



WIC and Head Start

**Partners in Promoting Health
and Nutrition for Young
Children and Families**

WIC Nutrition Services

**Adjunct to Preventive Healthcare
Health & Nutrition Education
Provide Nutritious Foods**



Head Start Comprehensive Child Development Services



United States Department of Agriculture
Food and Nutrition Service



United States Department of Health and Human Services
Head Start Bureau

October 1999

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Introduction

WIC and Head Start: Common Ground, Common Goals

The WIC and Head Start programs share common goals. Both programs strive to promote positive health and nutrition status for young families. Both programs provide young children and families with nutritious foods, health and nutrition education, and assistance in accessing on-going preventive health care. In many communities, WIC and Head Start serve the same families. By working together, programs have an opportunity to coordinate these services and maximize use of scarce resources (e.g., funding, staff, space). Working together can mean minimizing duplicative efforts on the part of families and staff; more opportunities for WIC and Head Start to benefit from each program's strengths, expertise and best practices; and ultimately, more ways to make a positive impact on good health and nutrition for children and families.

WIC and Head Start: Partners in Promoting Health and Nutrition for Young Children and Families is a publication that provides information on a variety of ways that WIC and Head Start can work together. This publication is the result of a coordination project undertaken at the federal level between the Head Start Bureau (Administration for Children and Families, Department of Health and Human Services) and the WIC Program (Food and Nutrition Service, Department of Agriculture). In 1994, these two entities entered into an interagency agreement to jointly support coordination at the regional, state and local levels. As part of this effort, the Food and Nutrition Service (FNS) and the Head Start Bureau have developed this informational report. It describes a variety of efforts undertaken in States and local communities to coordinate Head Start and WIC services and discusses strategies used to overcome barriers to coordination. The report is based on a study (WIC-Head Start Coordination Study) conducted by Research-able, Inc., from October 1994 through September 1996, under a contract with FNS (USDA Contract Number: 53-3189-4-037). The WIC-Head Start Coordination Study was undertaken to:

- Identify current and potential collaborations;
- Identify statutory, regulatory, and practical barriers to collaboration;
- Gather information on collaborations and their implementation; and
- Disseminate study findings for use by local and national WIC and Head Start staff.



The study's methodology involved a series of personal telephone interviews and site visits during which coordination activities were identified and examined. The programs surveyed were WIC and Head Start agencies that demonstrated a significant level of collaborative activity. For more information about the methodology used, please see Appendix B.

How To Use This Publication

Although Head Start and WIC share common goals, the scope and design of each program's services are quite different. Chapter One provides a broad overview of each program including some information about program history. The remainder of the report is organized by chapters that give examples of coordination strategies in five service areas common to both WIC and Head Start:

