

WIC/Head Start Survey Results

Out of 65 respondents:

1. In the last 12 months have you distributed outreach materials for the other agency? (Head Start or WIC)

- 7 (10.8%) said no
- 58 (89.2%) said yes

2. In the last 12 months, has your agency distributed an outreach item (brochure, flyer) that promotes both WIC and Head Start on an equal basis?

- 49 (75.4%) said no
- 10 (15.4%) said yes
- 6 (9.2%) did not answer the question

Please describe this promotional item:

- Not aware of any
- We distribute the WIC outreach brochure to families but we do not have a combined joint outreach brochure.
- Not sure what you mean by an equal basis?
- WIC fliers
- handout for WIC, flyer for head start
- Phone number
- Breastfeeding information, the fruits/veggies more matters campaign,
- MESD
- What is this question getting at???

3. In the past 12 months, has your agency participated in any joint Head Start - WIC health fairs or community events?

- 41 (63.1%) said no
- 20 (30.8%) said yes
- 4 (6.2%) did not answer the question

4. If you were involved in a joint event, what were your primary reasons for participating?

- 24 (36.9%) said "To recruit potentially eligible families"
- 11 (16.9%) said "To collect weight, height, and iron status values for both programs in a single event"
- 8 (12.3%) said "Other reasons":
 - Community benefit- there were more participants than just WIC and Head Start

- Every year when school starts we share information with Head Start. WT, Ht, Hgb, goals. We gather the information for them.
- information for our parents on WIC
- parent education
- support Head Start
- to promote healthy families with nutritional information and physical fitness
- To recruit potentially eligible families
- WIC uses our building to meet clients

5. Has your organization provided or received weight, height, and iron status values from the other agency in the past 12 months?

- 24 (36.9%) said no
- 38 (58.5%) said yes
- 3 (4.6%) did not answer

6. Has your agency worked together in any joint Head Start - WIC staff trainings and/or in-services in the past 12 months?

- 46 (70.8%) said no
- 14 (21.5%) said yes
- 5 (7.7%) did not answer

Topic of training:

- BMI
- WIC Director attended CLICC meeting to describe services
- WIC services available to HS Families
- Nutrition
- smoking cessation, Lead poisoning, strategic planning,
- educating parents about the benefits of WIC
- Motivational Interviewing, tobacco cessation
- recruitment, WIC eligibility
- Head Start Healthy Snack Training is accepted by WIC
- Iron
- Don't know

7. Have one or more of your staff members provided training to the staff of the other agency?

- 48 (73.8%) said no
- 13 (20%) said yes
- 4 (6.2%) did not answer

- 6 (9.2%) said that Head Start staff have conducted staff training or in-services for WIC staff (such as child development and parenting)
- 10 (15.4%) said that WIC staff have conducted staff training or in-services for Head Start staff (such as nutrition assessment procedures, ie. height, weight, and plotting on growth charts)
- Other responses:
 - WIC information referral process
 - This occurs because I work for both programs
 - OBESITY AWAREMENS
 - all of our trainings/staff mts/ are joint
 - Tobacco Cessation, Motivational Interviewing, Suicide Prevention, Wellness and Physical Development, Health Foods
 - recruitment process
 - eligibility
 - Let them know what WIC is all about

8. Do you have an agreement in place that allows nutrition education provided by Head Start to count as a WIC nutrition education contact?

- 40 (61.5%) said no
- 19 (29.2%) said yes
- 6 (9.2%) did not answer

9. In the last 12 months how many times were these educational activities offered?

- 3
- 4
- 10
- Don't know (6)
- 2 (2)
- at least nine and I believe more
- Every six months
- Monthly (2)
- Monthly except in the summer months
- N/A
- None
- One time
- Over one per month
- Parent Meeting trainings count for WIC

10. From the list below, please indicate which joint activities you have undertaken with the other agency in the last 12 months. (check all that apply)

- 7 (10.8%) said "WIC appointments have been conducted at Head Start sites"

