

WIC and Head Start Better Together

Administrator: The broadcast is now starting. All attendees are now in Listen Only mode.

Sarah Cannon: Good afternoon. And welcome to this joint webinar hosted by the Food and Nutrition Service, and the Administration for Children and Families. My name is Sarah Cannon, and I am the active policy grants chief for the Supplemental Food Program division at the Food and Nutrition Service, an agency within USDA that administers the special supplemental nutrition or women, infants and children, also known as the WIC program. I would like to acknowledge Kiersten Beigel from ACF, who is currently on today's webinar, and will be providing opening remarks shortly. I would also like to introduce Marilyn Lonczak, our presenter for today's webinar. Marilyn is the state WIC program breastfeeding coordinator and nutrition consultant with the Connecticut Department of Public Health, and will be highlighting the formal partnership and ongoing initiative between the WIC and Head Start programs in Connecticut to improve program coordination and service delivery for low-income children and their families. Many of you may already be familiar with the WIC program, and are currently partnering with your state and local WIC agencies. During today's webinar, we encourage you to consider the partnership you currently have and those that can be developed as the Connecticut Department of Public Health discusses specific areas of program collaboration and resources that may be of use to enhancing participant-centered services across programs. I'd like to remind everyone that there will be a question and answer portion of the presentation that will be reserved for the end of the presentation. We'd like to ask that all questions be submitted through the Questions feature on GoTo Webinar that is located under the GoTo Webinar toolbar. I know turn the time over to Kiersten Biegel for a few opening remarks from Head Start.

Kiersten Beigel: Thank you, Sarah. Hi everyone. Good afternoon. It's really great that you're joining us. We're happy you're here. My name is Kiersten Biegel. As mentioned, I work for the Administration for Children and Families in the Health and Human Services department where I specifically focus on work with Head Start and Head Start programs. And you know, recently our office on Family Engagement and supporting family well-being. So, it's great to be here. I really excited the topic today. We know that WIC and Head Start programs share a lot of 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 ongoing preventive health care. We know that in many communities, WIC and Head Start serve the same families. So by working together, programs have an opportunity to coordinate these services and to maximize the use of resources. You know, resources in the way of funding or staff, space, training, sharing like that. So we know that there are a lot of creative ways that Head Start and WIC programs can enhance the quality of the health and nutrition services provided. We're going to be excited to hear about some lessons from the Connecticut project today. Sarah mentioned and hear first hand how Head Start and WIC programs are working together, and how unique skills and the expertise of staff across these programs contribute to productive partnership that really serve children and families. So I am going to now turn things over to our wonderful presenter, Marilyn Lonczak. Marilyn, take it away.

Marilyn Lonczak: Yeah, thank you very much. I just wanted to remind folks about some of the handouts and how you can download or save the handouts, and also submit your questions before I start my presentation. But I am going to present some of the work that we're doing. There's lots of work in our state, and I really want to acknowledge all of our hard work that our local agencies, and also our Head Start grantees have put together over the past several years.

Because really, what they've been able to do is amazing in my opinion. So, I just wanted to give you a brief summary of what I want to share with you today. We've definitely had this for many years. So I'm just providing you a high-level overview.

I just want to mention that we do have an anticipated launch date of our website that's going to be housing some of these materials for August of this year. And so, we will hopefully be able to send out a notice for the participants on this webinar when this website is live. So let's give you an overview of our program in Connecticut. We have twelve local agencies here in Connecticut, with 23 full-time offices. And this just gives you a breakdown of how our local agencies, what type of contractors are contracted to administer the WIC program at the local level. Just to note that in 2017, the WIC program participation in Connecticut was around 48,000.

And so, this is a decline in participation kind of year over year. But that trend is really consistent with the national trend in decline of participation, which is one that emphasizes -- the emphasis really for this particular project grant focus. However, we've noted that in Connecticut, our decline was slightly lower than what the national average was, and also regionally we had a smaller decline in our participation when we were looking at the numbers. Just giving you a quick overview of our -- how our Head Start program looks in the state. So there are 37 grantees that operate within our borders. And we have around 20 Head Start programs and 17 Early Head Start grantees. We really focus on the Head Start grantees, and that -- as much as Early Head Start, but when we were, kind of, talking about the framework and the background of this program, Early Head Start did enter into the picture early, and it actually includes Early Head Start in the language. And that I will uncover a little bit later.