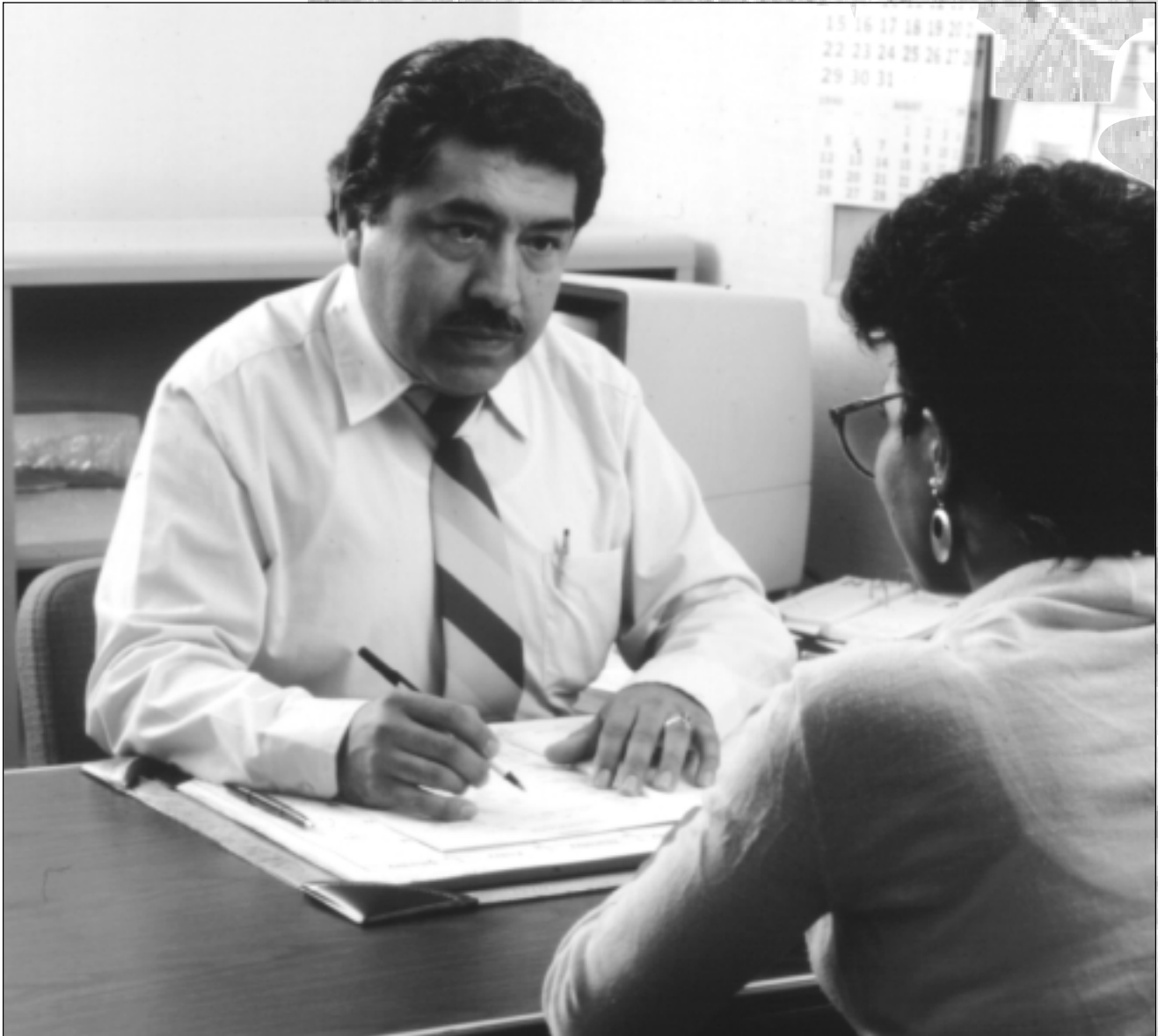
- Eligibility;
- Health and Nutrition Screening/Assessment;
- Nutrition Education for Children and Parents;
- Providing Nutritious Foods
- Program Administration

In each of these chapters, a review of each program's relevant regulatory requirements is provided and examples of coordination efforts reported by survey respondents are described. Comments, observations and insights from respondents about how to promote cooperation between the programs are also included. The last chapter (Chapter Seven) discusses the factors that support coordination as cited by respondents.

As this report illustrates, there are many strategies programs can use to coordinate WIC and Head Start services. The examples cited in this report should not be interpreted as recommended models but as examples programs can use as a reference in developing coordination strategies that meet specific needs of their communities. Although coordination models look different from place to place, the potential benefits of working together are universal.

Chapter 1

Program Overview



“The days of all of us doing our own things are gone. There just isn’t enough money. Clients should not have to go to a bunch of places to get the services they need and are entitled to. They should not have multiple case workers. We need to pool our resources and get the job done as cost effectively as possible.”

Survey Respondent from Greenville, Ohio

Chapter 1

Program Overview

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides specific nutritious supplemental foods, nutrition education, and health care referrals at no cost to its participants. WIC participants are low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are at nutritional risk. At the time of this study in FY 1996, the total number of average monthly participation in the WIC Program was 7,187,831.

WIC started as a pilot project in 1972. At that time, concern about under-nutrition during critical stages of growth and development led to an amendment to the Child Nutrition Act authorizing WIC's creation. WIC became a fully authorized program in 1974.

