

WIC and Head Start: Coordinating Across Programs to Provide Increased Access to Health and Nutrition Services for Young Children and Families

Sara Widor: Good afternoon, everyone, and welcome to this afternoon's webinar, WIC and Head Start, Coordinating Across Programs to Provide Increased Access to Health and Nutrition Services for Young Children and Families. My name is Sara Widor, and I am the director of the Supplemental Food Programs division at the Food and Nutrition Service, an agency within the U.S. Department of Agriculture that administers the Special Supplemental Nutrition Programs for Women, Infants and Children, also known as the WIC program.

I'd like to introduce Jameshyia Ballard, our presenter for today's webinar. Jameshyia is the vendor director with the Mississippi State Department of Health WIC program. During the course of this presenta – presentation, Jameshyia will highlight a formal partnership, an ongoing initiative between the WIC and Head Start programs in Mississippi to improve program coordination and service delivery for low-income children and their families. Many of you already – many of you may already be familiar with the WIC program and are currently partnering with your state and local WIC agency. During today's webinar, we encourage you to consider the partnerships you currently have and those that can be developed as the Mississippi Department of Public Health discusses specific areas of program collaboration that may be of use to enhancing participant-centered services across programs.

As a reminder, this webinar will be recorded and the presentation will be made available through your agency's primary platform of communication. We ask that any questions you may have during the course of this presentation be submitted through the question feature of GoTo Webinar. At the end of this presentation, the webinate – the webinar moderator will facilitate questions and answers with our guest speaker, Jameshyia. I will now turn this presentation over to Jameshyia.

Jameshyia Ballard: Good afternoon and thank you, Sara, for the introduction. Again, I am Jameshyia Ballard, the vendor director for the Mississippi State Department of Health WIC program. Thank you, all, for attending this webinar and allowing me the opportunity to share details about Mississippi WIC's partnership with Head Start in Mississippi.

Again, the title of my presentation is WIC and Head Start, Coordinating Across Programs to Provide Increased Access to Health and Nutrition Services for Young Children and Their Families. During this presentation, I will discuss the purpose, background, objectives, provide an overview of the initiative, discuss procedures and provide a status update on the activities of this initiative. This project was funded by USDA Food and Nutrition Services as a Fiscal Year 2016 WIC Special Project Grant. A WIC Special Project Grant allows WIC programs to write proposals to receive special funding to perform evidence-based projects in order to improve specific aspects of the WIC program.

This project is funded by a three-year grant, beginning September 30, 2016, with plans to end September 30, 2019. The purpose of this project is to establish partnerships with Head Start agencies across Mississippi in order to improve enrollment, participation, and retention of WIC eligible children. Due to the nature of this grant, data and analytics will not be shared until the project is complete. The functional title that we use in day-to-day operations and for all of our marketing material is WIC and Head Start, "The Easy Choice."

Here at MSDH WIC, we worked with our internal office of communications to develop a title that would be appealing to the Head Start and WIC audiences and would be easy for them to remember and recognize. The logo displayed here is located on education materials, posters, and yard signs that are located at all Head Start centers that are a part of this initiative. We chose the motto the easy choice because at the core of this initiative, we want to break down barriers of WIC participation. We want WIC

and Head Start participants to see the partnership as an easy way of combining services that they need or already have. It should be easy to add WIC to the Head Start services they are already receiving.

To give you an idea of the size of the Mississippi WIC program, we consist of nine state-operated local agencies and 12 independently-owned local agencies. We have an average participation of about 84,000 participants monthly, with about 39,000 of those being children. The chart on the right provides some details regarding the breakdown of Mississippi WIC participants, which consist of about 29,000 women, about 24,000 infants and about 39,000 children. The idea to partner with Head Start came about after noticing a steady decline in child enrollment and participation. The Mississippi WIC program did focus groups and surveys of current and previous participants and staff to determine the reason for this decline.

Research shows that for Mississippi WIC, child participation numbers decreased due to family time constraints, lack of transportation, inability to access services outside of normal clinic hours, long wait times at clinics, belief that the food package benefit was not worth the time spent certifying, and staff turnover. To combat several of these perceived barriers, we wanted to partner with an organization serving a similar population and meet participants at a location they already frequented. Head Start was an ideal choice for a partnership because they aim to promote school readiness for children and low-income families by offering education, nutrition, health, and social services here in Mississippi. The similarities between eligibility for Head Start and WIC include families must be residents in Mississippi, the child must be 3 years old by eligibility date, and the family usually has to meet federal income guidelines.

