

Engaging Families in Head Start and WIC

Nydia Ntouda: On today's webinar, we have several presenters. We have Shonika Kwarteng, Megan Anteparra, Jennifer Ortner, LaTrice Johnson, Ronnell Nathaniel, and Patricia Dela Torre. First, we have Shonika, she'll tell us a little bit more about our partners today. Shonika, you can take it away.

Shonika Kwarteng: Thank you so much, Nydia. Good afternoon. Welcome to this joint webinar hosted by the National Center for Health, Behavioral Health and Safety. Titled Engaging Families and Head Start programs and WIC. This is a collaborative project between USDA Food and Nutrition Service and the Office of Head Start. As Nydia mentioned, our panel today consists of various speakers from WIC and Head Start programs. I will briefly introduce each speaker as they present.

I am Shonika Kwarteng, I'm a training and technical assistance associate here with the National Center for Health Behavior Health and Safety, one of the National Centers within the Office of Head Start Training and Technical Assistance System. Our goal for today's webinar is to discuss opportunities for Head Start and WIC programs to collaborate to increase family engagement, to discuss strategies to engage families to become involved and stay involved in both programs, and my favorite part, which is to hear from two local programs the West Central Health District WIC program from Columbus, Georgia, and Educare of DC, a Head Start program from Washington DC.

They will share with us how their Head Start and WIC collaborative efforts have been successful within their local community. Many of you may already be in partnerships or collaborations with your local WIC agency or Head Start program or are considering a partnership. During today's webinar, as you reflect on where you are in your journey, we encourage you to consider the stories and resources, and how you may use this information to establish or enhance your own program collaborations and partnerships.

As Nadia mentioned, there will be time for questions and answers at the end of today's webinar. I'd like to encourage you to use the Q&A feature that is located under the chat button to submit your questions. As I mentioned, I am really excited about our discussion today. As we know, Head Start and WIC programs share common goals. Both programs work to promote positive health and nutrition outcomes for young children and families. Both programs provide these children and families with nutritious food, nutrition education, and assistance in accessing ongoing preventative health care.

In many communities within Head Start programs serve the same families. By working together, programs have an opportunity to coordinate these services and to maximize the use of resources, such as health information, resources, space, training, and etcetera that produce partnerships that really serve children and families. There are a lot of creative ways that Head Start and WIC programs can enhance the quality of the health and nutrition services that you

provide. My hope today is that you walk away with some ideas to take back to your local programs and your communities.

Our first speaker this afternoon is Megan Anteparra. Megan works as a health specialist in the Comprehensive Services and Training and Technical Assistance Division in the Office of Head Start within the Administration for Children and Families. Prior to her current role, she worked as a program specialist in Region 3. Megan has worked in different capacities in the field of early childhood education and public health for 10 years. She worked as a home visitor for expectant parents and children aged birth to two.

As a community public health educator, promoting safe sleep practices, a lactation consultant, and served as a member of the health services advisory committee for a local Early Head Start program. Megan has a BS in psychology, and an MS in Health Education, and another MS in Health Administration from Saint Joseph's University. Take it away, Megan.

Megan Anteparra: Thank you, Shonika. Hello, everyone. Good afternoon. It's really great that you're joining us. We're happy you're here. My name is Megan Anteparra, as mentioned, I work for the Office of Head Start in the Administration for Children and Families within the Health and Human Services Department, where I specifically focus on Head Start health services. I'm so happy to be here and I'm really excited about our topic.

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, nutrition education, and assistance in accessing ongoing preventative health care. We know that in many communities, WIC and Head Start programs serve the same families.

Today, we will hear about some of the great ways Head Start and WIC programs have worked together to serve families. I have the great pleasure of introducing Jen Ortner, who will be providing an overview of the WIC program and highlighting some of the many supportive services WIC has to offer. Jen Ortner is a nutritionist with the USDA Food and Nutrition Services, working with the Special Supplemental Nutrition Program for Women, Infants, and Children, otherwise known as WIC.

Jen began her career working with WIC in a local Milwaukee WIC agency. She worked for the Wisconsin State WIC program as the State WIC breastfeeding coordinator for eight years before taking on her current role with WIC and USDA's national office. While living in Milwaukee, Jen consulted for a local Head Start agency, providing nutrition consultation, and sitting on their health advisory board. She is very excited about the partnerships already occurring between Head Start and WIC programs, and looks forward to future collaborations for local and state agencies. I will turn it over to Jen.