But I just want to, kind of, mention that right out of the gate. So, the WIC and Head Start better together project was really set out to develop, evaluate, and formalize a system of collaboration both for WIC and Head Start at both the state and local levels. And I will say after five plus years of this project, you know, we still have a long way to go. And so, I'm saying this really to remind everyone that's listening in on the call that ongoing collaboration takes time. It also takes patience, and it takes nurturing. So, you know, you really need to be in it for the long haul. It's not going to happen with the snap of the fingers. As I noted earlier, in terms of WIC participation, you know Connecticut is not the largest, nor are we the smallest WIC state agency. And we really considered, kind of, our size, and how that would impact both larger and smaller states that wanted to implement this collaboration. So we really looked at trying to be as flexible as possible on, as we developed our lessons learned, and some of the materials, and we hope that this will be able to fit your program, not matter what size.

So again, why collaborate? And I guess, again, you know the focus of the special projects grant was really WIC retention. And when you see this graph, which is from the WIC Participant Program Characteristics data from 2014, it shows that in as far as our WIC participants by category, you know, there is a drop off for the older children. And so, and I'm sure that this not a surprise for many of you. So, you know, the majority of our participants, you know, we are able to retain them in that infancy stage, and then we start seeing a drop-off once age one comes around.

So, we really focus on collaboration to be retaining the older WIC child. So this is a busy slide, but it actually shows the progress, how long this program, or this project, has been underway in our state. And so, just if you bare with me. I'm just going to take you through on some highlights of this timeline. So in summary, we've been really working on collaboration in some form since 2011. And this started with formative research. And we have some researchers from the University of Connecticut. And we were able to get a concept paper grant from USDA to conduct this formative research. And so, essentially we did focus groups with both Head Start

and WIC staff, and also participants to find out about some of the best practices that were going on regarding collaboration. And also learning about what was more important to families. So, some key feedback from those focus groups really helped us to develop our full grant proposal. And some of those, some of that feedback I'm going to share with you right now. As far as the staff is concerned, there were the desire to collaborate more with one another by strengthening relationships. Some suggestions that the staff had to improve collaboration were having stronger referral processes; increasing enrollment through outreach; and reinforcing nutrition messages. Staff also identified potential barriers to collaboration, which included limited resources and time, which we, you know, we, kind of, know that, but we were able to document that through the focus group. On the family end, the identified barriers were either real or perceived regarding program participation, specifically in WIC, was the physical presence requirements. And on the Head Start end, the long waiting list for the Head Start enrollments.

Families also indicated that they would benefit from a co-located service. So, that was really helpful for us when we were thinking about writing for the full grant project. But of course, in 2013, see frustration happened. And so that was the holding pattern for the full grant. But we were fortunate enough to be able to be provided with a non-competitive concept paper reward that allowed us to, kind of, flush out some of these concepts in a pilot phase. And so, we were able to test in a pilot for one year, and we did this in New Britain, Connecticut. And then, that pilot actually helped us flush out some more of the details for our application for the full grant. And so, we actually ultimately received the full grant reward, and were able to start our intervention. And so, we basically expanded our pilot project, that was just one site on one location that we were in New Britain, to three intervention areas. And the actual full grant, and three comparison areas. So, on the next few slides, there were, they're going to review the intervention activities for both the state and local level in more detail.

But I wanted to mention, like, on this slide, you'll know that during intervention period, which is, you know, took us from May to February 2016 to 2017, we did have this little thing called e-WIC. And e-WIC, essentially, popped in for certain periods -- for a significant portion of the time, and was also led to potentially some impact in our results. At the same time we were rolling out e-WIC, we also had a new management information system. So that, kind of, impacted, again, some of our ability to collect data. But again, I will say that over full staff, at both Head Start and the WIC program, were troopers, and they, you know, remained strong throughout this project. I will also mention that we had online data collection that concluded around 20 -- February 2017, and then we also connected a period of exit interviews to, kind of, give more dimension to the quantitative data that we were collecting in the surveys. And then, we had to update the [Inaudible]. So, essentially, for more details on the product design, and how we set this up, our final report, kind of, details that. And that will be available on the website later on this summer. Okay. The next -- So. Implementation Activities.

So, at the state level, we had big team that consisted of staff from the state agency of the WIC program. We also, obviously, had our researchers from the University of Saint Joseph, and then the Head Start State Collaboration Office. And, I'm just going to review, you know, briefly, some of our state level activities. Firstly, on the MOU development. So, we developed an MOU for data sharing. And I know that some states may have this at the state level already. We actually modeled our MOU after our sister states in Massachusetts and Maine. However, it was not an easy process. We finally executed the MOU in March 2018. And so, if you remember from the timeline slide, our interventions had already ended by that point. And so, the final report details a little bit more about how we were able to do some data sharing on, in the absence of an overarching state-level MOU. But, this was something that we're happy about,

we were able to go through the process. But I'm just going to talk a little bit about the challenges. If anyone on the call has some of these challenges, they know that they are not alone. We're going to have our sample MOU on the website, in the toolkit, and anyway. So. Some of the difficulties that had to do with the MOU were some internal state issues. Others, we feel like it was complexity of executing this MOU between [Inaudible] which was essentially acting on behalf of WIC. We also had the Head Start State Collaboration Office for Connecticut sign on, and the individual Head Start grantee agencies had to sign on, because the way that they are funded is directly federal to the local level. We also the Head Start -- the Connecticut Head Start Services Association on this MOU, as well. So you can see, there's lots of parties, with lots of opinions, and we needed to work through all of those. The main issue, I believe, was the difference in administrative structure between WIC and Head Start.