Head Starts are also mandated to provide nutrition and physical activity, and education as part of their regular curriculum. In short, WIC and Head Start both aim to serve the same population of low-income Mississippians. We are both organizations designed to assist low-income residents with improving their quality of life. Head Start centers presented the ideal opportunity for a collaboration with WIC. There was a large population of Head Start children who may or may not be receiving WIC services. At the beginning of this initiative, Mississippi had 19 Head Start agencies, 309 Head Start centers, and about 20,873 Head Start children. For those not receiving WIC, we had the opportunity to add a service to help meet their need. And for those receiving WIC, we had an opportunity to make the process easier and reduce barriers such as travel and time spent certifying for WIC services. Moving on to the objectives of this initiative.

Our first objective was to design a sustainable and transferrable project between Mississippi WIC and Mississippi Head Start agencies. This was done by establishing the Memorandum of Understanding, or MOU, with at least one Head Start program in 100 percent of areas determined by the needs assessment, providing WIC services at 80 percent of the Head Start agencies at which a Memorandum of Understanding was established, establishing and refining procedures for the provision of WIC services in the Head Start environment, and ensuring 85 percent of Head Start centers receiving WIC services were compliant with WIC state and federal policies and procedures.

Our second objective is to increase enrollment and participation of children in the Mississippi WIC program. We plan to do this by enrolling a minimum of 1,500 Head Start children annually, increasing enrollment by 5 percent, increasing participation by 5 percent, and increasing child retention by 2 percent. It is important to note that in the WIC, enrollment and participation are different. When I speak about enrollment, I'm referring to the number of participants who have completed the application and eligibility process and are in active status on the program. Participation, however, measures the number of participants who have actually received a food instrument. So participation is the number of people who were given a WIC food check or voucher. This means that we can have individuals who are enrolled that are not participating on the program. For the purposes of this initiative, we measure retention as

the number of months participants received benefits divided by the number of months participants were eligible to receive benefits. In order for you all to understand this initiative, it's important to understand what the day-to-day operations look like while WIC is partnering with Head Start. This initiative was broken down into two phases. Phase one was a pilot phase, and phase two is the implementation phase. In phase one, we performed a needs assessment to determine which two public health districts had the greatest demand for increased child enrollment and participation and had the potential to yield the greatest results.

Then we created procedures and started providing WIC services in Head Start. The evaluation of phase one is currently complete. For phase one, we were able to update procedures and update important forms such as the MOU and the data collection form. And we will discuss these forms in greater detail later in this presentation. In phase two, we have expanded the initiative statewide. The opportunity to provide WIC services in Head Start agencies has been offered to the remaining seven state-operated local agencies and the 12 independent local agencies. By the end of this initiative, we plan to evaluate and sustain the initiative. The first step in this project is to obtain a Memorandum of Understanding with the Head Start agency.

The Head Start agency, or grantee, is the overarching agency in which the centers reside. We do this by contacting the executive director directly to explain the initiative and to get an MOU signed. Once the MOU is signed and returned by the Head Start agency, the Mississippi WIC program routes it through our internal processes. Once the MOU is signed by MSDH, the Head Start is notified that the MOU is active. Once the MOU is active, a clinic can be established in our management information system SPIRIT. This helps us to track where services are provided by a Head Start clinic. The supervising nutritionist provides WIC State Office with information like the name and address of the Head Start center for each site. WIC State Office reviews records to ensure MOU is in place and there is no other local agency providing services at that site.

Before visiting a classroom, for each Head Start center, a meeting is scheduled with the center director, family service workers, and teachers. At this time, a primary contact is identified. The certifiers then have the opportunity to learn the classroom set up and daily schedules, find out what days and times each week or month they should visit the center, and find out the parent-teacher organization meeting schedule. Procedures for this initiative differ depending on when the initiative starts – determines how the initial data collection forms will be completed. The data collection form includes the parent or guardian's consent for the Head Start to share information with WIC, or WIC to share information with Head Start, and for WIC to provide services. When starting at the beginning of the school year, the certifier plans to attend parent orientation. At this time, they speak with parents directly and ask that they – and ask that that they complete the data collection form.

In an ideal situation, the certifier will also provide the centers with copies of the data collection form to be added to the parents intake paperwork. The MOU requests that Head Starts assist with getting the data collection form signed and returned. WIC does not want to add any burden to the Head Starts. So we always try to become a part of the processes and procedures that are already in place. When starting in the middle of the school year, a letter and the data collection form is sent home with each child, usually in the homework folder. This is the normal method by which Head Starts communicate with parents. The parent may complete the data collection form and send it back to the school by the child. The teacher or family service worker gives the data collection form to the certifier at his or her next visit. Once a signed data collection form is received by the certifier, they follow up with the family service worker to ensure all information is complete and accurate.