Jen Ortner: Hello, and thank you, Megan, and Head Start for the invitation to talk a little bit about WIC today. I'm going to give you some basic information about WIC and then we're going to hear some really great examples later on about collaborations. But I wanted to let you know

that WIC began in the early 1970s to help ensure healthy pregnancies, birth outcomes, and the growth and development of our nation's little ones up to age five.

WIC can be found in all of the US states and territories. It's managed a little different than Head Start, and that the rules and regulations are set at the National office. The National office awards a grant to state agencies to manage all the local WIC agencies within that state. Each state is following the same rules, but they will operationalize the program to work best within their state. Sometimes WIC in one state may do something slightly different than their neighboring state.

Local WIC agencies can be found in a variety of environments. For example, local health departments, clinic settings, such as federally qualified health centers, and nonprofit organizations. Who qualifies for WIC? Pregnant individuals, postpartum individuals up to six months after their pregnancy, even if that pregnancy resulted in a loss, breastfeeding women up to one year after the pregnancy, and children, newborns up to kids until their fifth birthday. Currently, about 53% of infants in the United States qualify for WIC.

Individuals that fall into those categories we just discussed need to reside in the state that they are receiving within. The income of the family needs to be at 185% or below of poverty level, as well as there's some adjunctive eligibility programs that allow us to qualify people for WIC. We'll talk more about this later. As part of the certification process and nutrition assessment is completed, and health or nutrition need is a must to also qualify for the program.

WIC is different than the other nutrition programs provided in the USDA in that federal regulations require the following services: nutrition education, breastfeeding promotion, and support, which we'll talk about more in the next chapter or next slides. Nutritious foods — each participant is provided a specific food package to meet their core nutrition needs. For example, a breastfeeding woman is going to receive a slightly different package than a two-year-old child. The food packages include whole grain food items, such as bread and tortillas, iron-fortified cereals, peanut butter, eggs, dairy, and fruits and vegetables.

About every 10 years, the WIC food package is evaluated by the National Academy of Sciences, Engineering and Medicine or NASM. We, the WIC program takes that information, as well as guidance from the recent dietary guidelines for Americans and uses that information to suggest changes to the WIC food packages. We're in that process right now. Last November, we proposed some changes to the WIC food packages, and we got 14,000 comments around those proposed changes. We're currently looking at those comments, and we hope that next year we will be providing final recommendations for changes in the food package.

The fourth thing we provide to our consumers are referrals to health and other social services based on what those families need. If we see a mom who has really low hemoglobin or some children that might be behind an immunization, we can refer them on to a health service of some sort, or we can refer to community programs such as food pantries or like the great program of Head Start.

We know WIC works. WIC participation has been shown to help increase the consumption of healthy foods. Mothers in the program early on in their pregnancy have better birth outcomes. We see improved cognitive and academic abilities in preschool children if they've been enrolled in WIC since infancy. We know that families enrolled in WIC are more likely to be going to their physicians on a regular basis.

A lot of those great outcomes stem from the nutrition education and the healthy food that we provide here in WIC. WIC nutritionist sees a family each time they come into the WIC agency and they develop a goal or a couple of goals based on the needs of that family. This is the part of the program I wish we could give to every young family in the United States, because as we're all bombarded with all sorts of nutrition information, and it isn't always accurate.

Our program is able to walk pregnant and breastfeeding participants through their journeys and be able to provide really good evidence-based nutrition guidance. As infants grow into children, nutrition is so important. WIC can help young families develop good health habits that include introducing solids to infants, and meal and snack plans for kiddos.

WIC is a proponent of breastfeeding, and we want to help parents meet their breastfeeding goals. We have great staff in our clinics to help families. We have breastfeeding peer counselors who are women that have breastfed and often were also WIC participants. They're there to provide emotional support and some guidance as women are breastfeeding. We also provide specialized training staff that are here to help moms if they reach bumps or barriers while they're breastfeeding.

The bottom website there is a great website for any people that are breastfeeding or are family members of breastfeeders, people that want to support a breastfeeding individual. We know that there are some misconceptions or confusion about WIC; I wanted to talk a little bit about that to address that in the discussion. One of the myths we hear is that only mothers can enroll children. Any guardian can enroll a child as long as they meet the requirements of the program. Dads, grandparents, aunts and uncles, foster parents are all welcome to enroll children. Sometimes we hear the program is not worthwhile after one year of age.