And, since the Head Start State Collaboration Office does not have the same oversight in regulatory responsibility as WIC, there was some questions about, do they even need to sign on, does it make sense. And so, in a nutshell, we ended up having the Office of Early Childhood, which is the entity that, kind of, houses the Head Start -- Head Start State Collaboration Office. That commissioner signed on to the MOU, and then the [Inaudible] signed on. And then, the Head Start, the Head Start -- sorry. The Head Start Association signed on to this MOU. And then each of the individual Head Start grantees that were part of the project had to sign on. So, it was a long process. But I think it taught us a lot. And now, we're able to have that one uniform data sharing MOU that we can train our staff on consistently. And then, if any other local areas want to sign on later, they can. So, I will also mention that our local agencies all have MOUs between Head Start and the WIC program.

And so, instead of now having 12 different iterations of how data is shared, there will be one consistent way that data is shared between, in the state, between WIC and Head Start. And when they have their local MOU developed, they can just reference the state-level MOU. So, that's kind of a lot to cover, but that's the process, and how it works here. The other MOU that's in the works is basically a collaboration between our state Head Start Collaboration Office and the WIC program. And quite frankly, we just wanted to give a little breather before we started working on that MOU. But really, that would be more about how -- how we at the statehood partner, a little bit more effectively rather than working -- worrying about the local level data sharing piece. So that's to come.

Additionally on the slide. It, kind of, outlines the toolkits, training, and resources. And so, that's what really what the state team also focused based on the feedback from the project liaison. And the project liaison was someone that we worked very closely with. She was, you know, really in the trenches, talking with our local agencies on daily basis. And then, we were able to really work with her to develop some of the training content for the quarterly meetings and the conference call that we held. Sorry. So.

So next on the local level Implementation Activities. And this is just one, kind of, a schematic that you can, kind of, wrap your head around what was happening in the project locally. And so, we have different activities that were expected of the intervention sites and the comparison sites. So is there is one for the comparison sites, as well. It's not as robust as this because the difference between the intervention site and the comparison is that a liaison assisted the intervention site with their collaboration activities. Our intervention sites also received small stipends to carry out their priorities that they decided on. Some examples of a liaison facilitated activity include: the WIC -- I'm sorry. A kick-off meeting. Monthly meetings that were initiated done between WIC, Head Start, and the liaison. We also held quarterly meetings to, kind of, check in and kind of talk about challenges and best practices. The comparison sites did not

have access to the liaison during the project period. But we did give them a small stipend and told them at one management meeting at the beginning of the project that we wanted them to use it to collaborate. Staff from both intervention and the comparison sites were required to complete a monthly survey, as well to track their collaboration activities. And that's how we get, got the data that we're able to share with you today.

The final report has more details on the activities specifically. And the website, like I said, will house the materials that supported the initial kick-off meeting and the quarterly meeting like the agenda, etcetera. So, that will be available in the tool kit. So next is our collaboration scale. And I wanted to give you an idea of what changes occurred, and staff attitudes about collaboration during the project. So again, this is a little bit a different angle than some of the special project grants. We were really looking at staff changes, and not so much participant outcomes, in this phase, because it does take so long to get a collaboration going. And so, we use this scale. We asked WIC and Head Start staff to rate themselves about perceptions regarding collaboration in their area. After they each had rated themselves individually during one of our meetings, they asked -- they were asked to discuss their scores with other staff from their partnering agency in their areas. And then, that information was collected at baseline, during kick-off, at midpoint, and end, from the intervention sites. So we have it from three points in time or the interventions. And then, it was just on the baseline and the end for the comparison site. And so, we wanted to just have a more concrete way to identify moving along the continuum.

So. The results from the collaboration are here. So, chart on the top left shows results for the intervention sites over time. The comparison sites are shown on the bottom left. The charts on the right show the results broken down by program, both WIC and Head Start. Intervention sites on top, and comparison sites on the bottom. So, just overall, know that we're trying to improve collaboration among all charts. As you can see, some sites thought that they made progress than others. Just to note. Two intervention sites, both the Hartford and Middletown areas have the same Head Start grantee agency, which -- That particular agency experienced quite a bit of turnover during the project. The Head -- The Hartford WIC program also had large staff turnover during the timeframe. So, it might be why we see those sites not experiencing as much movement on the scale.