Other methods of retrieving data collection forms are attending parent teacher organization meetings and being present at the Head Start center during pick up and drop offs, for parents who bring their

children to school. The WIC certifier schedules specific days each week or month to be present at the Head Start center to provide WIC services. We have some sites where certifiers go as many as three times a week and some where certifiers go only about once every other week. Services include, but are not limited to, WIC certification, mid-certification, check issuance, classroom presentation, and individual counseling with the parent of a child at high nutrition risk. WIC certifying staff, which includes registered dietitians, nutrition educators, and nurses, work with Head Start centers to obtain measurements for the WIC screening process. Measurements normally include height, weight, and hemoglobin. Measurements on file with Head Start must be no more than 60 days old to be used by WIC. Measurements taken by WIC must be completed in the presence of Head Start staff.

At each visit, the WIC certifier takes a laptop, printer, signature pad, hemocue machine, cuvettes, lancets, WIC ID cards, WIC folders, manual signature forms, Welcome to WIC brochures, and a variety of nutrition education materials. The nutrition education materials used are the same as those used in the WIC clinic. The Head Start center also provides wireless internet access if it is available at that site. Upon completion of the certification in SPIRIT, the certifier prints the WIC certification notice and food instruments. An electronic or manual signature is received from the teacher or a family service worker. WIC certification notice, food instruments, WIC ID card, Welcome to WIC brochure, and nutrition education materials are placed in the Head Start folder and sent home to parents.

During regular visits, the WIC certifier should observe nutrition education, speak with family service workers regarding any concerns, and provide requested nutrition education. Nutrition education is provided directly to the WIC participant who, in this case, is the child. However, if the Head Start would like for the WIC certifier to provide in-depth information to Head Start families with specific diagnoses such as overweight or obesity, a WIC registered dietitian will provide this individualized service. Two very important forms created for this initiative were the Memorandum of Understanding and the data collection form. The Memorandum of Understanding was developed by WIC's State Office.

The WIC team drafted an MOU that covered the assumed responsibilities of Head Start and WIC. Our WIC director spoke at a state Head Start conference to provide information about the initiative to Head Start directors. The directors were excited and looking forward to this partnership. Our original agreement was for a one-year period because we were not sure if a longer agreement would be readily received and we wanted to ensure we revisited the MOU to make sure that it met the needs of WIC and Head Start. Once the original MOU expired, WIC updated the MOU to include two years. During the pilot evaluation, we spoke with Head Start center staff who were involved with the initiative and discovered there were data sharing concerns with the MOU. The MOU allowed WIC to collect information from Head Start, but did not allow Head Start to collect information from WIC. In practice, this meant that if WIC had a height, weight, or hemoglobin on file, that the Head Start needed, we could not share it. For these reasons, we revised our MOU to include a data-sharing agreement that was beneficial for both parties and extended the agreement to two – to three years. Once the agreement was revised, we went to the Mississippi Head Start Association meeting to discuss the MOU with Head Start directors who were present. We were able to get several Head Start agencies to sign the MOU as a result. We also worked with Georgia WIC program to develop verbiage for the data-sharing agreement, as their agency already had a data sharing agreement in place as part of their Head Start collaboration efforts.

Some best practices I would like to share for WIC programs interested in partnering with Head Start is reach out to the state Head Start Association. In Mississippi, membership is optional for Head Start agencies, but they still have connections with all the Head Start agencies statewide. I went to an Association meeting to speak and was able to thoroughly explain the MOU and got many signatures that day. I also got calls from agencies who were not present. Also, call Head Start directors. If they are busy,

call the health services coordinators, and social services coordinators. If they believe in the project, they have no problem getting their executive director's signature for you. I also advise speaking at state Head Start conferences. This opens up doors, raises interest, and provides opportunity for dialogue. The MOU outlines the purpose of the agreement, specific responsibilities for each program, confidentiality and security, effective date, terms for termination and renewal, and other important information.