- 21 (32.3%) said “We use a joint medical release of information for both WIC and Head Start”
- 6 (9.2%) said “We share equipment for taking heights, weights and iron status”
- 16 (24.6%) said “Both agencies receive services from the same nutritionist”
- 21 (32.3%) said “WIC staff have monitored or followed up on Head Start children identified as having special medical/dietary needs”
- Other:
 - Effort from OHSP has been made to collaborate with local WIC, but other than putting our HStart tear-away flyer in WIC offices, we are not able to get a collaboration going. Appears the only person we could collaborate with is the head of the WIC program and she is not available.
 - Head Start has consulted with WIC on food package offered and food package recommended and feeding relationships.
 - Head start sends us ROI's from parents and we give HS hts/wts/hgb and goals
 - Hgb results are shared from WIC to HS
 - Last year for the Head Start school year the WIC Nutritionist did the menu reviews for one Head Start kitchen. Head Start had someone else do the menu reviews for the other Head Start kitchens. This year WIC is not continuing to do menu review.
 - None, we have shared information with Head Start, but have received nothing in return.
 - nutrition classes
 - Obtaining Hgb. WIC staff serve on HSAC
 - Parties
 - We are working on getting WIC to use sites in communities where services are not being utilized. In one community that we serve the nutritionist is shared
 - We collaborative more with our Community Based Health Center (also part of Lane County) but would be very interested in doing more with WIC.
 - We refer all children to WIC and use their information for our nutrition assessment
 - We supply hgb on mutual clients with signed release
 - WIC provides Hct/Hgb results to Head Start
 - WIC provides HeadStart with ht/wt diet information
 - WIC serves on the Head Start HSAC, provides training and consultation for staff and regarding specific children when needed.
 - WIC supervisor attends Head Start Advisory Meeting whenever possible.

11. Please indicate which of the following collaborative efforts your agency has contributed to during the last 12 months.

- 6 (9.2%) said “Nutrition education is planned and implemented by one staff (or group) for both agencies”

- 13 (20%) said “We have collaborated to form a common voice on a public health issue or campaign focusing on key health concerns for the families we both serve”
- Other:
 - Just the shared medical nutritional information
 - we have invited WIC rep to HSAC for many years but get no response
 - We have a classroom at in the Vale center that we let the WIC office use free of charge.
 - WIC consultant is a member of the Head Start Advisory Committee Both agencies participate in the Douglas County Early Childhood Planning Coalition
 - WIC is a key player on our health services advisory committee and they share their topics list for training and any Head Start parent can attend not just a Head Start parent who receives WIC

12. Which of the following efforts has your agency made to join or share some administrative functions of your agencies?

- 6 (9.2%) said “Head Start has provided transportation to WIC appointments”
- 6 (9.2%) said “WIC and Head Start have shared facilities and co-located services”
- 3 (4.6%) said “We have planned and conducted staff training sessions to meet both WIC and Head Start staff development goals”
- 21 (32.3%) said “We have created an interagency agreement, memorandum of understanding, or contract between WIC and Head Start”
- 29 (44.6%) said “WIC participates in the Head Start Health Advisory Committee”
- 12 (18.5%) said “WIC and Head Start participate in Nutrition Services planning committees in their community”
- Other:
 - In past years we have taken hts and wts for head start. This year we have not done so.
 - Participation in the Head Start Health Advisory Committee has been in the past number of years. I do not know if Head Start currently considers that I continue on that committee.
 - We are a 2 county program- occasionally one county will send a representative to our HSAC but the other county never participates. She says she is too busy!
 - We are both under the same agency in our county
 - We MAY have a WIC professional on our Health Advisory Committee, but I am not certain so I did not check it.
 - we've tried to have WIC participate in HSAC to no avail
 - WIC and Head Start have participated in other community health collaborations, particularly around dental-- but it would be nice to do more.

13. Thinking about future Head Start and WIC collaborations, which of following areas do you see as most promising? (choose one)

- 23 (35.4%) said “Collaborative staff training efforts”
- 2 (3.1%) said “Cooperative efforts in joining program administrative tasks”
- 13 (20%) said “Joint recruitment and outreach efforts”
- 17 (26.2%) said “Provision of nutrition education opportunities for the other agency's clients”
- 10 (15.4%) did not answer the question

14. Which of the following most accurately describes the level of collaboration between Head Start and WIC in your service area?