I really hope what we just talked about the great foods that are designed for young children as they grow up, and the great nutrition education and resources it can provide can kind of dispel that myth. And the third myth here is families can't work and qualify for WIC. You know, WIC income requirements are like Head Start's income requirements and that 185% of poverty level or below. Most of the clients that are with you all also qualify for WIC, and we have a lot of working families in our program.

The last myth I wanted to talk about that WIC is part of the public charge rule. We are not part of the public charge rule, and we welcome all immigrant families that qualify for the WIC program. Like many other programs emerging out of the pandemic, there are a lot of exciting things happening in WIC right now. WIC has a goal of modernizing the program to make it more beneficial and easier to access for families. We have state agencies working on pilot projects with the help of grant money that are looking for best practices that will allow families to have

better experiences when they are shopping with WIC benefits. The agencies began using Telehealth during COVID and were continuing to refine the use that it's really helpful for our families.

We're also focusing on developing stronger relationships between partners. Head Start is one of those partnerships that we really value and want to grow. I look forward to hearing from the next speakers about their collaborations. If you are watching and have any additional examples of collaborations, please reach out to your state leaders so that they can tell us about them, because we'd like to share them out to everyone because as we know best practices are often developed locally. Thanks for the time today, everyone. I look forward to hearing from the next speakers.

Shonika: Thank you, Jen. Our next speaker is LaTrice Johnson. LaTrice Johnson is a nutrition services director with Georgia Special Supplemental Nutrition Program for Women, Infants, and Children. LaTrice oversees WIC for the West Central Health District which provides services for 16 counties in the proximity of Columbus, Georgia. She began her career as a nutritionist within her local agency, then advancing her education to become a registered dietician.

During her career, she has worked as a nutritionist, lactation counselor, supervisor, and served on many committees at the state WIC level. During her tenure, LaTrice was involved in the implementation of the Head Start collaboration within her local agency. She is excited about the continuation of the WIC and Head Start partnership and watching it flourish over the past eight years. LaTrice, take it away.

LaTrice Johnson: Good afternoon. Thank you for the introduction. As she stated, my name is LaTrice Johnson, I'm a registered dietitian, and the WIC nutrition services director for the West Central Health District. I'm excited for the opportunity today to share about our relationship with our local Head Start program and WIC.

During our session today, I will provide an overview of the following topics program and community description, history, development of memorandum of understanding, resources, challenges, and successes. The West Central Health District is one of 18 public health districts located in Georgia.

The West Central Health District consists of 16 counties, where each County provides services. We also have a mobile unit, which was very instrumental in the implementation of our Head Start partnership. Along with a WIC clinic located on the Fort Moore Military Base, previously known as Fort Benning.

How do we get here? On September 19, 2016, the US Department of Agriculture's Food and Nutrition Service awarded nearly \$2 million in funding to six states and territories to help improve retention of children in the Special Supplemental Nutrition Program for women, infants, and children. From that \$2 million grant award, Georgia was awarded \$430,124 for the development of a partnership with Head Start and Early Head Start. The project was titled WIC Head Start A Recipe for A Healthy Life.

The targeted districts were Columbus, Gainesville, and Macon. At the time, in Columbus, there were 1,684 children enrolled in Head Start within 24 Head Start centers. Why was this important? It was important to establish this partnership and implement the project to improve enrollment, participation, and retention of WIC eligible children.

During the time of the pilot project, over 50% of children in Head Start were not receiving services. There was a decline in WIC participation due to various reasons, such as lack of transportation and time constraints. It was ideal to partner as WIC and Head Start provided services to the same population, and WIC will be able to access participants at a central location. Therefore, on November 4th, 2016, a memorandum of understanding to streamline administrative procedures for staff, applicants, and participants of both the Department of Public Health Georgia WIC and the Georgia Head Start Association was executed at the state level.

From there, an MOU was developed at the local agency between the West Central Health District WIC and local Head Start Programs. Both parties agreed to share data between the programs, such as participant data, Head Start class rosters, WIC master files. WIC is responsible for completing certifications for children who were inactive, provide nutrition education, and participate in Head Start Programs quarterly advisory board meetings.