This slide contains a brief overview of the responsibilities outlined in the agreement. WIC agrees to share specific applicant and participant data, assign a representative to serve on each county Head Start program's health services quarterly advisory committee, provide nutrition education in classrooms or at parent teacher meetings as requested, invite Head Start staff to participate in any local WIC program-sponsored nutrition education training pertinent to the delivery of nutrition services at the Head Start center, and assist with the completion of WIC data collection forms for parents with children seeking enrollment in Head Start. Head Start agrees to share specific applicant and participant data, share important dates such as enrollment, school closures and et cetera, provide WIC with a copy of the names of children who are enrolled in the Head Start programs for the upcoming school year, require parents to read and complete a WIC data collection form, and provide access to wireless internet, where available. Both programs agree to exchange information about program procedures and standards for providing nutrition services to eligible participants, share education materials such as pamphlets, videos, nutrition lesson plans, food models and posters to use in educational settings for clients, and reduce program costs by collaborating on selected education materials and professional development training opportunities for the staff of both agencies.

The data collection form we use consists of demographic and nutrition information needed for our management information system. It allows the parent to sign, giving consent for the child to be screened for WIC, provides the applicant's rights and responsibilities, asks about voter registration, and provide important information each participant needs to know. We went through several iterations of this form to make sure it was easily understood, including asking current WIC participants about the questions being asked. The status of the project will now be discussed. So far, we have completed the pilot phase, which included a needs assessment to identify pilot areas and an evaluation that allowed us to finalize procedures. We currently have MOUs in place with 12 of the 16 Head Start agencies we are seeking MOUs with in Mississippi. WIC services are being provided in over 50 Head Start centers statewide and evaluation activities are underway. This initiative is showing some positive results as it relates to child enrollment, participation, and retention. I will not be sharing any evaluation results because we are still in the process of evaluating this implementation phase of this initiative.

Some lessons learned about the overall project includes: staffing is very important; staff must be independent, self-motivating and reliable; they have the ability to make or break the partnership. The Head Start school year for the majority of centers is August to May. This requires planning for the off months. Rates will be affected for participants who require renewal during the off months. So in our initiative, we plan accordingly, and we always make sure to give our parents information about where they can go to another WIC clinic, if a Head Start clinic is not open during the summer months. Identify the gatekeeper for each Head Start center early. The gatekeeper is simply the individual who can help you to navigate the processes and procedures at each Head Start center. We always speak with the center director first, but the center director is not always the point of contact. But he or she will refer you to the correct person who will assist with the initiative. Often, the person with in-depth information about the way the center works, and the children and the families served, is a teacher or family service worker.

Finally, the MOU should include a data sharing agreement. This was not at all an issue with Head Start. We just needed to ask. This concludes my presentation and we will now be fielding questions.

Thank you, guys, for listening.

Sara: Thank you, Jameyshia. We will now move into our question and answer portion of this webinar. So, if any of you do have questions, please submit them through the question feature of GoTo Webinar. I do just want to remind everyone that this webinar is being recorded and will be disseminated through your agency's primary form for communication. One of the first questions we received was a question about what the term "food instrument" means. And that's a term that we use in WIC to describe the method through which benefits are redeemed. For example, a voucher, a check, or an electronic benefits card. Jameyshia, a question came in about whether, during the course of this collaboration or project, do you ever meet with parents. Is there any parent engagement?

Jameyshia: Oftentimes, we are not meeting directly with parents. However, we do provide our nutrition education and resource directly to the participant, which is the child. So most of the times, if we're communicating with the parent, it's because of – we've done, kind of, a parent-teacher organization meeting, or we're at parent orientation. But as far as regular nutrition education, and also getting the initial information collected, a meeting face-to-face with a parent is not required.

Sara: Thank you. And can you clarify: Does Mississippi WIC use an electronic benefits card or are you using vouchers or checks?

Jameyshia: Mississippi WIC is currently using paper food instruments So we are using paper checks. And it's also important to note that we also have direct distribution food delivery system, which means that where participants redeem their paper checks is owned and operated by the state of Mississippi.

Sara: And then another question about the Memorandum of Understanding. Is that signed at the state level or a local level? Can you kind of describe that, and also perhaps include a reference to the structure on both the WIC and Head Start side, and who signs?

Jameyshia: The Head Start side, the Head Start director signs. Oftentimes, we make contact with center directors or other Head Start staff, but the actual Memorandum of Understanding, the agreement has to be signed with the Head Start director over that particular agency. And on the WIC side, it is also signed through our health officer for the Mississippi State Department of Health. So, our WIC director signs it and it's also signed at the Mississippi State Department of Health level. So, it's at the state agency level and above.

Sara: Jameyshia, can you talk a little bit more about data sharing? Is the data sharing occurring between WIC and Head Start, or do you talk to parent advocates at all on the Head Start side?

Jameyshia: As far as data sharing, that is done between the actual WIC certifier and usually the family service worker, or the teacher. And if there are any issues or further questions or concerns, we do move forward and talk with the parent, especially if the child is at a high nutrition risk.

