouraged to share statistical, medical and eligibility information regarding participants to the extent that confidentiality policies permit. In addition, both programs are encouraged to share information for community needs assessment. If opportunity allows, WIC and Head Start may consider co-sponsoring community resource fairs and community information sessions. The programs are urged to welcome and encourage contributions to WIC and Head Start bulletins and newsletters. Also, Head Start is encouraged to provide WIC with Head Start menus for the purpose of developing WIC nutrition education lessons.

D. Display of Information

WIC and Head Start are encouraged to obtain and display information on each other's programs (bilingual brochures, posters, etc.) for the purpose of referring potentially eligible participants; and to inform participants about program locations and services. For informational purposes, the Head Start Program is encouraged to periodically invite a WIC representative to be a guest speaker at the Head Start Parent Involvement Day.

E. Other Health Care Services and Referrals

WIC and Head Start are encouraged to identify other health care services and referrals available to program participants, such as EPSDT/Medicaid. Whenever possible, the programs may consider using a joint application form, such as the "Model Application Form," in an effort to improve efficiency, time, and cost-effectiveness. The programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service.

F. Immunization Screening and Referrals

WIC and Head Start are encouraged to share useful approaches to providing immunization services through program staff or referral agencies. This may be achieved by coordinating efforts to provide full access to immunizations for pre-school age children served by Head Start, PCC, and WIC.

G. Special Grant Project and Referrals

Where Head Start grantees have been awarded special grants, they will be encouraged to work with local WIC agencies to identify appropriate community resources for purposes of participant referrals.

H. Staff Training

WIC and Head Start are encouraged to develop joint staff training opportunities for persons responsible for nutrition education.

I. Volunteer Services

WIC and Head Start are encouraged to exchange information on the training and use of volunteers within each program. Both programs may share guidelines, materials, management techniques, and experiences.

J. Interagency Agreement

SFPD and the Head Start Bureau agree to develop and proactively uphold this Interagency Agreement between the WIC and Head Start Programs to foster coordination of services and working relationships at the Federal, State, and local levels.

V. RESPONSIBILITIES

Areas of Collaboration at the Federal Level

Both Agencies

Both agencies will inform their grantees, through regional offices, that they encourage the establishment of written agreements to share participant information for eligibility and outreach purposes, in accordance with applicable regulations, guidance and instructions.

Actions that the Head Start Bureau and SFPD will encourage at the Federal level are:

(1) Jointly develop a “Best Practices Guide” which will feature examples of successful local level collaboration efforts.

(2) Share information on new program initiatives, policy guidance materials and legislation impacting on program participants. Encourage joint staff training on eligibility guidelines.

(3) Encourage State and local Head Start and WIC Programs to adopt and use a joint application form such as the “Model Application Form”.

(4) Encourage the development of Regional, State, and local memoranda of understanding between WIC and Head Start to foster coordination of service and working relationships at the State and local levels.

(5) Support research projects which review and evaluate efforts, policies, and proposals to coordinate with other programs.

(6) Provide WIC State agencies with the Directory of Head Start Programs, Parent Child Centers, and names of State National Head Start Association (NHSA) presidents.

(7) Provide Head Start Programs and Parent Child Centers with contact information for WIC Program State agencies.

(8) Encourage local WIC and Head Start agencies to share management techniques, experiences, and program guidelines.

(9) Conduct periodic meetings between the Head Start Bureau and SFPD to discuss progress in meeting goals of the Interagency Agreement and the development of a plan to publish and disseminate the "Best Practices Guide."

(10) Encourage local WIC and Head Start agencies to support co-location.

VI. IMPLEMENTATION OF THE INTERAGENCY AGREEMENT

SFPD and the Head Start Bureau will support cooperation and coordination between the WIC and Head Start Programs at the Federal level, and agree to distribute this Interagency Agreement and encouraged its implementation at the State and local levels.

