



BEYOND OUTREACH:

# STRENGTHENING LINKAGES BETWEEN CALIFORNIA'S WIC AND CHILD CARE SERVICES

WIC and Child Care programs often serve the same population, with similar goals: to protect and promote better health and social outcomes for the nation's youngest and most vulnerable children. Largely working in separate silos, they are already effective in helping kids thrive. If they worked in a more coordinated, collaborative service system,

WIC and Child Care could have even greater impact, while maximizing scarce public resources. This paper describes how collaborations between WIC and child care providers could be realized in more local and regional systems, gives examples of pilot projects, and makes recommendations for continued improvements that will better serve our children's future success.

Produced by the California WIC Association, 2018

# CALIFORNIA WIC AND CHILD CARE SYSTEMS OVERVIEW

Despite similar programmatic goals, the focus and service design of these family-oriented programs are quite different, as illustrated in the program summaries below.



## WIC:

The Special Supplemental Nutrition Program for Women, Infants and Children, administered federally by USDA and in California by the Department of Public Health (CDPH), provides nutritious foods to supplement the diets of low-income pregnant and post-partum women, infant and children up to age 5 who are at nutritional risk. Along with monthly food benefits, WIC provides screening and nutrition education and breastfeeding support, and referrals to health and other social services. In Fiscal Year 2017, WIC served 7.3 million low-income, nutritionally at-risk participants with a \$5.6 billion dollar budget.<sup>1</sup>

In California, the nation's largest WIC program, 83 local agencies serve about 1.1 million participants at 500 local centers.<sup>2</sup> WIC foods are purchased with WIC Checks (soon to be a WIC EBT card). The WIC food list was revised in 2009 to include fresh fruits and vegetables, soy-based items, yogurt, whole grains, and less cheese and juice.

## CACFP:

The Child and Adult Care Food Program is federally administered by USDA, and at the state level by the California Department of Education (CDE). CDE partners with local sponsors (qualified, local nonprofit organizations or public entities) to directly oversee CACFP in family child care homes and childcare centers. Family child care homes can only access the

benefits of CACFP by enrolling in the program through a sponsor. On a typical day, the California program feeds about 220,000 children lunch in day care centers or homes, and these same programs also serve millions of breakfasts, snacks and evening meals every year.<sup>3</sup> These meals must follow a component-based Meal Pattern, which was recently (2018) revised by USDA to include more fresh fruits and vegetables, whole grains and low-fat dairy items.<sup>4</sup>



## HEAD START:

Comprehensive child care services are administered by Region IX of the US Department of Health and Human Services (DHHS), which funds California programs at about \$1 billion per year, supporting services to approximately 100,000 children. California's Head Start programs are administered through a system of 185 grantees and 88 delegate agencies, assisted by the California Head Start State Collaboration Office of CDE.<sup>5</sup> The majority of these agencies also have contracts with the California Department of Education (CDE) for general child care and/or State Preschool programs, often located at the same site. Head Start's "whole child" model provides comprehensive services beyond quality preschool education, including medical, dental and nutritional screenings and referrals, and parental involvement and support. NOTE: Head Start meals are reimbursed and regulated as part of CACFP.<sup>6</sup>

## SUBSIDIZED CHILD CARE:

Publicly-funded child care and development services in California are supported with more than \$2 billion, in a mix of state and federal funds flowing through a highly complex, patchwork system. CDE-administered California State Preschool programs serve about 136,000 children yearly, while the California Department of Social Services (DSS), with Temporary Assistance for Needy Family (TANF) funds, reimburses around 83,000 child care placements in a variety of home and center settings. Unless a child care provider is using the CACFP program, the food and nutrition environments in California child care settings are not heavily regulated and the few rules are not regularly enforced.<sup>7</sup>

## NEW EFFORTS TO LINK WIC AND CHILD CARE SYSTEMS

On the neighborhood level, basic collaboration between direct service providers of WIC and child care has been a long-standing practice among California WIC local agencies. As part of ongoing outreach, which is a federal requirement<sup>8</sup>, these programs routinely communicate with local Head Start and child care providers and their families, informing them about WIC program services, leaving flyers, signage, referral forms and other WIC outreach materials in child care sites and community locations. Child care providers, in turn, encourage their potentially eligible families to access WIC and other nutrition benefits such as CalFresh (SNAP, or food stamps). Many local WIC and Head Start agencies have Memorandums of Understanding (MOUs) in place that detail their commitments to share information and work together.<sup>9</sup>

Beyond this basic information and referral function, broader systems coordination of WIC and child care systems is not a new idea. In 1994, WIC and Head