On the comparison sites, the same momentum was observed, and responses recorded indicated that the staff felt relationships among programs were moving towards collaboration, which we were also really excited and surprised to see. So, I'm just going to show you a quick video that we had from one our nutritionist, Kathy Murphy, talking about her thoughts about collaboration, and how it changed throughout the project. [Silence] Sorry about that. I just had some technical difficulties. I'll just get to where I need to be. Okay. So next. Some data about -
- So, I just wanted to mention Kathy's thoughts. I just think it's really refreshing because there's obviously sometimes tensions in local agencies when, for both WIC and Head Start, when something new has to come along. And so, there was an evolution over time, and you know, how she approached her thoughts about the collaboration throughout that sentiment is really important to, to highlight. So, the data on this slide is from the monthly survey, and shows the increase in cross program referrals during the project period. So, it's important to know here. We noticed that referrals seem to spike during the beginning of Head Start enrollment periods when you're looking at it, like, month over month. So, it usually went up September during the beginning of school. The data on this slide shows that during the project period for both intervention and comparison sites, referrals, kind of, moved up over baseline. So, it really shows the difference between how WIC was referring to program versus to how

Head Start was referring to WIC. As I mentioned back on the timeline slide, the Connecticut -- the CT WIC, which is our information system, was implemented during this time.

And we also went to EBT. So that could be where we see some discrepancies between the year one and the year two referrals. And so, even though referrals modulated from that spike in year one, we're happy that they remained up over the baseline.

And so, this slide is regarding monthly surveys, and reflect the changes and percent of WIC and Head Start, they track referrals made for each program. So note again the changes in the WIC responses over baseline versus Head Start. And also, the feeding intervention services at comparison sites. So we learned from both the pilot project that was [Inaudible] the full grant, that this collaboration increased awareness among our WIC staff at least, about the need to follow up on referrals made. So that was really an important piece that we had to do with additional training on. It's a critical component, that follow up, to helping retention efforts, and to ensuring that participants feel supported, and accessing those services that they had been referred to. I do want to -- hopefully this works again -- like, show another video from one of our program coordinators, Velicia Santiago, regarding her site experience with the referral process. [Silence] So, we're happy to hear that from [Inaudible] too. I think it's, it's noting that there's persistence there. But it's also not, it does not always hearts and flowers. So, is there is frustration. And you, kind of, have to hang in it. So, these testimonials are actually part of the training tool kit that we developed in order to host all of these materials. So, the next series of slides really shows some of our materials that we developed in order to help support collaboration.

Because again, I think, well people kind of know intuitively collaboration is. You know, sometimes feeling that you have everything together. So that, these tool kit materials will help organize yourselves around collaboration. And so, the website will be organized into local collaboration, state collaboration, and the project overview. And we did this for simplicity. And again, because we feel like some larger states might not want to be wanting a collaboration, or have the resources. So at the local level, you can still potentially start some of this on your own, if you needed to. So that was, kind of, the way we thought it would be best to organize the website. So, either we'll have some resources for staff training. So we developed of series of eight self- directed training modules, as a result of the high-level staff turnover that we saw during the project. And then we know that this is pretty commonplace for both WIC and Head Start. We recommend in-person training for the management staff, and then, a more formal in-person kick-off for the collaboration, to gain buy-in and momentum. And we did that in our area, but we also have a small geographic area in our state, and we can come together.

So, we thought having some self- directed modules might help those states that can't meet as frequently, or need to have training remotely. So, these will be available on the website. And those testimonials that you saw are included as part of each of the modules. We also, we have a full training video that we'll be sharing. But we also have each of the segments of the training video that folks can -- if they just want to know how to get started, they can just look at that. So, we're, we, kind of, filtered it down so that you, kind of, use your time most effectively on these resources. So the next slide talks -- shows you the tip sheets. So we developed a tip sheet that corresponds to each one of the modules. So just to give you an overview of what the modules are. So at the state level, we have a getting started on the state level, and we also have the support accountability and sustainability tip sheet that accompanies that training module. On a local level, we have again, started data sharing, interagency referrals, collaborative nutrition education outreach, and also co-location. And so, again, it's organized really into the priority areas and the strategies that our local programing, Head Start grantees

used to really effectively collaborate in their areas. We also have resources that [Inaudible] is usually used for the collaborative outreach events. That's English and Spanish, back and front. And we also have a little button that we've made. We also developed posters in English and Spanish that can be used to, kind of, advertise the collaboration. And we did this more towards the end of the collaboration, just because we were trying to get feedback about what we've, what was needed after folks started actually started collaboration and earn it -- collaborating and earn it. And so, we also have a series of forms for the liaisons to use.