- 8 (12.3%) said “Coordinating data collection, developing joint messages, and participating in joint health fairs”
- 2 (3.1%) said “Preparing joint materials and forms, conducting joint training, education, and meetings, and share facilities and equipment”
- 15 (23.1%) said “Responding to information requests and providing input on reports, trainings, and materials”
- 25 (38.5%) said “Sharing information informally over the phone or through e-mail”
- 15 (23.1%) did not answer the question

15. Please share with us anything that you perceive to be a barrier to strengthening the existing Head Start-WIC collaboration?

- As the WIC coordinator and Nutritionist, I do not have time to take on another task of Head Start collaboration.
- Barriers - not having enough time, staff not being informed
- Budgetary issues for local WIC program has greatly decreased services that were offered for a reasonable price, ie. nutritional consultation. There is some resistance in sharing of information by local WIC. We would love to have co-location of Head Start with several agencies: WIC, DHS, EI/ECSC, CCR&R, and mental health and Oregon Health Plan outreach. Funding seems to always be the issue, co-mingling of monies is a hard concept for some agencies to grasp.
- Collaborative partnerships between WIC and Head Start should be strengthened in order to better serve families as well as reduce duplicative services.
- Continued Public Health funding in our county
- Coordinating joint administrative meetings is a huge challenge, primarily because of the fact that WIC staff clearly seem to be overwhelmed with the huge size of their caseload in Lane County.
- Head Start has 45 and 90 day deadlines that don't always coordinate with when the client needs to be seen for WIC appointments, coordination information sharing so that there is not too much of a burden for either program, risk levels identified by each program may vary. The use of the WIC Dietitian to provide nutrition services for shared clients requires the establishment of comparable risk

categories for both programs. (I work in WIC and Head Start and would be open to sharing both perspectives)

- I believe a barrier is having a person at WIC able to have the time to deal with the large number of requests for information that comes from a Head Start program.
- I don't see that there are any particular barriers. I actually didn't even consider some of the great partnerships that we could be working toward.
- I have a difficult time communicating with Public Health as a whole. The assistant for WIC in our area is extremely helpful. We have had high turnover for the main WIC nurse.
- I have approached our WIC agency a number of times to discuss collaboration but they don't seem interested. It seems that they are so overwhelmed with budget cuts that they don't have time for networking, etc. I would love to have a stronger collaboration as we see similar families. I would love to have access to the same data management system so we could more easily share information on children.
- In our past we have worked extensively with Head start. Since HIPPA this has been a struggle as our records requests do not come directly to WIC but to a records person and since WIC is on the computer...barrier. But we have worked well in the past and there is potential but sometimes just gets overwhelmed with these bumps.
- Lack of staff time in the WIC system??? WIC may not see the benefit of working with Head Start Only seems to be one person to collaborate with and she's way too busy Too many hats for the WIC staff to manage any more?
- Lack of time and financial resources to collaborate. IT would be good to have administration backing.
- Most of our families receive WIC and even without many collaborative efforts between our agencies, I feel satisfied with our relationship with WIC.
- No barriers we just need to communicate and do some things together
- Not sure what to perceive as a barrier, but I do believe that both agencies would benefit from a collaboration. We have many children who do not get HGB blood draws from their doctors. Most of these families are eligible for WIC services and may or may not be receiving WIC services. It would be advantageous to the families, to WIC and for Head Start for there to be collaboration in place for these services.
- Nothing really, just time.
- OCDC has a good collaboration with Hood River WIC. We receive all information needed and requested from them
- Similar data systems would be awesome to easily share data. Can Head Start become a part of Family Net?? Distances between the two, time to organize meetings together to share information. This would all be solved if we shared a data system, even on a view only for WIC to view HS info and HS to view WIC hgb, nutrition ed., etc. Sharing and being able to add to the data system would be ideal!
- Staff time is the biggest barrier. It takes a long time to fulfill the requests for anthro and biochemical results. With both prior and current experience with Head Start, it has been a lopsided agreement. We are providing info they need, such as hemoglobin, weight and height, but are receiving nothing in return. We also don't