SFPD will make this Interagency Agreement available to the 7 WIC Regional Offices (See Attachment I) for dissemination to WIC State agencies. State agencies will be strongly encouraged to share this Agreement with local agencies.

The Administration for Children and Families will make this Interagency Agreement available to the 10 Regional Offices, all Head Start grantees, and State NHSA presidents.

VII. COST

At this time, there will be no transfer of funds to support this Interagency Agreement.

VIII. EFFECTIVE DATE

This Agreement shall be effective upon the signatures of the authorized officials of the Administration for Children and Families and the Food and Nutrition Service. It shall continue in force and effect until either party provides written notification of termination. Such notice shall be given to the other party at least 30 days in advance of the termination date.

IX. MODIFICATION

Supplements or modifications to this agreement may be entered into jointly by parties signed below, or their designees.

Ellen Haas Date
Assistant Secretary for
Food and Consumer Services
U.S. Department of Agriculture

Mary Jo Bane Date
Assistant Secretary for
Children and Families
U.S. Department of Health
and Human Services

Olivia A. Golden Date
Commissioner, Administration
on Children, Youth and Families
U.S. Department of Health
and Human Services

Attachment

U.S. Department of Agriculture Food and Nutrition Services Regional Offices

Northeast Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
10 Causeway Street
Boston, MA 0222-1066
(617) 565-6440

Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

Mid-Atlantic Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, NJ 08691-1598
(609) 259-5100

Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Puerto Rico, Virgin Islands, Virginia, West Virginia

Southeast Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
77 Forsyth Street, S.W., Suite 112
Atlanta, GA 30303
(404) 730-2607

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Western Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
550 Kearney Street, Room 400
San Francisco, CA 94108
(415) 705-1313

Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, Guam

Midwest Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
77 West Jackson Boulevard - 20th floor
Chicago, IL 60604-3507
(312)886-6625

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Mountain Plains Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
1244 Speer Boulevard Suite 903
Denver, CO 80204
(303) 844-0331

Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming

Southwest Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
1100 Commerce Street, Room 5C30
Dallas, TX 75242
(214) 767-0220

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Focus Group Report

Strategies for Developing and Improving Linkages between Head Start and WIC

Submitted by

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Columbia, MD 21045
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Background

Creating a 21st Century Head Start, the Final Report of The Advisory Committee on Head Start Quality and Expansion notes that *"Over the past 28 years, the landscape of community services has changed dramatically."* However, in many communities and states the programs and agencies responsible for addressing the needs of young children *"operate in isolation from one another, without adequate resources, planning, and coordination."* The committee envisioned an expanded and renewed Head Start which *'Forges new partnerships at the community, state, and federal levels, renewing and recrafting these partnerships to fit the changes in families, communities, and state and national policy."*

Prior to the release of the above report the Department of Health and Human Services (DHHS) and the Department of Agriculture (USDA) had already established formal and informal partnerships. DHHS and USDA have in place a Memorandum of Understanding which ensures that Head Start programs receive the benefits of the USDA Child Nutrition Programs, either The Child and Adult Care Food Program or the National School Lunch Program. Efforts have been underway to promote a similar arrangement between the Head Start Bureau and USDA's Special Supplemental Food Program for Women Infant and Children (WIC).

The Head Start Bureau and WIC staff formed a work group which had been meeting periodically to discuss strategies to improve national, regional, and local program linkages. In 1993 a draft national agreement was developed. A Focus Group consisting of federal, regional, state and local Head Start and WIC representatives was formed to review the agreement and to identify existing linkages between the two programs.

The Focus Group meeting was held to discuss the agreement and identify strategies for developing and improving linkages between Head Start and WIC. The Focus Group met on January 19, 1994 in Bethesda, MD. Dr. H. Susie Coddington, an outside facilitator was selected to conduct the meeting. The facilitator or participants recorded the group discussions and conclusions on chart paper. This report, in accordance with the ground rules set by the focus group, contains a summary of that data as recorded and captures the discussions and recommendations of the participants. Clarifying or background information is presented in italics.