So, essentially to use these to gather information to assist and facilitate the site collaboration. So, we have here shown the Liaison Guide, which has some summary information and tips, and then also a picture of an intake form. The site intake for really was used to ensure what existing collaborations were going on, and they were documented. It also can contribute to determine local area priority, and identify what target areas need attending to. We also have a goal-setting form, that after its initial intake, you can do a goal-setting form to just really focus. Because, again I think that's the other part. Like, people tend to want to do a lot of things, and if you focus on one thing first, you get that right, it's a lot easier, and you can celebrate your successes. So essentially, we tracked this information, the liaison tracked this information on a different form, and we were able to use the information that she gave from her monthly meetings and the quarterly meetings to come back and, kind of, share best practices and also share challenges. We also have a key personnel form. And this is, there's a WIC side and a Head Start side. And essentially, we felt like, you know, this was helpful to make sure people knew who was key in the collaboration and were held to accountability. And we'll talk about that communication and accountability in a bit. But essentially, we're, we'll, be a fillable PDF, as will all the forms, that you can actually use it, and type into it. But you can also print it out, and just take note.

Again, it's, it seems really basic, but I think, again, when you have an organizational structure to, kind of, say, you know, okay these are the, kind of, things that are needed for collaboration, kind of, help you stay on track. So essentially, we will also have job titles of the Head Start staff on the other side, and then you can write down your role and collaboration, and what the overall job description is. And I think, the one thing that we learned, too, was having agency sharing meetings, where people really fully understood, this is what WIC does, this is what Head Start does. I think a lot of times we assume what each other's programs are doing. But there's been lots of changes with both programs over the years. So it really is important to, kind of, keep, kind of, the annual updates going on. So, next. Just a bit about some challenges and lessons learned. And in the first half, we talked about communication and accountability. And so, throughout the project period, local WIC and Head Start staff were expected to meet monthly initially, and then at least quarterly to discuss upcoming projects and event that they were working on. They also were needing to follow up on referrals that were made between the agencies, and that new goal isn't necessary. The structure helped build and sustain the relationship between WIC and Head Start, and maintained collaboration as an agency priority.

Some ideas for success include, you know, at the outset develop the time frame and structure for meetings each program. Outline the risk of relevant contact persons, so that's where the key personnel chart comes in. And then, what the roles and responsibilities will be. Agree on accountability plan for tasks in the collaboration and then formalize a succession plan to minimize the impact of staff turnover. So again, we do not do this specifically in our state. This is what we found from, kind of, trial and error. So we're hoping that our, kind of, barriers and failures, kind of, help people be more successful, even though, again, it can be common sense if this would happen. I think actually going through it and seeing the process firsthand makes you, kind of, realize what you, kind of, need to do the next time. The [Inaudible] sheet, which is

what key personnel will help identify the contact person at the collaborating agency, and then other key staff members that should be involved in the partnership. So during the project, it was also evident that local agencies had issues with the referral feedback loop.

And once they were made. So essentially, [Inaudible] making referrals, but having that go into a gap or a black hole once a referral was made. So many states were aware of this issue. And they want to continue to work on it in the future. To assist with this challenge, we, the liaison had a facilitated discussion about the logistics of the referral process, development of the feedback loop and tracking system. And so, we actually have a sample tracking form for recording these referrals included in the tool kit. And even subsequent to this, we had some other innovative ways that staff track or communicate back and forth that we can continue to post on the website as they become available. It's useful -- that tracking form was really useful when you're meeting, when they were doing the monthly meeting, so they could follow up on -- "Oh, this person didn't get a call. Or they did get a call. Or their phone number needs to be changed." So, it was really useful in having that communication helped. And then, the last, [Inaudible] is the staff shortage and turnover. And again, we can't really control this, but we can plan for it. And so, it sometimes makes it difficult, just the staff shortage and turnover to keep everyone engaged, and to also allocate the time necessary to carry out the collaboration activities. So, we really wanted to make sure that we covered the bases regarding staff training, and so that's why we created the staff training modules, so that people could be orientated if new staff came into the picture. But it also could be used as kind of, like, a remedial training, if people needed more information on certain areas. It was also critical for agencies to communicate staffing with one another, and this event happened all the time, consistently.

And so, I would just urge folks to, kind of, think about that whole transition plan. Strategies that were effective in overcoming challenges in staff turnover were exchanging the contact information and making sure that there was that succession plan in place; committing to regularly scheduled monthly meetings, and like, putting it on the calendar. And I know that with some folks that's not always that easy. [Inaudible] for specific collaboration activities. So you would identify, like, someone that's a referral point person. Someone that's an outreach point person. Someone's that a location point person. So that that one person is burdened with it, and there's accountability among all staff. So, as I wrap up, we're hoping to keep this going. We have a sustainability here at the Connecticut state office, state agency. And essentially, it's to use our existing staff and our project liaison role. So, like, for the project we had a liaison. And so, we were really indebted to her because she created a lot of these systems that we can now essentially use as part of our regular role as overseeing local agencies.