WIC is a Federal grant program. It is administered at the Federal level by the Food and Nutrition Service (FNS) of the U.S. Dept. of Agriculture. FNS provides funds to its seven regional offices, which in turn distributes them to WIC State agencies, including the District of Columbia, U.S. Territories, and Indian Tribal Organizations for program administration and operations. State agencies are responsible for administering the Program within regulatory guidelines established by FNS. FNS determines the size of each State Agency's grant on the basis of a regulatory funding formula, and





establishes eligibility requirements, priorities for client waiting lists, and guidance in defining nutritional risk. FNS monitors State agencies for compliance with these regulations.

State Agencies have broad discretion over program implementation within the regulations established by FNS. For example, State agencies select from among Federally allowable WIC foods in creating WIC food packages for their clients. Hence, there is a great deal of variation among States in specific program characteristics.

Local WIC agencies are authorized by State agencies to provide checks or vouchers, redeemable at authorized vendors for specified supplemental foods to WIC participants and to pay administrative costs, including the costs of certifying applicants for eligibility and providing nutrition education and counseling, and referring the applicant to locally available needed health services. Any public or private, nonprofit, health or human service agency which provides health services to the public directly or through contract may apply to a WIC State agency to become a local sponsoring agency. Local agencies are often city or county health departments, but they may also be hospitals, maternal and child health groups, or community action agencies. Each local agency may provide services at one or more sites.

The goal of the WIC Program is to improve the nutritional health of program participants during pregnancy and the postpartum period, infancy and early childhood. The benefits provided by the WIC Program include:

- **Food Package:** Participants usually receive vouchers or checks redeemable for specific items at local grocery stores. The foods provided in the WIC food package target specific nutrients that are known to be lacking in the diets of low-income individuals. They are to supplement the regular diet.
- **Nutrition Education:** The current WIC legislation mandates that State agencies earmark at least one-sixth of their administrative funds for nutrition education. The purpose of nutrition education is to teach participants how to use WIC foods, foster positive changes in food habits, promote breastfeeding and, if needed, refer participants for drug treatment and counseling.

- **Breastfeeding Promotion:** Legislation also mandates that WIC promote and support breastfeeding, and specifies a target which must be spent on these efforts. State agencies meet and exceed the target, spending over \$50 million annually in support of breastfeeding.
- **Health Care Referrals:** An expected effect for participants is increased and regular use of health care services such as immunization, lead screening, and dental services. Although WIC does not fund such services, the Program encourages the utilization of existing health care through referrals.

What is Head Start?

Launched in 1965, Head Start is a comprehensive child development program that serves low-income children and their families. The goals of the Program are to foster each child's social competence by supporting and



“It is in the best interest of families to avoid duplication. Collaboration strengthens both programs. It gives wider professional expertise that can be shared, e.g., WIC brings nutrition expertise, Head Start brings education expertise. Collaboration is mutually stimulating, a cross-fertilization of ideas.”

*Survey respondent from
Portsmouth, New Hampshire*

nurturing their social, emotional, cognitive and physical development; and to support each family in fostering their child’s development and in attaining family goals. Head Start provides children with the skills they need to function in kindergarten. Head Start provides child development and health services through locally defined service delivery models such as center-based preschool services, home-based services, combination services that provide both center and home-based services, family child care services, and locally designed models. Through family and community partnerships, the program assists parents in their role as the primary educator of their children, to be involved in their child’s learning, and to meet other family goals such as training and employment. Children enrolled in Head Start are 3 to 5 years old. At the time of this study in FY 1996, the total number of children enrolled in Head Start and Early Head Start was 752,077.

With the reauthorization of the Head Start Program in 1994, Congress established a new program for low-income families with infants, toddlers and pregnant women which is called Early Head Start. The program was created based upon strong evidence from research and practice that early intervention can make a significant positive impact on children and families. High quality programs for children birth to age 3 can enhance children’s physical, social, emotional, and cognitive development; enable parents to be better caregivers and teachers to their children; and help parents meet their own goals, including economic independence. Beginning in 1995, Early Head Start began serving pregnant women and children up to age 3. The program’s focus is to maximize a child’s developmental potential and support parents’ role as primary caregivers/educators as early in a child’s life as possible. Like Head Start, Early Head Start provides comprehensive services, including child development, health and nutrition services to eligible families. Program services may be delivered through center-based, home-based or family child care models. All Head Start and Early Head Start programs must meet program performance standards, a set of federal regulations that ensures that programs provide a defined set of quality services to children and families and have management systems to support those services.