- see it being beneficial for Head Start to conduct our NE because our WIC staff enjoy this part of their job, and it becomes more of a clerical task to document the client's education. We are also concerned about the potential HIPAA violation of sharing patient information. It has been suggested we share the Participant Summary Report with Head Start, and in fact in Marion County Head Start, this has been their expectation to get this from the WIC program. The current release of information they send us, though, only covers medical data and the participant summary report includes more info, which could be a potential HIPAA violation.
- The main barrier for our staff is the attitude of Public Health staff where WIC is housed.
 - There are no significant barriers, both agencies have limited staff to organize and implement programs, time is a barrier.
 - There is a lack of interaction between staff at OCDC and WIC in pursuing collaboration. A meeting has been scheduled for October 2, 2007.
 - Time and funding.
 - Time and limited staff to do more collaboration with HS.
 - Time. WIC clients still have to return to WIC for vouchers. A Head Start class could satisfy a second Nutrition Ed, but at any given time, most of the Head Start children might need a recert, not a second contact.
 - We are very pleased Ms. Rhoades is coordinating this activity.
 - We have a great relationship with in our program. One certifier does a nutrition activity at everyone parent center meeting. This can count as a NE contact in most cases. This supports the families that we share (which is almost all families)
 - We have a great relationship with our local Head Start's and have no barriers to strengthening our collaboration.
 - We spend a lot of time giving information to Head Start. Wt, Ht, Hgb, nutrition risks and goals. The time element is the barrier I see to go any further. We have a contract with Head Start to use their nut. classes to count as a WIC nut contact and they use our information
 - WIC's limited resources in staff, now unable to provide health status to Head Start on children that are served in both programs.

16. How can State level Head Start and WIC staff help facilitate a greater level of collaboration between your local agencies?

- 1. Release of information should be established for both programs. 2. List of shared clients would be helpful. 3. Copies of TWIST growth grids and nutrition assessments sent to Head Start so that there is no repetition of services (decide whether a certifier or dietitian nutrition assessment meets Head Start requirements for nutrition screening) 4. Coordinate class schedules for parent education 5. Have WIC staff on HSAC 6. Share educational materials especially bilingual 7. Create a united nutrition message that participants hear from both programs.
- Begin by having WIC representation on HSAC Develop an agreement between two agencies to collaborate more and specify the way collaboration will happen Share training sessions that are beneficial to both staff Attend WIC staff meetings, once a month or once a quarter to inform staff of Head Start and vice a

versa... Hook up, electronically, in any way that makes sense so that records can be easily accessed or requested. Unsure how else as we've never had WIC in our formal collaborative circle.

- Coordinate joint administrative meetings. Make it clear that increased collaboration is being strongly encouraged to the administrators in both WIC and Head Start.
- Create a template for local interagency agreements. Prepare materials that can be used by both to show what the partnership has to offer.
- Don't put the responsibility on the client to get the "non-WIC education waiver" from WIC, get it signed by HS, and then back to WIC. Have HS just keep track of who attends their trainings and then fax WIC the list, including the child's name, and we can enter it into our system.
- Encourage joint trainings and get to know you opportunities. Also, clarifying and communicating an expectation for collaboration might motivate stronger partnerships.
- Fiscal support for staff time to do collaboration.
- Goal Setting: Joint: Recruitment, Health Fairs, Joint state and county trainings. Co-location of agencies. Sharing of information with a common goal of improving the health of the child and family.
- Have an understanding in place for client trainings to go both ways and be available to all. Have a road map to provide services at a Head Start site and what that would look like. Possible home visits for families with out transportation or severe health/disabilities needs.
- I didn't realize we were expected to have this collaboration. It would help to have the expectations stated more specifically.
- I would like to see one program with all the information both programs need. For example: Income, Immunizations, Hgb and Lead results, Any Nutrition concerns. If WIC has families with low income, make sure we have them in the OCDC program too. Sharing information from state to state would also be helpful.
- Inter Agency Agreements~ If WIC is not already on board, get someone from Multnomah County WIC to serve on our Health Advisory Committee.
- Joint conference or workgroup from a variety of programs across the state to develop protocols or model programs
- Joint recruitment efforts, participation in Health Advisory Council meetings, sharing and follow-up on screenings.
- Make a state wide interagency agreement so each county is not making individual agreements. Trainings for both WIC and OCDC staffs. Collaboration in forms that could be used in working with the families.
- Make the collaboration part of each agencies somewhat mandatory or create a task that is mandatory to share information.
- Not Sure (6)
- Not sure State level efforts would facilitate this at all
- Perhaps by having a state level cooperative agreement that encourages better cooperation and collaboration.