Overview of Meeting: Opening Remarks

The meeting began with greetings and opening remarks from Barbara Hallman, Chief, WIC Policy and Program Development Branch, USDA and Robin Brocato, Health Specialist, Head Start Bureau.

Barbara Hallman:
"It is an exciting time to be in Head Start and WIC in that President Clinton considers WIC and Head Start investment programs for our children's future. For Fiscal Year 1994 WIC received a $350 million increase over its Fiscal Year 1993 appropriation. The budget request for Fiscal Year 1995 is projected to provided a $350 million increase over the Fiscal Year 1994 level. With the increase in funding, the largest expansion is expected to occur with children from ages 2 to 4.

The opportunity exists for many positive coordination efforts between WlC and Head Start because we serve the same population. An example of WIC and Head Start coordination efforts is the ***Padres Hispanos En Accion****. It is a nutrition education project of the American Home Economics Association, sponsored by Kraft Foods with additional support from the Head Start Bureau. The project entails the production of three education videos, calendars, and training guides in Spanish for use with Hispanic Head Start families. The Head Start Bureau will be responsible for distributing these materials.*

Recognizing that both WIC and Head Start will most likely be receiving significant increases in funding for services to our similar target population in the coming fiscal years, it is an opportune time for both programs to recommit to working together to enhance the effectiveness and quality of our programs."

Robin Brocato:
"In June 1993, the Advisory committee on Head Start Quality and Expansion was created to review the Head Start Program and make recommendations for improvement and expansion. The Advisory Committee issued a report in December, 1993, which included a series of recommendations implementing three broad principles:

- *Every Head Start program should* ***strive for excellence****.*

- *Future expansions should expand the number of children served and the scope of services provided in a way that is more* ***responsive to the needs of children and families****.*

- *Head Start programs should be encouraged to forge* ***partnerships*** *with key community and state institutions and programs.*

This report will serve as a blueprint for future Head Start Bureau activities. This meeting is consistent with two of the Advisory Committee principles: future expansions, and forging partnerships. Future expansions will include serving more children three to five years old, but will also involve expanding services to children 0-3 years old. Forging partnerships involves improving collaboration on a federal, state and local level. Head Start and WIC can work together as they expand services to children and families."

Ground Rules For The Focus Meetings

The Facilitator began the meeting by asking the participants to establish the operating procedures for the meeting The group agreed on the following:

- Be open and honest
- Respect each other
- Meet comforts need on your own
- Okay to disagree
- Don't interrupt
- Everyone has opportunity to be heard
- Group ideas will be charted for group memory and used for reporting purposes

Goals and Expectations

The participants were asked to identify and share their goals and expectations for the meeting.

1. To find areas of collaboration which would be helpful in a practical & realistic way.

2. Clarify differences; i.e. rural vs. urban.

3. Identify examples/Models based on areas-state or local, urban or rural. That information should specify location that the model comes from; including the name and phone number of the contact person for that model.

4. Collect Best Practices/Models of Linkages. Determine how to proceed to the next step-examine and evaluate.

5. Learn what is happening in Head Start-barriers; information on health servives; how to improve.

6. Clarification of funding issues/special projects allowable for each program.

7. Help determine if we (USDA, Office of Analysis and Evaluation) should create demonstration projects or evaluate what already exists.

8. Explore other funding issues-alternate resources, including volunteers and private or non-government funding.

9. The Interagency Agreement-rework it to make it flexible and adaptable.

10. Identify how to disseminate/promote prototype agreement.

11. Identify outcome objectives of the agreement, especially allowing for flexibility.

12. Determine needs/structure of both programs.

13. Examine WIIFM (What's in it for me) for both Head Start and WIC and their clients.

14. Address confidentially issues and the need for agreement on confidentially.

Linkages

For a portion of the meeting the participants worked in two small groups to share and discuss existing linkages between Head Start and WIC. Although the task was to identify existing linkages, the majority of the information reported out from the groups was on possible linkages. The groups used chart paper to record the linkages. The information below is a break down of the groups' notes, categorized by linkages already in place and ideas generated as they brainstormed possible future linkages.