Start at the national level signed a Memorandum of Understanding (MOU) to work together to improve cross-referrals not only to each other's programs but to the health care system, particularly preventive services such as immunizations and screenings for anemia and other preventable conditions. Joint work on nutrition education materials resulted in shared efforts on common messaging to young families about healthy eating and breastfeeding.<sup>10</sup>

In December 2017, a renewed and revitalized partnership at the federal level was announced -- with some new players involved. A new federal-level MOU includes WIC and CACFP at USDA (Food and Nutrition Service), and Head Start and the Child Care and Development Fund at DHHS (Administration for Children and Families).<sup>11</sup> The MOU encourages state and local administrations of these programs to form partnerships seeking new ways to work together in three key areas, outlined briefly below.<sup>12</sup>





### COORDINATED OUTREACH AND REFERRALS

- Get to know each other's programs in more depth, and build on common/overlapping linkages to increase community utilization of all systems, not just your own.
- Share common or joint outreach messages on websites, social media broadcasts, as well as paper flyers or brochures.
- Set up formal MOUs and other mechanisms to enable routine cross-referrals and, with careful planning, to share participant health screening information and program data to target services and prevent duplication of effort.
- Coordinate improvements in health access with joint case management projects for families using multiple systems, even up to joint application and enrollment forms.

### COOPERATIVE NUTRITION SERVICES AND EDUCATION EFFORTS

- Share materials and best practices in nutrition and health education for young parents and their infants and pre-schoolers, particularly for unique populations (new immigrant groups, migrants, Native Americans, etc.)
- Create and disseminate common-messaging social marketing campaigns promoting and supporting healthy habits to jointly-served populations.

### JOINT STAFF TRAINING AND VOLUNTEER UTILIZATION

- Attend joint local early childhood meetings, technical educational meetings and training conferences.
- Plan joint trainings of frontline staff around common issues, such as breastfeeding and early years' nutrition, prenatal and mental health, immunizations, and preventive self-care.
- Share volunteer recruitment, training and management protocols and deployment.

## BEST PRACTICE BASICS

Sharing nutrition education messages and materials between WIC and child care programs is a widespread practice in California. Because WIC is more adequately funded to prepare high-quality materials on a wide variety of health topics, many Head Start and CACFP-supported providers use WIC pamphlets and flyers for their parents, and take advantage of WIC training opportunities such as the California WIC Association Annual Conference. For their part WIC state and local staff attend Head Start and CACFP conferences and trade shows. At local health fairs and early childhood events, community members will often see both WIC and Head Start represented in neighboring booths.

Beyond the basics, deeper collaboration takes time and money. First 5, the state and county-based early child support and advocacy network funded with tobacco tax money (Prop 10), has made it possible for WIC and child care providers to collaborate at the county or systems level.<sup>13</sup> First 5 holds frequent early childhood stakeholder meetings and local commissions fund special collaborative projects. Most California WIC programs have participated in or led First 5-funded projects. They have worked with child care agencies to tackle many aspects of early child health: dental care, developmental and mental health screening, joint data collection, breastfeeding, obesity, physical activity and improving child care nutrition environments.<sup>14</sup>

Although it is not a common strategy for WIC and child care services to share locations, given the differences between WIC's high-volume clinical operations, serving hundreds of different individuals with brief clinical encounters on a daily basis and center-based child care services that provide day-long intensive services in a classroom setting, WIC staff do visit Head Start programs to provide nutrition education or food demonstrations and can use portable devices to enroll families in WIC.

With the advent of laptops and wireless technology, it has become easier for WIC to enroll new participants virtually. As WIC transitions from paper checks to Electronic Benefits Transfer (EBT) cards for delivery of food benefits, it has become even easier to serve participants in temporary locations: EBT cards can be re-loaded online instead of cumbersome check-printing. WIC and child care agencies are therefore experimenting with "co-located services" - WIC visiting a Head Start program a few times per month to

enroll or recertify participants, and provide nutrition education classes to parents and kids.

Since the federal MOU was announced, WIC programs across the country have used USDA Special Project grant funds to experiment with closer links to Head Start, in particular. Some of these projects are described below.

## CONNECTICUT: CHANGING ORGANIZATIONAL CULTURES<sup>15</sup>

Using USDA Special Project funds, the CT WIC and Head Start programs worked on improving communications between their programs and tested local collaborations designed to increase co-enrollments, improve nutrition and health care referrals for "at-risk" families, and actually coordinate service delivery. An initial State MOU between the two programs was key to early progress. They strengthened the cross-referral systems and cleared up some WIC enrollment misunderstandings by improving messaging about WIC rules to Head Start staff and families. Several local CT Head Start programs are now hosting WIC staff on site for periodic enrollments and nutrition services and sharing nutrition/health screening data for more efficient referrals for at-risk families. As a result of these concerted and strategic efforts, current enrollment and retention of Head Start-enrolled moms and kids in WIC improved across several months of tracking, which had never been collected before.