- promote the collaboration and have local staff from both agencies have a meeting to determine the best approach for their community
- Provide opportunities for members from both agencies to meet together. Provide information on ways to work collaboratively together.
- Providing reports on children who are participating in one program but not the other.
- Sometimes just knowing how or what can be done. Supporting HS/WIC programs on what is working and what can work, with support on how to make it work with in their agency culture.
- Similar data systems would be awesome to easily share data. Can Head Start become a part of Family Net?? Distances between the two, time to organize meetings together to share information. This would all be solved if we shared a data system, even on a view only for WIC to view HS info and HS to view WIC hgb, nutrition ed., etc. Sharing and being able to add to the data system would be ideal!
- Standard agreements, standard forms to share hgb weights and heights the parents can bring so they do not have to request. Maybe shared educational trainings.
- That in order to share information about the health status of families between the two agencies, we would need to have a formal agreement from the state that it is allowable for the two agencies to share personal information about families when both agencies work with the same family.
- The most useful way the state could help is to set up some electronic access to TWIST database that Head Start can access to obtain hemoglobin, weight and height data. This would be analogous to what we currently have set up with Immunizations where we can click on a button and get info on whether the client is up-to-date with immunizations. Again, the amount of local staff time to release client info is significant, so this would be the most help.
- They could facilitate local area group discussions on how to share families and improve services.

What is the name/location of your agency?	What is your name and position?	What is name and location of the other agency? (WIC or Head Start)	Who is your contact at the other agency?
ODE	Flunky	Gayle	
CSC Head Start	Site Supervisor/Health Coordinator	WIC	Shelley Paeth
ode	ed specialist	laurie	
Baker County WIC	Susan Gerig, RD, (all but WIC Clerk)	Head Start, Baker City	Unsure.
OSU Child Development Center	Inge Daeschel, MS, RD, CSP, LD Health and Nutrition Services Coordinator	I also work as dietitian at Benton and Polk County WIC programs	Marjean Austin (Benton) Diane Colton
benton	marjean austin, program manager	OSU Head Start	Inge Daeschel
Oregon Head Start Prekindergarten Program/ 13455 SE 97th Ave. Clackamas, 97015	Maureen Rosamond, Coordinator	WIC of Clackamas County	unknown
Clackamas County Children' Commission	Sue Elder Executive Director	WIC	Dana Lord
Clatsop Co Health & Human Services Astoria OR	Tory Sutherland WIC	Astoria/Warrenton & Seaside Head Starts	Seaside= Annie Astoria has new director we have not meet yet.
Community Action Team, Clatsop, Columbia and Tillamook Counties	Joyce Ervin, Director	Columbia County Public Health, Tillamook County Health and Clatsop County Health	Not sure
Coos	Phyllis Olson, Coordinator and nutritionist	Coos-Curry Head Start	Deanne and Carla Fellows
Crook County	Nelda Grymes, WIC Coordinator	Head Start, Prineville	
CT WArm Springs	Kimberly MOnroe WIC Coordinator	Warm Springs Early Childhood Center	Carla Pat