Our first MOU was executed with Enrichment Services, providing services at 11 Head Start sites. Additional MOUs were established with the Fort Valley State University Head Start Program, which added an additional five sites, and the Randolph County Board of Education Head Start Program, which added an additional site. As this initiative continued to grow and show positive outcomes, we established MOUs with six county school system Pre-Kindergarten Programs. This was decided for retention, as many students transitioned from Head Start to Pre-Kindergarten Programs.

We use many resources during this process along with the MOU, which were the WIC assessment form, recruitment fire, WIC on Wheels, which was our mobile unit, and nutrition education materials. A flyer and assessment form were included in the students enrollment packet when they were registering for school. The assessment form served as a consent form to receive WIC services at the Head Start center and as a nutrition questionnaire.

The assessment form allowed us to identify which families were already receiving which services, desired to receive which services that the Head Start center, and those who declined services. From there, we took our mobile unit on the road. Our mobile unit, WIC on Wheels was multi-purposeful. It served as a billboard to let participants know we were at the Head Start site that day.

During our initial visits, we collected the required data, which included height, weight, and hemoglobin. The nutritionist called the participants to complete the nutrition assessment. Then from there, we returned to the site to issue vouchers. Participants knew when they saw the WIC on Wheels unit that WIC was there.

This is one of the many approved nutrition education materials that we provided to participants for their children that highlights Healthy Choices for Healthy Kids, such as making your plate half fruits and vegetables, be active, drink more water and limit sugary drinks, and limit screen time. However, the program was very successful, but we did face barriers communicating. Communicating with parents was challenging, as we were unable to reach parents as sometimes their phones were disconnected, or their voicemail was not set up.

There was no direct contact with parents to issue vouchers as many children rode the bus, and there was a short time span when parents picked up their children and will be in a hurry or miss picking up their vouchers. Summer months were difficult as many sites were only open from August to May. Solutions and lessons learned were communicating with Head Start leadership. To designate a family service worker as a point of contact for all issues related to WIC. Both WIC and Head Start will verify and update contact information each time there was parental engagement, and we communicated with our participants via text message.

For those children who rode the bus, or the parents were not available to pick up vouchers at the Head Start site, we would mail vouchers, or the Head Start Center would receive and distribute to the parents. For some centers, we actually provided book bags for those parents' permission, and vouchers were sent home in a sealed envelope with a clip tag that said, "please check my book bag today."

One of the most important solutions or lessons learned was being adaptable. We had to make adjustments on how services are provided based on the dynamics of each individual Head Start Center. Having the right staff. The right staff must be committed to the goal and objectives and be willing to sometimes put in those extra hours to achieve those desired results. Want to share one of the quotes from one of our participants. A mom shared with us, "getting WIC at the school instead of having to go to the WIC office has been a big help. I don't have a reliable transportation and getting to do everything over the phone and having my vouchers ready for me the next day has been a stress reliever."

During this project, we also built strong relationships with our Head Start partners, our participation has increased, and we have developed strategic methods to ensure children receive those full enhancements during the summer months once Head Start was not in session. Therefore, in summary, though the Head Start Program was hard work, it was very advantageous for our eligible families, we continue to improve our processes.

One of our biggest, exciting processes that we were actually able to do as of October 22 was implement our eWIC. Now our benefits are on the electronic card, and we are continuing to strive to make sure all of our participants are receiving with benefits through the Head Start site. Thank you.

Shonika: Thank you, LaTrice for sharing with us about your collaborative efforts over there in Georgia with your Head Start Program. Our next speakers are from Educare of DC, I'll start with Ronnell Nathaniel, she holds the position of vice president of Programs for Educare DC, where she is responsible for shaping and leading the programmatic vision. She works alongside a

dynamic team, and their focus is on education, comprehensive services, family engagement, and inclusion.

Ronnell started her career in education as a Head Start teacher in New York and has since accumulated over 10 years of experience in Head Start. She strongly believes in the mission to significantly improve outcomes for children who are most at risk.

We also have Patricia Dela Torre, who is the director of Comprehensive Services for Educare DC, where she oversees children's health and nutrition, food service, mental health, inclusion, and the prenatal program. She has been an integral part of Educare team since its inception, initially joining as a family engagement specialist. Through her hard work and interest in children's health and wellness, she progressed to become the health and nutrition coordinator, and later the comprehensive services manager, and now to her current position.