So currently, in Connecticut, we have four WIC program nutrition unit staff that do monitor -- that don't do monitoring for local agencies for compliance. So, we called on the state agency liaison, and now we can use those staff as technical assistance staff to the three local agencies who are now [Inaudible] on a regular basis. Local agencies will begin to include the WIC and Head Start collaboration as part of our ongoing visits that we did technical assistance throughout the year throughout our local agencies. And we also requesting some operational justice funding. We were approved for 2018 to provide, again, continuing a little bit of seed money for our local agency staff and the Head Start State Collaboration Office also has asked for some money in their grant to help, kind of, fund and continue this collaboration. Once the final training videos are completed, we are going to add this to the required grantee component when we orient new WIC staff. And we're recommending that Head Start do the same. We're also investigating putting this up on our CT train, which is like a state-based training, so that folks can get credit for that, as well, sort of, an overall collaboration.

Again, do to the transition to the MIS system over the project period, we weren't really able to attract and evaluate our retention data over time for our individual participants. But however, we have looked at, kind of, our retention trends over time, and we're working with IT and other, and our systems developers to look at how retention data can be used over time. And so, we do have a formula that we're looking into using it in our monitoring for right now. This information -- and additionally, the co-enrollment data that produce the PIR, the Program Information Report, for Head Start [Inaudible] because, again, there's a finite number of Head Start spots that are available, and if you can maximize how many of those are getting, those that are, available spots are getting, are also participating in the WIC program we actually saw an increase in our New Britain office. It started around 50, which is the national average percent of co-enrollment. And it went to 60 percent during the project period. And, their actually closer to 80 percent now based on their sustaining their collaboration.

They have a co-located site that came out of their pilot project. In May of this year, we actually had a kick-off for the three comparisons sites, that we actually formally came and trained the, even though they have no collaborating for these past three years but, kind of, blindly. And we also have two additional agencies interested. And, they're, people are also thinking about adding some co-located sites. So, we're happy with the interest at the local level, at both the WIC and Head Start side. We also had a facilitated, a joint, I guess a collaborative webinar. We had the Connecticut American Academy of Pediatrics host webinars, and we actually sponsored a webinar between Head Start, CACFP, and the ADMA program to make sure that providers were understanding the importance of these, kind of, chronic disease prevention programs, and how WIC, WIC, Head Start, the ADMA, and CACFP, kind of, all play a role and help -- in helping locations be healthier. And the jest of the webinar was really just to fill out forms accurately. But, because of this collaboration, it was, kind of, you know, this effort was able to be -- this webinar was really able to be provided. So. With that, I just want to acknowledge my state program director, Marj Chambers, who actually was the person who came up with this idea about what Head Start collaborations. Amanda Moore, the project co-manager who was integral in getting the long and line road in the lieu. Grace Whitney, Linda Goodman, and Jennifer Johnson, which were all involved in some level on the Head Start side, at the state level. And then obviously, all of the folks from the University of Saint Joseph. And, last but not least, the WIC local Head Start programs, and also the Head Start grantees. So, I think -- This is my information in case you're interested in talking a little bit more about collaboration. And again I said in August, we anticipate the website focus to be launched. And then questions and answers.

Sarah: Okay. Thank you, Marilyn, for highlighting Connecticut WIC's ongoing collaboration with Head Start. We're going to encourage each of you to initiate contact with your WIC and Head Start counterparts. And, as Kiersten mentioned in her opening remarks, there are many creative ways that WIC and Head Start can work together to jointly support coordination of program services, improve customer service for program participants, and facilitate relationships at the regional, state, and local levels. We will now move to the question and answer portion of this webinar. And we, again, remind you to submit any questions you had using the question tool under GoTo Webinar's toolbar. The first question we have is for Marilyn. And the question is, "Were you able to share health information on individual women or children, such as growth data, under the MOU?"

Marilyn: Yes. That's, and so -- Sorry, that I wasn't specific. But that's exactly what the MOU covered. So, it was not only program eligibility information, but it was also nutrition and health information that related back to, you know, being eligible for the program. So that, how the local agencies did it. They had signed releases prior to the overarching umbrella, you know,

data sharing agreement. But, you know, I would say that that was one of the concerns that a lot of staff had was that confidentiality piece, and they were very good at the local level about making sure that they were following the procedures. But I would say that, you know, having the blanket data sharing agreement -- and we're actually updating our rights and responsibilities to include this piece. And I think that's also what Massachusetts, you know, has done as well -- to model this MOU after some of the -- Massachusetts and Maine. But I'm sure other states have that. But I think it's really making sure that staff feel really comfortable what information can be shared, and for what purpose. And so, that was in the data sharing MOU. And that will be available.