The focus of Head Start and Early Head Start health services is to assure that children and families are receiving on-going preventive health care and to promote preventive health and safety practices. Health services are comprehensive and include physical, dental, nutrition, and mental health

services that are tailored to individual needs. Through partnerships with families, programs must assure that children and pregnant women receive the appropriate schedule of well child exams, prenatal exams, dental exams, and immunizations. They must also assure that a nutrition assessment and other appropriate health screenings are performed. Children and families are involved in health and nutrition education through classroom curriculum, parent/family education activities and home visits. Children who receive center-based child development services also receive nutritious meals on-site.

Head Start and Early Head Start are administered federally by the Head Start Bureau in the U.S. Department of Health and Human Services. The federal government provides funding directly to local programs through ten federal regional offices which govern all fifty States, the District of Columbia, U.S. Territories, and Indian Tribal Organizations. The Head Start Bureau also serves eligible children and families through its Migrant Programs and American Indian Programs Branches. In addition, each State has a Head Start State Collaboration Office that ensures coordination with other State-administered programs that serve children and families.



Chapter 2

Eligibility



“Getting started in the collaboration was awkward. Both programs are very busy and it was much easier to pay attention to your own program rather than put the energy into working together. It was a paradigm shift to look at both programs and their needs and how each program could serve the other. Once we were communicating, a lot fell into place.”

*Survey respondent from
Collier County, Florida*

Chapter 2

Eligibility

WIC and Head Start have different eligibility criteria. In spite of these differences, many families are eligible for both programs. Collaboration on eligibility issues can make it easier for families to receive WIC and Head Start services in a coordinated, non-duplicative, and convenient manner.

In order to be eligible for WIC services, participants must meet all of the following criteria:

- Be a resident of the State in which they apply for services or live in the jurisdiction of an Indian Tribal Organization serving as a WIC State agency;
- Be a pregnant, breastfeeding, or postpartum woman, infant or child up to age 5 (categorical eligibility);
- Be individually determined to be at nutritional risk by a health professional; and
- Have a family income at or below 185 percent of U.S. Poverty Income Guidelines or a person or certain family members who participate in other benefit programs such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families automatically meet the income eligibility requirement.

Generally, WIC participants are certified to be eligible to receive WIC benefits at intervals of about 6 months. Infants under 6 months of age may be certified for a period extending up to their first birthday. Pregnant women are certified for the duration of their pregnancy and for up to 6 weeks postpartum.

In order to be eligible for Head Start/Early Head Start services, participants must meet all of the following criteria:

- Be a child age 3 or 4 for Head Start; or
- Be a pregnant woman, infant or child up to age 3 for Early Head Start; and
- Have a family income at or below the U.S. Poverty Income Guidelines (Ninety percent of families)
- Ten percent of families may be over-income
- Ten percent of Head Start enrollees must have children with special needs.

If a child has been found income eligible and is participating in a Head Start program, he or she remains income eligible through that enrollment year and the immediately succeeding year. Children enrolled in Early Head Start remain income eligible while they are participating in the program (potentially, from pre-natal to age 3).

ELIGIBILITY CRITERIA	
WIC Criteria	Head Start Criteria
■ Reside in the State in which they are applying.	
■ Be a pregnant, breastfeeding or postpartum woman, infant, or child up to age 5.	■ Be a child age 3 or 4 years for Head Start. ■ Be a pregnant woman, infant or child up to age 3 for Early Head Start.
■ Be determined at nutritional risk.	
■ Have a family income below 185 percent of U.S. Poverty Income Guidelines or determined adjunctively income eligible.	■ Have a family income at or below the U.S. Poverty Income Guidelines.

Ninety percent of Head Start families have incomes under 100 percent of U.S. Poverty Income Guidelines. Because Head Start programs strive to serve those with the greatest need for services, the 10 percent of Head Start families who exceed the federal poverty level are likely to have family incomes under 185 percent of poverty. Thus, the vast majority of Head Start families are income-eligible for WIC. However, not all Head Start families meet the categorical and nutritional risk requirements for participation in WIC. Therefore, the exact number of children eligible to participate in both programs is not known.