Existing Linkages

- WIC nutritionists do nutrition education for Head Start children, parents, and teachers
- WIC does/shares Ht/Wt/Hgb for medical standards
- WIC does community needs assessment
- WIC does parent meetings
- Head Start provides WIC with a list of unserved clients
- WIC refers 3 year old children to Head Start
- WIC serves on Head Start Advisory Committee & serves on Parent Policy Council
- Head Start follows up on missed WIC contacts
- Head Start site used as WIC out-clinic
- Head Start records used for WIC eligible certification-income and medical
- WIC coordinates/facilitates WIC eligible determination at Head Start site
- Issuance of WIC at parent training
- WIC staff on site at Head Start for nutrition education in class, plus follow up of high risk

- Head Start refers physicals into Well Child/WIC clinics leading to meeting Head Start performance standards and completion of WIC certification

- Head Start facilitates follow up of high risk kids for nutrition counseling and medical care

- Farmers Market coupons in WIC: use of fruits and veggies, WIC distributes through Head Start, EFNEP did Nutrition education, started using private resources

- Mobile Services: in South Carolina, WIC has vans which are fully stocked for WIC, EPSDT, Physicals/immunizations. The vans go to Head Start agencies and serve over 700 children. It was noted that it is important to have parents present

- Migrant Head Start Programs do certification on site

Possible Linkages

- Application Process:
  - could the forms be standardized or adapted to increase interface?
  - who was referred, who refused referral?

- Link with EPSDT:
  - Nutrition screening tool, age specific that can be administered by non-nutritionists

- Determine the school entry requirements for medical/nutritional assessment

- Determine the medical data documentation needed for both programs and school/child care programs

- Interface WIC paraprofessional training/Head Start nutrition education to count as WIC Nutrition Education

- Develop integrated computer systems for tracking participation of both programs

- Coordination of immunization for WIC also benefits Head Start
- Co-locate immunization services with Head Start/WIC/Child care facility
- Meetings-professional meetings, local Health and Nutrition committees, Governing Board, statewide liaison: statewide newsletter, statewide meetings
- Focus on getting nutrition information to parents at Head Start
- Need to have healthy Parent involvement component
- Pull EFNEP and NET in also
- Increase staffing - quality and quantity
- Volunteers-nutritionist/home economist: volunteer retention is an issue to be considered here
- Coordinate on Nutrition Education materials
- State WIC Advisory Council: Board of Directs, Policy Council Meetings—Monthly Parent meetings
- Public meetings—Volunteer recognition, state/regional/national Head Start conferences
- Referrals:
    - at outreach
    - at application time—fill out Head Start application during WIC application and forward, with income documents, to Head Start
    - at enrollment to Head Start
- Share statistics: from Head Start to State WIC; participation from WIC to Head Start for long range planning
- Universal application
- Health screening linkage needs to be with EPSDT, also consider issues with Health Reform

Barriers To WIC/Head Start Linkages

Barriers to linkage repeatedly entered into the discussions. A force field analysis was done to generate a listing of all of the possible barriers or restraining forces and the driving forces or reasons for linkage. Examining the barriers and determining which can be removed or reduced is a suggested method to increase likelihood that linkages can happen.

Driving Forces	Barriers
• Head Start "season," coordinate season with tasks and coordinate with WIC re-certification.	* Confidentially issue: share information with States on how to do this; specifically the logistics of how info is shared, duplicated
• Would reduce duplication of testing, etc.	* Not sharing or clarifying the requirements with the entire program and staff.
• Training, education and sharing of information and resources.	* Need list of all programs that require same data, i.e. height, weight.
• State coordination (one of the 22 grants).	* Confusion about type of data needed: income requirements, assessments, etc.
	* Various income standards for different program, especially difficult if trying to use a shared form.
	* Lack of data on number of children on WIC and in Head Start.
	* Time frame to get WIC benefits judged not worth the wait.
	* Lack of Head Start State level counter-part agency.
	* Don't know if linkages can be done at time of enrollment.
	* Not linking for outreach purposes.