Sarah: And another related question to that. "Was the data sharing causing initial issues in your work?" And then, this individual who submitted the question, then said that in some work that they've been doing, that data sharing has been an issue, and somewhat has stopped them from progressing with their collaboration. And it was related to confidentiality, accepting the WIC system. So if you have any suggestions for overcoming data sharing issues, or experience with that in this co-collaboration.

Marilyn: Yeah, I'm happy -- So, whoever that person is, that they want to connect with me directly. But I can also just briefly say, that in our pilot program, this was a major problem, where we had people, like, because their MOU didn't deal with data sharing, that felt like they couldn't share the data. So there was potentially 70 families that could have access to WIC services, but the data couldn't be shared because it wasn't, it wasn't set up that way. So that, so I guess -- I can -- I sympathize, or empathize with that experience, because it really was like a six month window where we were having -- "Well, why can't you just figure this out?" So, I think, you know, it was really key to have at the state level a mechanism that all grantees can be trained on, and all WIC programs can be trained on to make sure that data is being shared, confidential -- confident -- confidentially. And again, we're not accessing, so it's not like we're -- it sounds like that question, with like, they wanted Head Start staff to access the WIC system directly. That's not happening. We're not -- we're sharing data in a potentially paper format right now. We haven't gone to the electronic format. However, once the data is shared, it becomes part of the WIC record or the respective Head Start record, and then it falls within those confidentiality guidelines among each of the agencies. I mean, they're both federal programs, so they have similar guidelines. But as long as the, the participant, or I guess family knows if information is going to be shared or that they are going to be contacted, that's the other layer that's really important.

Sarah: Thank you, Marilyn. Another question for you. Regarding your analysis during this project, did the comparison sites perform as well or better than the intervention sites?

Marilyn: So, I think it was a mixed bag. Because we have much more data that we analyzed, and I would say that, one of the limitations -- and that's [Inaudible] in the final report -- is that the intervention -- the two intervention sites only had one Head Start grantee. So, we had Bridgeport, Middletown, and Hartford. And Hartford and Middletown shared a Head Start grantee. And, again, that was the agency that experienced quite a bit of turnover. There wasn't that same level of turnover in the comparison sites. And so, so we're not sure, you know, what happened there. But we did have good results. I will say that the -- one of the comparison agencies actually shares the grantee for WIC is also the Head Start grantee. And so, you know, it's possible, especially with the collaboration skill that there was more cohesiveness because they're actually under the same umbrella agency. So that might make a difference, as well. So again, it's not -- we're not [Inaudible] potentially. But I think, for the most part, we were pleased to see that, like, when we gave some seed money, and pointed in a direction, there was

definitely some change, I think, with a little bit more oversight. It helps them stay together. And I will say, I think the fact that we had a liaison to keep the -- to the Hartford and Middletown agencies on track was really important. We could have seen a more of a following up because of just the massive change in staffing. I don't know if that answered the question. Again, I'm happy to elaborate if someone wants to contact me directly.

Sarah: Yeah, Marilyn. Are you able to toggle back to your contact information. We're getting a number of questions about that. And just a reminder to everyone, that this webinar is currently being recorded, and will be made available at a later time. And you will be notified through your agency communications channel, whatever that might be, about the posting of this webinar and the PowerPoint. Another question for you, Marilyn. Can you talk a little bit more about, maybe, some specific types of activities that were developed as a result of the collaboration between WIC and Head Start. And, were there any activities that were developed to increase WIC participation and Head Start participation?

Marilyn: Okay. So. I think -- So, when I kind of outlined the different topics. So, we have, like, collaborative nutrition, and collaborative nutrition education and outreach. And so, that was one area that some agencies decided to kind of hone in on. And so, I will say that we have one again -- several agencies that hold joint kind of health fairs, or on a quarterly basis, have WIC and Head Start, kind of, come together and have something in the community for the families, or their WIC families. And so, basically, that's a way to help retain WIC participants, because they weren't necessarily getting a lot of new participants, but perhaps when that health fair outreach happened, they had noticed, "Oh, you haven't been to the WIC office in a long time. So, let's set you up with an appointment.

So, I think that those helped, again, keep WIC and Head Start on the minds in the community -- in the community. Some other things were one of our agencies actually went to -- they had a breakfast time with the Head Start location. And so, again it just so WIC nutritionist to meet with the Head Start staff, but also, kind of, familiarize themselves with the children. And sometimes when the families were sometimes present for any, kind of, family meetings that Head Start was allowed with, like, family groups, and they do nutrition education activities. So, any opportunity where WIC could be visible.