## OKLAHOMA: STREAMLINING CERTIFICATIONS<sup>16</sup>

Oklahoma WIC wanted to improve retention of older children in the program and made policy and operations changes. During WIC certification a questionnaire identifies a participant's interest in Head Start. The participant is provided health data, collected during the certification appointment, (height, weight, hemoglobin), to provide to Head Start. A new state policy allows local agencies to use "Certification of Head Start Participation" forms as a proof of income, thus streamlining enrollment steps for dually enrolled families. The new policy was tested locally and it is working well and will expand statewide. The Oklahoma collaborators are now exploring ways to share health/nutrition screening information collected by both programs to save valuable time in Head Start, and reduce paperwork duplication for busy families.



## OREGON: START AT THE TOP FOR CLOSER LOCAL LINKS<sup>17</sup>

Identifying liaison staff in both programs has been critical to building a strong collaboration. Oregon WIC tackled the “separate silos” problem head on, by embedding a Head Start staff expert inside the State WIC program. Daily contact and ongoing strategic sharing and planning have resulted in an easily-adapted and highly specific toolkit for local WIC-Head Start collaboration, including several sample interagency MOUs and suggestions for how to share data and lower barriers for referrals between programs. For example, both programs provide nutrition education and

require periodic anthropometric measurements and hemoglobin testing. The MOUs enable WIC to provide the most current anthropometric measurements and hemoglobin screening results to Head Start using standard forms. In return, WIC participants can use attendance at an approved Head Start nutrition education class during their current WIC certification period to satisfy one of their nutrition education requirements for WIC. By encouraging, spelling out and simplifying local WIC-Head Start collaborations, the Toolkit has increased their utilization across the state.

## “BEYOND OUTREACH” CHECKLIST: STRENGTHENING WIC - HEAD START COLLABORATIONS

Many of California’s 83 local WIC Agencies have established MOUs with their local Head Start providers to facilitate caseload outreach by sharing information and referring families to each other’s programs. These agreements could be

strengthened by adopting new strategies from other states described in this report. Local WIC and Head Start directors can go beyond outreach by tackling some of the activities listed below.

- Conduct WIC certifications at a Head Start center, or at a minimum, have WIC staff do outreach and schedule future appointments on-site.
- Make a plan to coordinate care for shared high-risk families served by both programs. Head Start family advocates can help with follow-up and continuity of care at home visits.
- Propose that Head Start parent training - focusing on feeding or nutrition -- be used as a second WIC nutrition education contact, and work out the documentation issues.
- WIC can share the most recent weights/ heights and hemoglobin with Head Start to save screening time - with participant’s permission, of course.
- Request that Head Start teachers and family advocates remind/encourage families to attend WIC appointments.
- Agree on shared nutrition education messages for the school year, and share media and materials that reinforce the messages.
- Participate in county and regional early childhood health and advocacy meetings, such as First 5, Head Start Advisory Committees, and WIC regional meetings.
- Plan joint staff training opportunities such as Civil Rights, CPR and First Aid, nutrition and feeding relationship, breastfeeding, etc.
- Plan joint staff wellness collaborations and possible competitions.
- Provide in-depth breastfeeding training and support to Head Start and Early Head Start staff.
- Track and follow up on bi-directional referrals between WIC and Head Start to better ensure access to benefits. Tracking this information consistently can benefit both programs by closing that referral loop

## POLICY RECOMMENDATIONS

1. The California Department of Public Health WIC Supplemental Nutrition Division (CDPH WIC) should establish a Memorandum of Understanding (MOU) with the California Department of Education Head Start Collaboration Office that details a set of activities designed to strengthen communication and collaboration across these two programs at the state level.
2. CDPH WIC should leverage the rollout of California's new MIS and EBT systems (eWIC) by enabling the use of proof of Head Start enrollment as (adjunctive) income eligibility verification for WIC, as practiced in Oklahoma.
3. Improved program linkages between local WIC agencies and Head Start programs should be included in the statewide Horizontal Integration workgroup goals.
4. CDPH WIC should support all California Local WIC Agencies to have, at a minimum, active MOUs with their partner Head Start and Child Care Resource and Referral agencies in the communities they serve, which enable basic program information-sharing and regular participant referrals between programs.
5. CDPH WIC should support all California WIC Agencies to revisit and strengthen their existing "outreach" MOUs with local Head Start, Early Head Start, and Home Visiting Programs, with additional activities designed to streamline enrollments, simplify nutrition education contacts, and share health risk data. The "Checklist" in this report lists ideas that should be considered.