Eligibility: Opportunities for WIC-Head Start Coordination

Although Head Start does not require children to demonstrate nutritional risk to be eligible, many Head Start/Early Head Start children and pregnant women are found to be at risk for poor nutritional status when physical exam data (i.e., height, weight, hemoglobin/hematocrit) are reviewed



after enrollment in the program. At least 90 percent of Head Start families are living at or below the poverty level which substantially increases their risk for poor nutritional status. During 1996—1997, anemia, asthma, overweight, high lead levels and underweight were the five most prevalent nutrition-related conditions reported in Head Start children (1996-1997 Annual Program Information Report).

Neither WIC nor Head Start are entitlement programs. Given the limited and sometimes variable funding from year to year, both programs prioritize their enrollment, striving to serve those families who will benefit most from program services. If funding does not make it possible to serve all those who are eligible, WIC has a formal priority system for determining who should receive benefits. The priority system is based on participant category and risk factors. In Head Start, programs are required to determine criteria that define the types of children and families who will be given priority for selection into the program. Factors that must be considered are level of family income and age of the child. Many programs also consider degree of need for comprehensive child development services. For both programs, the population served may vary in each local area. Thus, it may be helpful to examine the extent to which Head Start and WIC are serving the same families in a given community.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: ELIGIBILITY

- While most Head Start/Early Head Start families will meet income guidelines for WIC, individuals must also be determined to be categorically eligible and at nutritional risk to be eligible for WIC services.
- At least 90 percent of Head Start families are living at or below the poverty level and, thus, are at substantial risk for poor nutritional status.
- The extent to which Head Start/Early Head Start and WIC serve the same families will vary from community to community.

Survey Findings: Coordination Strategies At Work

The WIC-Head Start Coordination Study provides examples of local WIC and Head Start programs that collaborated to streamline the eligibility processes of assessing and screening qualifications. Many respondents also reported joint efforts in recruiting participants including, coordinated development of recruitment literature, or joint literature distribution. A

number of respondents mentioned that in many areas there is a lack of awareness and understanding of the WIC Program and that Head Start can help by introducing its clients to WIC. As the Gering, Nebraska WIC and Head Start Programs report:

[Collaboration] begins with cross referrals and joint recruitments...more often than not they [programs] have joint assessments and screenings."

A Head Start program in Haverhill, Massachusetts reported how they secured extra resources to do recruitment for WIC and other programs:

"Head Start got a grant for a neighbor-to neighbor program. They took laptop computers out to rural areas and screened the adults on site for 80 different programs. As a result, all numbers are up; there even is a waiting list for Head Start. Lunch program has increased by 143%. WIC participation for the whole community has gone up by 70%."

All the Head Start and WIC programs surveyed reported they gather income and other child/family information as part of the eligibility and/or intake process. Both programs also reported they collected nearly identical information to screen for nutritional risk. However, the WIC program screens for nutritional risk as a **determinant** of eligibility while Head Start screens for risk as part of the comprehensive health services provided to families enrolled in the program. In Head Start, screening may coincide with enrollment or may occur after enrollment.

The majority of programs interviewed for the study had developed some procedure for sharing or jointly gathering family income information. Many programs have developed joint forms to collect enrollment information. Other programs simply work out a system for exchanging income-related information. For example, The Graettinger, Iowa collaboration developed joint data collection forms with appropriate consents for release of information to exchange income data and other qualification information. The Riverside, Rhode Island WIC-Head Start collaboration reported:

"We recruit together and refer to each other's programs. We use the same income information form, as well as a release form to authorize sharing medical information."

New York's Tioga Opportunities Program Head Start shared this:

“At one of our locations, the WIC people do certifications at the Head Start site. This enables parents to use a single day to come in and volunteer for Head Start and at the same time get certified for WIC.”

And one program, the Seattle Public Schools Head Start/WIC used the same staff person (a Nutrition Coordinator) to complete the eligibility processes for both Head Start and WIC, using an integrated record-keeping system that virtually eliminated duplication.