And then also, you know, on the Head Start end, again, those opportunities for staff to interact at the fair. I would say that the co-locations, well, especially in our New Britain area, which is our pilot location prior to the full grant implementation, that's where we really worked out the co-location piece. I would say that has been made much easier with the fact that we've gone to EDT, and we can basically provide services, as long as there is an internet connection, and a secure line, and there's there's no tech-crunch to security. So, it's made it more mobile. It also, if you co-locate, to get appointments, or to, kind of, grab people while they are coming in to their Head Start, for the, you know, in the morning, during the day, like, being able to actually make appointments right within the system is another, you know, way to capture and retain people. So, I would say the co-location piece meets the New Britain successfully co-located. There's not a large site. But again, it keeps that continuity going. We've also had a co-location in the Hartford area. Co-location tried in the Middletown area, and it didn't work for a variety of reasons. But it -- they tried it, and kind of made an assessment. TVCCA, which is in the New London area of Connecticut is interested in co-locating, and that's that shared umbrella agency. And then, we also have a co-location in the fall in Hartford, which is wasn't even one of our project sites. They just became interested after learning about the collaboration.

Sarah: Related to what you're talking about, WIC co-location, can you briefly describe what co-location looks like in your state, under your this collaboration. Is Head Start participants --

Marilyn: No, WIC is going to Head Start. Sorry. So WIC is actually physically going to the Head Start location and providing WIC services on site. So, some WIC agencies stay satellite sites. I know that they're -- when I saw the percentage of participants on the call, it seems that a lot of them are from Head Start. So, I apologize for not really clarifying that. But, so, we're basically a co-located site. They're not necessarily always physically in the building. So it's more like, co-locating services.

Sarah: And you're going to --

Marilyn: You're not every day. So maybe once a week, or twice a week. Depending on the size of the agency, and the size of the Head Start grantee.

Sarah: Thank you for clarifying that. And then another question regarding the forms that you developed for participation. I believe you mentioned including a portion about CFCFP. Is that correct? Someone who submitted a question is asking if you could describe what form you focused on to develop that.

Marilyn: Okay. So, So, to clarify the last part of my talk, we had, we had done a webinar with our Connecticut AAP, which is the American Academy of Pediatrics chapter. They host webinars for pediatricians in the state. And, where CFCFP comes in, and Head Start comes in is that they're requiring a lot of health forms, or different forms, especially for the foods, either allergies or interactions, that a physician would need to fill out for them to get an alternate meal plan. And there was a lot of confusion in the medical community about how to fill these out accurately. So a lot of back and forth between CFCFP and Head Start that, you know, administering CFCFP for the meals. And so, we wanted to reduce that confusion. And so, the - - And I can, you know, send that. You know, send the webinar on it, specific to Connecticut, of course, and I know that states have different forms. But the forms that I was talking about were Connecticut-specific forms, but states might have their own version of the health forms, about what's needed, when you need a meal modification in CFCFP. And then, also what health information, specifically to asthma that is required, and what needs to be completed asthma action plans, etcetera. So again, it was not necessarily WIC related at that point, but it was like how can we help these programs work more effectively with healthcare providers. But you know, this particular joint collaboration came out of our work with the Better Together project. I don't know if that clarifies it, but I'm happy to again, take that offline.

Sarah: Thank you. And because we're nearing the close of our time, we'll take one more question, which will also be directed to Marilyn. And the question is, how much are family advocates involved in this collaboration.

Marilyn: So, you'd have to clarify -- So, the family advocate might be a different term. So, I'm assuming that's on the Head Start location. So we, called them family service workers potentially here in Connecticut. I'm not sure I have the lingo correct. So, there were family service workers at, would be involved in developing eligibility, the eligibility appointments, and, kind of, meeting with the families. They were involved, And they actually provided some of the data for the forms. I think it varies differently between site to site, based on how large the Head Start location was. Like, for instance, like, some of our Head Start locations might have, like, the grantee agency might have 15 sites, or some it's just one location. So, the amount of staff deferred by whatever the location was. So, I'm hoping that the answering the question. The health and nutrition managers is something that, is more happening on my state interaction. So, I'm actually now going at the state level to some of these health and nutrition manager meetings, where there, were all of these health and nutrition meeting together. And so, I think, that's the next phase in this collaboration piece. So, we're really meeting and more at the

administrative side,, kind of, just working out the logistics between, kind of, site coordinators more that weren't really nutrition- focused. So hopefully that made sense of the family advocate is the same position.

Sarah: Thank you, again, Marilyn for presenting on behalf of Connecticut WIC, and your ongoing collaboration with Head Start. We thank you all for participating in today's webinar. And again, this webinar has been recorded, and will be posted at a later date. And you will be notified through agency channels about where that webinar has been posted. Feel free to reach out to Marilyn regarding any additional questions that we weren't able to answer today. And again, we thank you for your participation.