Patricia efficiently organizes and maintains the health services advisory council where WIC DC is one of the most dedicated and supportive members. Their partnership and collaboration has resulted in families having access to essential nutrition resources and benefits. What particularly makes her proud of her journey is that she started as a Head Start parent and is now the current president of the DC Head Start Association. This achievement truly showcases Patricia's dedication and passion for promoting high quality early childhood education and ensuring the well-being of children and families. Ronnell, take it away.

Ronnell Nathaniel: Thank you. Good afternoon, Head Start family. Thank you for the opportunity for us to share our journey and some of the work that we've been doing with DC Educare and also our DC WIC program. Let me tell you a little bit about Educare DC. Educare DC serves over 424 children from prenatal to age five, with high-quality early learning using a holistic family approach. We operate programs at two campuses, one located at Parkside, and our other location is at our Idea Public Charter School. Through our partnership with five partners within a CPP partnership, we also serve families and children across ward seven and ward eight.

Educare DC mission is to eliminate the opportunity, gap for children experiencing poverty in Washington DC, and also help them to build the skills necessary for success in kindergarten and beyond. A little bit about our Educare DC model. We're part of a National Educare Learning Network of over 25 high-quality early learning programs. The Educare model has been piloted, refined, and strengthened in communities across our country. We consistently demonstrate our effectiveness in supporting young children's growth and development. Part of that growth in development is ensuring that children are receiving high-quality meals.

Our foundation for the Educare DC program is based on our four core features, which also kind of aligns with the core features of our DC WIC partnership. We're looking at data where there's data utilization, the importance of professional development, which is also part of DC WIC collaboration of providing education and nutrition services. High quality teaching for our teachers as our DC WIC also provides high quality practices for our families around nutrition, and then also the engagement of our families.

You can see where WIC and Educare DC has some essential practices that goes beyond the walls of our centers, it really reaches out into our community. We've been partnering with DC WIC for over 15 years. Our partnership has started in 2014, they are a valuable resource for our families. It's part of our intake process of when families are joining our program that we're providing them the support on how to submit an application with our DC WIC program.

Educare DC and DC WIC have been providing nutritional information for children within Ward 7 and Ward 8 through our community outreach program. One of the programs that DC WIC and Educare works so closely on is our Moms2 Be program. Actively together throughout these years, we've been ensuring that we have school events, community outreach with the focus for women, and young children, and families around nutrition and health.

Accessibility is the key. I mentioned, we're located in Ward 7 and Ward 8, however, DC WIC has over 13 offices within the District of Columbia, and they have over 40 stores of WIC authorized stores where you can go in to purchase and utilize your DC WIC vouchers. Currently, right now in the DC area, we have over 13,000 families who have active WIC accounts. Within our Educare DC, at least 75% of our families have signed up to utilize these WIC services.

But the key to this partnership is really around the 3 Cs our collaboration, our coordination, and our focus on the community. The 3 Cs of our partnership has really cultivated. Our partnership aims to promote the collaboration and the communication between educator DC, and all of our WIC offices to ensure that we're enhancing our services to the community. Educare DC has participated in a WIC DC Community Survey, in where our staff and families have provided them information.

Through this discovery, we found that there has been an increasing share of participant data between WIC and Educare DC. We've exchanged multiple referrals of supporting both of these programs, exchanging program information of enrollment and sharing information about the WIC program. Our coordination around nutrition and education and outreach has been the key and has been essential to the work that we've been doing here in the community. The 3 Cs have really maintained and created an authentic partnership. Miss Patricia can share with you some more examples around the 3 Cs and how it's actionable at Educare DC. Miss Patricia?

Patricia Dela Torre: Thank you, Ms. Ronnell. Good afternoon, everyone. As part of what was mentioned earlier about the 3 Cs, one way that we collaborate with WIC is making sure that families in our program benefited from it. During intake, we ask parents if they are participated in WIC services. If not, we will support them with the application process as needed or share the contact information. Also, share that WIC office is just two blocks away from Educare.

We recently have our Prenatal Program Moms2 Be open house, and DC WIC provided a lot of resources to our pregnant moms. What happened is during that process, WIC was trying to give information sessions, especially catered to pregnant moms. WIC also referred several families to our Prenatal Program.

In one of our health services advisory council meeting, our WIC representative, Ms. Deborah Chaplin, will always be in attendance, almost 90%. She will always bring materials and resources that we can distribute to the families. During one of our HSAC meetings, we also talk about challenges that our families are facing in accessing WIC benefits. Like most parents have this notion that WIC is only good for formula.