## NOTES

<sup>1</sup> USDA ERS, *WIC Basics*, available at <https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/>.

<sup>2</sup> California Department of Public Health WIC Division, *May Revision Estimate, FY 2017-2018*, available at <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/AboutWIC/CDPHWICDivision/FY2017-18WICMayRevisionEstimateFinal.pdf>.

<sup>3</sup> California Food Policy Advocates, *Early Access to Healthy Food: Trends in California's Child and Adult Care Food Program 2010 to 2016*, available at <https://cfpa.net/new-report-child-care-cuts-hurt-childrens-access-to-healthy-foods/#more-5582>

<sup>4</sup> USDA FNS, *Updated CACFP Meal Patterns Guidance*, available at <https://fns-prod.azureedge.net/guidance-fy19-updated-cacfp-meal-patterns-and-updated-nsfp-and-sbp-infant-and-preschool-meal>

<sup>5</sup> California Department of Education Head Start Collaboration Office, available at <https://www.cde.ca.gov/sp/cd/re/chssco.asp>

<sup>6</sup> US Department of Health and Human Services, *About Head Start*, available at <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>

<sup>7</sup> Learning Policy Institute, *Understanding California's Early Care and Education System*, 2017, available at [https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding\\_CA\\_Early\\_Care\\_Education\\_System\\_BRIEF.pdf](https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding_CA_Early_Care_Education_System_BRIEF.pdf); and California Food Policy Advocates, *Better Together*, 2017, available at [https://cfpa.net/ChildNutrition/ChildNutrition\\_CFPAPublications/CFPA-BetterTogether-2017.pdf](https://cfpa.net/ChildNutrition/ChildNutrition_CFPAPublications/CFPA-BetterTogether-2017.pdf)

<sup>8</sup> 7 CFR Section 246.7 (b).

<sup>9</sup> CDPH WIC Division, *WIC Policy and Program Manual, Outreach Requirements*, available at <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/LocalAgencies/WPPM/700-08OutreachActivitiesRequirements.pdf>

<sup>10</sup> 1994 WIC-Head Start Memorandum of Understanding, available at <https://fns-prod.azureedge.net/sites/default/files/wichdst.pdf>; and USDA FNS WIC, Summary of State Child Retention Strategies, available at <https://wicworks.fns.usda.gov/sites/default/files/uploads/ChildRetentionStrategiesReport.pdf>

<sup>11</sup> 2017 WIC-HHS Memorandum of Understanding, available at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/mou-ohs-acf-suppl-nutrition-safety-programs-usda.pdf>

<sup>12</sup> DHHS, *Coordinating Nutrition Services Across Programs*, 2018, presentation available at <https://eclkc.ohs.acf.hhs.gov/video/coordinating-nutrition-services-across-programs-partnerships-head-start-wic-ccdf-ccdbg>

<sup>13</sup> First 5 California website, <http://www.ccfc.ca.gov>

<sup>14</sup> For examples of First 5-WIC collaborations, see Public Health Foundation Enterprises WIC's Little by Little Project, available at <https://lbleaders.org/default.aspx>; and Furvers and Whaley, et al. *Literacy Promotion for Families Participating in the Women, Infants and Children Program*. Pediatrics published online Feb 14, 2011. DOI: 10.1542/peds.2009-3572. See also Riverside County WIC Nutrition Promotion in Child Care, available at <https://www.rivco-nutrition.org/Health-Promotion-Services/Nutrition-and-Physical-Activity-Self-Assessment-for-Child-Care-NAP-SACC>

<sup>15</sup> Connecticut WIC-Head Start Collaboration Project Slide Presentation, 2018, <https://s3.amazonaws.com/aws.upl/nwica.org/wic-hs-cross-collaboration-presentation-5-11-15-final.pdf> and <https://eclkc.ohs.acf.hhs.gov/video/wic-head-start-better-together>.

<sup>16</sup> Oklahoma WIC-Head Start Collaboration Slide Presentation, 2018, available at [https://s3.amazonaws.com/aws.upl/nwica.org/streamlining-wic-certification\\_nwa\\_final.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/streamlining-wic-certification_nwa_final.pdf) and <https://eclkc.ohs.acf.hhs.gov/video/wic-head-start-better-together>

<sup>17</sup> Oregon WIC-Headstart Collaboration Information, available at <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/headstart.aspx>



**CALIFORNIA WIC ASSOCIATION**  
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Funded by The David and Lucile Packard Foundation.  
For more information about the Foundation, visit [packard.org](http://packard.org).

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