Deschutes County	Laura Spaulding, RD, Coordinator	Deschutes County Head Start	Jill Rowe
NeighborImpact in Redmond Oregon	Jill Rowe Wellness Specialist	WIC in Deschutes and Crook County	Laura Spaulding Deschutes Melissa at Crook
Douglas County WIC Program	Elizabeth Binkley WIC Program Manager and R.D. Nutritionist	UCAN / HEAD START Roseburg, OR	Maureen Short R.N.
UCAN Head Start	Maureen Short RN Health Services Mng	Douglas County WIC	Elizabeth Binkley/Dawnelle Marshall
grant county health	clerk-co-coordinator	head start	mark
Grant County Health Department John Day, Oregon	Marsha Delaney, RN WIC co- coordinator, and staff nurse.	Umitilla-Morrow head start	Mark Lezniack
Head Start of Harney County	Sue Herringshaw, Education/Health/Nutrition Manager	Harney County Health Office	Desi Davis
Harney County Health Dept	Desiree Davis, Office Manager/WIC Coordinator	Head Start	Donna Schnitker
Oregon Child Development Coalition	Elena Ortiz, Health Manager, Hood River OCDC	Hood River County Health Department	Ellen Larson
Jac kson Co WIC	Debbie Watson	Jackson County WIC	Cheri Horsley
Southern Oregon Child and Family Council, Inc.	Cheri Horsley, R. D. Nutrition Manager	Jackson County and Josephine County Health Dept.	Jackson County- Debbie Watson, Josephine County- Cheryl Kirk
The Childrens Learning Center	Joan McDonald health/Nutrition Coordinator	Jefferson County Public Health - WIC Department	Beatriz
Oregon Child Development Coalition	Ofelia Figueroa	Jefferson County Health Department	
Josephine County Public Health	Belle Shepherd WIC coordinator	Head Start	
Lake county public health / Lakeview	Vickie Hogen WIC coordinator	Klamath County Headstart / Lakeview and Klamath falls	
Head Start of Lane County	Val Haynes, RN, BSN-- Health and Nutrition Consultant	Lane County WIC	Connie Sullivan

Lincoln county health dept.	Shelley paeth Wic coordinator	Lincoln county head start	New person unsure name
WIC Linn County	Katey Stoll, WIC Coordinator	Kids and Company of Linn County	I don't know
MCCDC Ontario, Oregon	Susan Robinett -- Director	Malheur County Health Department and WIC Ontario, Oregon	Rebecca Maxwell
Community Action Head Start	Heather Simmons, Wellness Specialist	Marion County WIC and Polk County WIC	
Salem-Keizer Head Start	Becky Grossnicklaus Health/Nutrition Manager	Marion County WIC	Judy Cleve
Marion County, Salem, Oregon	Ann, CPA	Salem, Oregon	
WIC/Marion County	Trish/ certifier	don't know	none
Salem WIC MCHHealth Dept.	Bernadine Newland WIC Certifier	Head start	?
Marion County	Carole Boliou Nutrition Aid	no idea	no idea
Multnomah County Health Dept/Mid	Joy McNeal, WIC Supervisor	Mt Hood CC	Jennifer Light
MHCC Head Start/Early Head Start	Jennifer Light, Health & Nutrition Coordinator	WIC, 12710 SE Division St, Portland, OR 97236	Joy McNeal, RD
Multnomah County NE Clinic	Mary Kay DiLoreto	PPS Headstart and Albina Headstart	
Albina Head Start	Deanna Hess, Information Support Specialist	WIC- several in Multnomah County	we don't have one to my knowledge
Polk County	Diane Colton WIC Coord.	WIC	Cecila
Salud WIC	Lynnetta Doellefeld, Administrative Projects Dietitian Supervisor	OCDC-Marion Cty; in Yamhill County it is the Head Start of Yamhill County	Mari Martinez (OCDC-Marion County); Alma Alvarez (Yamhill County)
Tillamook	Dawna Roesener WIC Coord	Tillamook Head start	Monica Pyle
Umatilla-Morrow Head Start, Inc.	Cathy Wamsley, Executive Director	WIC is also under Umatilla-Morrow Head Start, Inc.	Angie Treadwell, WIC Director
UMCHS	Mary Ann McCune/ WIC Operations Manager	we are the same	
North Central ESD Early Education/Condon	Kimberly Williams/Program Director	UMCHS Umatilla/Morrow/Wasco-Sherman WIC	Karen Lions/Connie Lovette

Center For Human Development La Grande, Oregon	Patty Rudd WIC Coordinator	Eastern Oregon Head Start La Grande, Oregon	Marily Herbst
Eastern Oregon Head Start - La Grande, Oregon	Virginia Bertels, Director	Public Health Offices in La Grande and Baker City	
Wallowa County Health Dept	Vivian Tillman, RN-WIC Coordinator	Umitalla Head Start-Enterprise	Annette
Wasco-Sherman WIC	Karen Lyon WIC Coordinator	Rhonda Hull Head Start in THE Dalles	Rhonda Hull 541-298-8801 x 221
South Coast Head Start/ORCCA	Dale J. Helland, Head Start Director	South Coast Head Start	Phylss Olson
Community Action Head Start	Farzana Siddiqui, director	WIC	