We need more health, and nutrition, education, especially to these young parents that WIC is more than just for formula as it offers a lot of benefits, like healthy cooking, how to shop with your WIC vouchers, properly reading the labels, and healthy eating habits among the few. Another obstacle that our families have in Ward's 7 and 8, we only have three stores that serves WIC vouchers. Our family is clamoring for more options. Lastly, the other reason why they do not avail of their week benefits is due to lack of transportation.

But for AmeriHealth members, they offer lift services. But we also have celebrate success. There was an increase of participants when WIC DC converted to EzWIC card. The benefits are it's easy to use, it's more convenient than paper and will have the entire month to use. During COVID, there was also an increase of WIC usage. Families are using the resources we give in our centers, like this like monthly calendar, and then of course this cute green food container. These pictures were taken in July of this year when our program was encouraged and motivated to grow our own fruits and vegetables.

In collaboration with our community partners and WIC, children were able to participate in planting these cucumbers and zucchinis, watering it and making sure they are growing well. During harvest time, we assign each classroom every Friday to harvest what they can in the garden. For example, if we harvest cantaloupe, we use it to serve during snacks, and the kids were amazed and felt proud that they grow their own food. Some parents even shared that their kids will tell them that they ate the cantaloupe that they grow in our garden. Thank you.

Shonika: Thank you, Patricia, and Ronnell, for sharing with us about your collaboration with your WIC Program over there in Washington DC. Today, we've heard some amazing accounts of WIC and Head Start working together. I hope you have been inspired and are able to take something that could work within your community. At this time, I'm going to turn it over to Steve Shuman, our director of Outreach and Distance Learning for the National Center on Health, Behavioral Health and Safety, who will facilitate our question and answer portion.

Steve Shuman: Thank you, Shonika, and thank you to all the speakers, especially our folks from USDA WIC who have been very busy answering questions that have come in to the question and answer feature. If you did post a question in the chat, we really need you to put them in the Q&A part of the platform. You'll see that right underneath the slides where it says Q&A.

I do have a number of questions that haven't been answered yet. I want to get to them right away. The first one, I think, is for you, LaTrice. What are some ways that you think WIC can refer families to Early Head Start? In this particular questionnaire says that many of the families that they serve receive WIC, but they aren't referred to Early Head Start or Head Start.

LaTrice: That is a great question. Part of our partnership is to promote both of the programs. When Head Start is recruiting, we do have those signage in our waiting rooms. Then when they are doing their enrollment packets, we make sure that we include a flyer about WIC, I would say my main answer is make sure you create those relationships. In that way, both programs are promoting both programs or referring to both programs, I should say.

Steve: Thank you, LaTrice. I have another question here and I think there may be a number of kinds of answers. Patricia, you referred to the fact that there were a limited number of vendors in your communities that respond to WIC. The question is, how do you address food deserts, those areas where there's just not sufficient number of vendors that sell fresh, affordable food?

Patricia: Thank you for that question, Steve. We have Arcadia, like a farmers' market, and we also have the capital food bank, where we can refer our families to get fresh fruits and vegetables.

Steve: Thank you. farmers market definitely something to pay attention to. Anybody else have a suggestion of working in food deserts? OK. Moving forward

Ronnell: Oh, I'm sorry.

Steve: Go right ahead, yes.

Ronnell: In conjunction with that, most recently here at Educare DC we worked with our idea public school system. Part of the work that they've done here for us is that they supply and provide the food and meals. There was a time where there was an abundance of food that was coming in and we put into our MOU that at any time there is an abundance of food, please let us know, and we set up at each one of our locations a food bank for families to come over and distribute the food.

If there's any kind of collaborations that perhaps you have with your local MOUs, with your school districts, and if you're sharing meals or even sometimes your caterers, there's much food that at times there's an overabundance. Where we have written into our partnerships for them to please leave those foods here that we can distribute to families.

Steve: Thank you, Ronnell. It's really wonderful suggestions, I know how creative our Head Start Programs can be, especially when it comes to serving our families.

Jan, I think this question may be for you, but it may be different from state to state. How do families know they are approved for WIC, do they do they receive a letter just like when they apply for SNAP?