Draft National Agreement

Several of the participants came to the meeting having reviewed the draft agreement and had specific comments to share. However, part of the group discussion was not on the content of the agreement, but the logistics for implementing an agreement at the state and/or local levels given the differences in administrative structures. For the participants who were not familiar with both programs, a flowchart was drawn to illustrate the regional, state and local differences and influences affecting both programs.

- Head Start does not have a "state" agency which raises questions as to which program or agency actually enters into the agreement.

- Referrals, Item (D), is the most important piece of the document. Recommend that it be separated and placed up front at the beginning of the agreement for emphasis.

- Nutrition Education, Item (B): add information to clarify that Head Start may not have same level of nutrition education available.

- Both programs need to have adequate staff. Head Start needs to purchase services plus use WIC. The focus should be on quality or should focus on collaboration as means to quality and not abdication of services/responsibility to the other program.

- Needs some minimum elements.

- State or local focus groups suggested as an option for implementing an agreement. There is also a need for grants to fund these local or state focus groups.

- Build in levels of activities to transition into the agreement. The current draft document needs additional support. Additionally, the document and other materials used in a collaborative effort need to be made available in a bilingual format.

- Agreement, should emphasize piggyback and support services—especially with co-location. Would also be helpful for Parent Education and to make sure information is consistent (or at least not contradictory).

- As part of the Agreement, or in the "Best Practices," share information on Head Start agencies doing substance abuse (drug abuse education and referrals for participants).

- Special Grant Projects. Make them general or change to generic Head Start grants, or have the option to change from grant specific, but focus on information referral.

- Item (I), delete the last sentence which reads, "This exchange may occur as frequently as each program feels is necessary."

- The frequency of entering into the agreement was not resolved; dependent upon local criteria and the agency administering Head Start and WIC.

- Information on the purpose of the agreement needs to clearly address joint efforts to do the job more effectively; address issues of quality, perhaps by giving an example of where there already is co-location and full collaboration. (Best practices)

- Plus the agreement should add issues addressing customer services (how will this benefit the parents and children: not just the program staff); again focus on quality; and with an emphasis on being user-friendly. Ideally this would be similar to one-stop shopping.

- Identify areas of mutual benefit.

Best Practices

On the topic of Best Practices the group appeared to be in consensus that some type of Best Practices or Models of Linkages was desirable. They offered several ideas on how the process for selection might be structured and how to solicit program input.

- One option is to work through Regional Offices, similar to the Best Practices done by USDA's National School Lunch Program.

- Disseminate questionnaire with structure or criteria (critical events/elements) at National WIC meeting and National Head Start Meeting.

- The criteria should define area, type of Program (rural, etc.).
- Question of who will develop the form. It was suggested to have volunteers to review the form, and it would be faxed to all members of the focus group as the initial volunteer group.
- From the responses of volunteers identify the common elements.
- The draft form should be done at all levels, making sure all efforts, even the basic, are included.
- Rethink title; is this really Best Practices or Models?

Follow-Up Actions

The participants generated the following list of follow up actions to be taken after the meeting to foster linkages.

- Look for elements required, or areas of sameness, for Head Start and WIC.
- Head Start performance Standards to be shared with the WIC participants; the Head Start Bureau has agreed to send the Standards to the meeting participants.
- Share existing joint form or combined form. Federal WIC staff offered to do some of this. Need to examine who uses these forms and are the combined form(s) acceptable?

The Federal HHS representative and the Federal level representatives from USDA agreed to continue to meet as a work group to: (1) address all of the follow-up issues identified by the focus group; (2) finalize and disseminate the Agreement; and (3) explore methodology for collecting best practices for WIC/Head Start collaboration.