Sara: Another question was asked about a reference to equipment needed at these sites. Can you kind of go into some detail about what and whether WIC brings their own equipment to the Head Start center, or if that's provided?

Jameyshia: Well, the way that we have our initiative set up, we have one certifier going to multiple Head Start sites. So our certifiers go with all of the equipment needed. They have a laptop, they have a portable printer, they have signature pads, they take all of the forms needed. However, there are Head Start sites who are willing to give – to provide available space. Because whenever they go, they have an assigned area that WIC is set up to do the services that they need to do and oftentimes, Head Start would be willing to provide you a computer. But our issue was, our management information system wouldn't be on their device, so we take our own laptops, because we have our management

information system on our laptops. So, the information could be directly entered into our system at the time of the certification or enrollment.

Sara: Thank you. And can you explain how you're doing nutrition education or clarify whether the nutrition education is being presented to the child, or the child and the parent?

Jameshyia: We provide the nutrition education directly to the child. Federal regulations with – state that you can provide the nutrition education directly to the participant. And in this case, the participant is the child. And that's done several ways. The WIC certifier's often present at the Head Start center during the nutrition education that's provided at the Head Start. They provide some of that nutrition education directly to all of the Head Start participants, whether they receive WIC or not, and we also send information home. But the information that's sent home is not what we are capturing as the nutrition education. It's the nutrition education provided directly to the child.

Sara: Thank you. And can you go into a little more detail about the number of staff that are being used under this collaboration effort at the various locations? Is it one? Is it a few?

Jameshyia: Well, we currently – Well, in the pilot phase, we had – We – we're divided into pretty much, public health. We were divided into public health districts. So, for each of the districts, which consists of about, maybe, nine to 10 counties, there was one staff member for those nine counties. So, in most of our areas, we have either one full-time staff who's doing all of Head Start, or we have WIC certifiers who partially provide Head Starts – who provide WIC services at Head Start and in the clinic. So, I would – I would estimate that there are about nine to 10 counties per one full-time equivalent.

Sara: And another question about the number of Head Start programs, but you might have mentioned that there were only 11 or 16 data sharing agreements. Is that correct? And if so, how are you accomplishing data sharing at all sites?

Jameshyia: Data sharing is done at the certifier level. So, when we speak about data sharing, we're talking about the information that is collected through the data collection form. On the data collection form, we – we collect a lot of information about the nutrition assessment, height, weight, hemoglobin, those type of things. So, the data that we most frequently share is information about their nutrition status. And also, measurement.

Sara: Thank you. And I believe you mentioned this before. But are vouchers being sent home with the children, or are they required to be picked up by the parent when the child is picked up at the centers?

Jameshyia: They are sent home by the child. And the Head Start certifier reviews the redemption to make sure that they're being used, and if they run into a situation where the voucher is not being used, they contact the parent directly to make sure that they receive them.

Sara: Thank you. We have a lot of questions coming in, so we're just trying to field them. [Silence]

Sara: Jameshyia, did you at any time consider Early Head Start in your partnership at all, or is that something you're looking into in the future?

Jameshyia: We are consider – we are looking into Early Head Start due to the demand. We have been asked, especially for those sites that have Early and regular Head Start. However, we would have to – we're navigating that on our end at this time, because for instance, that would include infants. And this particular initiative is only for children. So, if we went into a situation where there's an Early Head Start that would like to receive WIC services, we would only be allowed to enroll the children. So, the infants would not be eligible to receive WIC services through Head Start. So, there are several – maybe four of five Head Start centers that are Early Head Start because they expressed interest, and they were on the

same site as the regular Head Start. But we are looking into those procedures now. So, once this initiative ends, that might be something that we decide, to expand to include infants, if we're able to.

Sara: And Jameshyia, do you work with Head Start at all in offering nutrition education, ensuring that those efforts aren't duplicated, or partnering in that endeavor?

Jameshyia: Yes, we partner with individual sites. Several of our certifiers go out and provide nutrition education on site and we share resources. So, if we have nutrition education material and they're in need of it, we will – share resources that way. And we're also allowed – they're invited to come to any kind of nutrition education trainings that we have. So, if they have teachers, or family service workers, or other staff who would be interested in the nutrition training that we provide for our staff, they're allowed to take – to partake in our training.

Sara: Okay, thank you so much to all of those who submitted questions for this webinar. And Jameshyia, again, for this presentation and answering those questions. I just want to remind everyone, again, that this webinar will be recorded and will be disseminated through your agency's official channel of communication.

Thank you.