Jen: That is a good question. I think that does vary a little bit from state to state, Steve. Typically, they will contact WIC and WIC will if they contact the individual clinic, the clinic after gathering the information needed can tell them directly right at that time whether or not they qualify for WIC or at least qualify for a nutrition assessment appointment, which rarely does

someone walk come out of a nutrition assessment appointment not having some sort of nutrition need for WIC.

Steve: Terrific. Thank you. While you have your mic on, Jen, is the eWIC card available in all state WIC Programs or is that also different from state to state?

Jen: It is available in all state WIC Programs now. It has been in some states longer than others, but it should be at every state. There are a couple of territories or ITOs that are still working on it. But the majority of all of our programs are using eWIC now.

Steve: Thanks. one more for you, Jen. There is certainly in the last few years, we've heard a lot about infant formula and what WIC approves and doesn't approve. Can you just speak to the infant formula availability issue with WIC?

Jen: Oh, gosh. Steve, that is a difficult question and I understand the question. I know Allison is on this, I actually, think I might ask her to respond.

Steve: Come on in, Allison.

Allison: Thanks. In every state agency will enter into cost containment contracts with a different infant formula manufacturer. That will determine which formulas that state agency provides to WIC participants. It does allow us to serve many more people by reducing the overall cost of formula.

Steve: Thanks. Allison and Jen, I don't know which one of you want to answer this. But there are a few questions about dads with young children. And dads being told or perceiving that WIC is only for women. Can you just sort of address how a dad would get his children onto WIC?

Jen: Well, I will say that I think one of the questions that I responded to noted that the name of our program is the Women, Infants, and Children's Program, and that is a name that we were given by Congress. the laws that created our program and that refers to the people who can actually receive the supplemental nutritional benefit. Noting that the purpose of our benefits is to help assist these categories of people so that we have healthy babies and healthy children that grow into healthy adults.

As far as fathers could come in and get their children on WIC. State agency to state agency, the kind of proof that is required say, do they need to provide a birth certificate for the kid? Or just show that they and the kid live at the same residence, may vary a little bit, and obviously will depend on the situation. But generally speaking, yes, a father could bring his child into a clinic and assuming that child is not already on WIC, they would be able to enroll them and get the child benefits.

Steve: Thank you. We really are thinking about the children there. Thanks. There are so many questions that are coming in and it's very exciting that people are engaged and interested in this topic. Let's see. This is a similar question to the dad question. "Can grandparents apply for WIC?"

Jen: Yes, absolutely, a grandparent could bring a child into the clinic and oversee that child getting benefits. Now again, depending on what state you're in, that state agency may have different requirements. that they can make sure that the child and the grandparent are in one household. I would definitely check with your different state agencies to see how they would approach that in a local clinic setting. But you know, absolutely anyone who is the caretaker for the child should be able to find a way to get that child onto the program.

Steve: Thank you. I give my folks at USDA rest for a minute. This is a question for both LaTrice, and Ronnell, and Patricia, "do either of your program partnerships use online virtual texting outreach to their families as part of their memorandum of understandings?" LaTrice, you want to go first. Do you use texting or any other virtual means of communicating with families as part of the MOU you have?

LaTrice: Yes. We have our online nutrition education that parents can go on to complete their online nutrition education. Then we do have texting, which needs consent and policies from your state agency. But we do use that platform.

Steve: Thank you. At Educare DC, either of you want to respond to any virtual or texting versions of your communication?

Patricia: Sure. We do utilize our website, which we update pretty frequently whenever there's new events or information. But we also have a remind app in where we're sharing information directly with families, we can send out individual messages to families or broad message. But we also utilize still newsletters as a form of communication around our different services.

But it is definitely part of our MOU and the collaboration with DC WIC in our marketing and publication for our enrollment, and also information around our career and hiring. Because a majority of our staff are also parents, we also share that information across the board with our whole community.

Steve: Terrific. Thanks for now. We have a number of questions where folks that are listening to the webinar today, want to know how to reach people in the WIC program. Is there a website or a URL or something that people can go to find out contact information?

Patricia: Yeah.

Steve: Go ahead.

Allison: I can. I'll pull that up and share it in the chat. But on the USDA FNS web page, we do have a list of all state agency contact information. Then from there, your state agency would be able to help connect you with the appropriate local agency clinic as available.