Group Summary Of Meeting

The participants reviewed the meeting by doing a group summary.

- Explored linkages
- Learned about each other
- Talked about agreement/no agreement
- Discussed procedure for "Best Practices"; questionnaire needed
- Examined need for flexibility and realistic approach to collaboration
- Determined that information on program size and location needs to be shared
- Head Start Performance Standards need to be shared and common elements for both programs identified

Group Evaluation Of The Meeting

The meeting concluded with a group evaluation.

What Went Well What Did You Like	Areas For Improvement
Time to focus on other systems, leading to opportunity for program growth	More time
Getting info on Head Start was good	Program information as background before the meeting
Opportunity to share through all the levels	Information on transportation for the airport, etc.
Good representation of urban/rural	
Ideas to implement right away	
Coordinate with WIC & Head Start in State plan	
Idea for having this focus group	
Not doing this in September	

Appendix B

Study Methodology and List of Study Participants

Methodology

Project Origin and Purpose. Under a contract funded by both the U.S. Department of Agriculture's Food and Nutrition Service (FNS) and the U.S. Department of Health and Human Services' Administration for Children and Families, **Research-able,** Inc., undertook a project – "The WIC-Head Start Coordination Study" – planned for a 24-month period from October, 1994 through September, 1996. The purpose of this study was to identify collaborative activities between WIC and Head Start at the local program level and disseminate information about these activities to encourage replication throughout the country.

Legal and Regulatory Review. Prior to implementation of the four-phase data collection component of this study, a review of WIC and Head Start legislation, regulations and standards was conducted to identify major areas for cooperation/coordination between the WIC and Head Start Programs and major barriers to cooperation between these programs.

Pretesting Data Collection Devices. Data-gathering instruments were tested to ensure their effectiveness. As the data collection interview questionnaire for Phase I was very brief and straightforward, pretesting of the questionnaires occurred for Phases II and III only in the interest of time and cost efficiency.

Phase II and Phase III pretests were conducted March 30 through April 6, 1995. FNS provided the names of three Head Start and two WIC Programs for use in the pretest. Following the pretest, minor adjustments were made to the computerized interview program to permit sufficient time and space for full responses to each question.

Data Collection. Information for the study was collected in four phases from persons knowledgeable about collaborative efforts currently in place between the WIC and Head Start Programs at the local level as follows:

Phase I:

Telephone interviews were completed with 126 WIC and Head Start staff members. The interview process began in early November, 1995, and concluded in mid-March, 1996. The interviewees consisted of the following:

- WIC State Agency Directors;
- WIC and Head Start Regional Directors;
- Grant-Funded Head Start State Collaborations;
- WIC and Head Start ITO Directors; and
- Directors of the National Head Start Association and the National Association of WIC Directors.

Respondents in Phase I recommended a total of 140 local agencies and programs as having sufficient collaborative activities in place to merit inclusion in Phase II data collection interviews. The agencies/programs suggested included 94 WIC agencies and 46 Head Start programs. With the total number of respondents for Phase II limited to 100, criteria were developed to evaluate the level of collaboration to determine which local program/agencies would be included in Phase II. In consultation with FNS and DHHS, **Research-able** identified 101 agencies/programs that had a level of collaborative activity in place which merited additional study.

Phase II:

Telephone interviews were completed with 95 WIC agencies/Head Start Programs. The purpose of Phase II interviews was to gain specific detailed information about their collaborative activities and further evaluate their potential for inclusion in the universe of local programs/agencies with highly developed collaborations to be the subject of in-depth study

in Phase III. Contacts with Phase II respondents began April 4th and continued through May 10th, 1996. As with Phase I data, a matrix was developed to evaluate Phase II responses to guide the selection of 35 local program/agencies to be included in Phase III interviews. Again in consultation with FNS and DHHS, 35 respondents were identified for Phase III participation.