Steve: Terrific. We did put the USDA WIC URL into the handout. It is there, and now I see it right in the chat. Thank you. Folks can go there and find out their state contacts, and from the state, they can find out any local programs. Thank you for that. A little bit about eligibility. Documents that may be needed, particularly if you're moving from state to state, do you have to be

working. What are the requirements to verify income? Could you just reiterate some of the eligibility pieces?

Patricia: Yeah. I can kick it off to Jen for general eligibility. But I will say, when it comes to moving state to state, within WIC, we have a thing called a VEC card or a verification of certification. If a participant is moving, they should be able to get a card that shows that they've already been certified and found eligible. Then they would either have their old state agency send it to their new clinic, or they would have it on paper to take with them. We do that a lot during say disasters, participant would be given that card so they could take it with them wherever they may have to relocate.

When they went to the new clinic, their certification would automatically pick up exactly where it left off, they would not have to redo proof of income or anything like that. They might have to show that they moved but that would be it. I know you asked about the other eligibility requirements. I'll kick it back over to Jen if she doesn't mind to talk a little bit about those again.

Steve: Thanks, Allison.

Jen: I'm sorry I could not unmute myself. The financial requirements, I know that was as Allison spoke about, but that's something that states do slightly differently. It will be best for them to talk to the clinic that they'll be going to see exactly what type of information they want at that what clinic. They need to be able to live in the residence of that state as we talked about. They need to have some sort of nutritional need. That's determined by the nutritionist after we figure out that they're financially eligible and they're in the right state, a nutritionist will talk with them and make sure that there's some sort of nutrition need for that participant.

Steve: Thanks. While you're there, Jen, is WIC something that is a yearly renewal benefit like some other programs? Or once you're on, you're on until you're no longer eligible?

Jen: No, it does need to be renewed. Alison, you can confirm this for me every year, I believe, correct?

Allison: Yes, most state agencies have renewal once a year.

Steve: Thank you. We have a few more minutes for questions and I'm going to hand it back to Nydia to close us out. There are a lot of questions about special formulas. Is that something that also is determined at the state and local level, or is that something that is mandated at the federal level in terms of being able to access special formulas when a child is in need?

Patricia: Yeah, there are some general rules about specialized formulas at the national level, but in general, the decisions are made at the state level, and then the locals follow what the state has determined to be the specialized formulas allowed in their state.

Steve: Terrific. Thank you. I think I know the answer to this one. It is asking about split custody arrangements. "Can both parents receive WIC?" and I think we heard clearly that dads don't get

the benefit, but a pregnant woman, and a pregnant person, and postpartum, gets benefit and then the children get a benefit. The benefit would follow the children, is that correct?

Ronnell: The benefit follows the children. There are some states that do have the ability to split that a little bit. If they have dual partnership in custody, but that again is as at the state level and how they manage that. But fathers can definitely receive benefits for their children if they have custody of those children.

Steve: Terrific. Thank you. Once again, the benefit is tied to the child. That's terrific. Speaking of children. Can a child who's older than five but is deemed medically fragile with specific nutrition needs qualify for WIC?

Ronnell: No, the cutoff for WIC is at age five. Only children under five receive benefits.

Steve: Other programs would need to be tapped to support that child?

Ronnell: Yes.

Steve: Yeah, thank you. We're almost at the top. This one is for Ronnell and Patricia. Does the DMV at the District of Columbia, Maryland or Virginia area have WIC on Wheels?

Patricia: I'm not sure about Maryland and Virginia. But in DC, I don't think we have a WIC on Wheels.

Steve: Thank you. Well, thank you, everybody. If you have additional questions that didn't get answered, Livia or Nydia are going to put the address into the chat, it's health@ecetta.info. It's also on your handout, and it is also the address to the National Center that you can ask any health, safety, or wellness question at any time. Shonika, if you would move the slides, it's back to you Nydia.

Nydia: Great. Thank you much once again to our speakers, for all of this important information. As Steve mentioned, if you have more questions, you can go to my peers or write to help@ecetta.info. The evaluation URL will be placed in the chat and will also appear when you leave the Zoom platform. Remember that after you submit the evaluation, you will see a new URL, and this link will allow you to access, download, save, and print your certificates. You can subscribe to our monthly list of resources using this URL. You can find our resources in the Help section of the ECLKC, or write us at health@ecetta.info. We thank you all for your participation today. Olivia, you may go ahead and close the Zoom platform. Thank you all.