Phase III:

Phase III targeted 35 local programs/agencies along with their collaborative counterparts, for a total of 70 in-depth interviews. Sixty-seven interviews were completed during June and July 1996. Phase III interviews had a dual purpose: (1) to gain very specific detailed information about the nature, origin, operation and benefits of existing collaborative activities; and, (2) to identify sites for intensive study during Phase IV site visits. Again in consultation with FNS and DHHS three sites were selected for Phase IV participation.

Phase IV:

Site visits were conducted to three local program facilities identified for in-depth study in Phase IV. Site visits provided the opportunity to observe operational collaborative activities and to conduct in-depth interviews with local personnel responsible for management of these collaborative efforts. The hands-on observation of collaborative activities provided invaluable information and insights which enabled the research team to identify elements crucial to successful implementation and ongoing operation of collaborations.

In all phases, the selection processes, whereby sites were identified for further study in subsequent phases, directed special attention to local facilities providing services to Native American and Migrant populations to ensure the special needs and activities of these programs were given appropriate consideration and representation. At the same time, every effort was made to include the broadest possible spectrum of geographic, demographic and economic representation to ensure the highest possible degree of relevance for the entire WIC and Head Start community.

Demographic Breakdown of Agencies/Programs

Demographic Characteristics	**Total**	**WIC**	**Head Start**
Region			
Mid Atlantic			
VA, MD, DC, DE, PA, NJ, NY	14	11	3
Midwest			
OH, IA, MI, MN, WI, IL, IN	15	8	7
Southwest			
AZ, NM, OK, TX	31	23	8
MidSouth			
AR, LA, MS, MO	4	3	1
Pacific			
CA, OR, WA, HI, AK	19	10	9
Territories			
VI, PR	2	2	0
New England			
ME, VT, NH, MA, RI, CT	16	12	4
Southeast			
FL, GA, AL, NC, SC	16	10	6
Plains			
MT, ND, SD, NE, KS	16	10	6
Appalachia			
KY, TN, WV	7	4	3
West			
ID, CO, NV, WY, UT	9	7	2
Type of Facility			
City/county health department	15	15	0
Hospital	2	2	0
Maternal/Child health clinic	2	2	0
Community action agency	29	23	6
Community based non-profit	2	0	2
Local government	1	0	1
School system	14	0	14
Other	79	54	25
Don't know	5	4	1
Special Population Served			
(voluntarily specifically identified by respondent			
ITO	36	28	8
Migrant	4	4	0
Hispanic	1	1	0
Black	0	0	0
Other	0	0	0

Coordination Variables of Agencies/Programs Suggested by Respondents

Variable	Total	WIC	Head Start
Co-location	34	18	16
Cross referrals	70	46	24
Joint Recruitment	37	30	7
Nature of Relationship			
Contract	8	3	5
MOA/MOU	17	10	7
Shared Staff	20	13	7
Certification Activities			
Co-certification	22	14	8
Acceptance of other's data	3	3	0
Joint Screening	7	7	0
Nutrition-related Activities			
Shared assessment information	32	18	14
Joint nutrition assessment	14	8	6
Nutrition education for groups	60	34	18
Diet assessments	17	13	4
Individual nutrition counseling	17	10	7
Follow-up to monitor progress	9	41	13
Parent training	44	31	13
Staff training	30	25	5
Menu planning for HS facility	14	8	6
Medical-related activities			
Joint assessments/screenings	30	15	15
Joint release form	5	4	1
Complete physicals	9	7	2
Shared medical information	70	47	23
Hematocrits	60	40	20
Height and weight assessments	49	33	16
Immunizations	14	11	3
Medical referrals	3	2	1
Medical follow-ups	11	6	5
Parent training/counseling	11	9	2
Shared medical equipment	6	5	1
Other			
Voucher distribution	13	7	6
Transportation	5	4	1
Joint staff planning meetings	12	8	4
Participation of Health Adv.	33	25	8
Shared non-medical equip.	9	7	2
Health fairs	10	8	2

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