Electronic Benefits Transfer or so-called “smart” cards also offer collaborative possibilities for the future. Use of these cards has the potential to allow parents to be in charge of family information, retaining the ability to make decisions about sharing that information with any and all community programs, while at the same time eliminating the need for parents to produce basically identical information on multiple forms. While several programs stated they were interested in pursuing the use of these cards, the projects are still in the planning stages.



COORDINATION STRATEGIES AT WORK: ELIGIBILITY

- Joint recruitment efforts.
 - Joint Head Start-WIC forms to collect eligibility information.
 - Shared staff who enroll children/families for both WIC and Head Start.
 - Consent forms that allow programs to exchange enrollment information.
 - “Smart” Cards: electronic means for families to share child/family information with many programs without having to complete multiple, duplicate forms.
 - Joint “health fairs” to recruit and enroll children/families and perform health screenings used by both programs.
-

Chapter 3

Health and Nutrition Screening/Assessment



“Focus on your successes, not your setbacks in collaboration efforts. Remember that successes can be very, very small. Appreciate them.”

Survey respondent from Newport, Vermont

Chapter 3

Health and Nutrition Screening/Assessment

WIC and Head Start Programs are both required to complete health and nutrition screening/assessment procedures or assure that participants receive these services from another appropriate health professional. As a result, families participating in both programs may be asked to provide similar information to each program at different times. Coordinating the health and nutrition screening/assessment processes between programs may minimize duplicative efforts for families and staff.

WIC Program Requirements

As part of the eligibility process, applicants must be individually determined to be at nutritional risk by a competent health professional. To determine risk, at minimum, a current height, weight and blood test for anemia must be obtained and evaluated. This data must be obtained prior to or at the time of certification for eligibility and may be obtained directly or by referral to an appropriate health care provider. Examples of nutrition risk criteria are anemia, underweight, overweight, a medical condition with nutritional impact such as diabetes, or inadequate dietary patterns as assessed by a 24-hour dietary recall, dietary history or food frequency. WIC also provides referrals for health care, including Medicaid and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, to assist families in accessing appropriate ongoing health services.

Head Start Requirements

As quickly as possible, but no later than 90 days after enrollment, Head Start and Early Head Start Programs are required to assure that participants are enrolled in a system of ongoing preventive healthcare. Programs must obtain from a health care professional a determination that each child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age. In addition, information about child and family eating patterns, including current feeding schedules for infants, must be collected and assessed.

Although programs have 90 days to obtain health assessment information from a health care provider, many Head Start Programs choose to perform some health screenings on-site including, height, weight, vision, and hearing screenings. Providing screenings on-site prevents delays in obtaining health data that may be used as a part of the developmental screening that must be completed for each child within 45 days of enrollment. The developmental screening identifies concerns regarding a child's developmental, visual, auditory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

HEALTH AND NUTRITION SCREENING/ASSESSMENT

WIC Requirements

- Nutrition risk must be demonstrated prior to or at the time of certification. At minimum, height, weight and a blood test for anemia must be assessed. Assessment may be based on data collected directly or from another appropriate healthcare professional. A poor diet may also be included as a nutrition risk.
- Programs provide participants with referrals to on-going health care as needed.

Head Start Requirements

- Nutritional needs must be identified, taking into account information about child/family eating patterns and relevant health exam/screening data (height, weight, and blood tests for anemia). Health exam data is obtained within 90 days of enrollment - see below.
- Within 90 days of enrollment, programs must assure that children and pregnant woman are up-to-date on a schedule of preventive health care used by EPSDT for children or prenatal care for pregnant woman. Programs may choose to conduct some health and nutrition screening activities directly to aid in identifying health/nutrition needs as quickly as possible.

Early Head Start Programs must ensure that pregnant women are receiving comprehensive prenatal and postpartum care immediately after enrollment into the program. This care must include early and continuing risk assessments, including an assessment of nutritional status as well as nutrition counseling and food assistance. The care must also include dental and mental health assessments and interventions as deemed appropriate by the attending health care provider.

Health and Nutrition Screening/Assessment: Opportunities for WIC and Head Start Coordination

Although both Head Start and WIC Programs conduct health and nutrition screening/assessment activities, WIC utilizes assessment data to determine program eligibility while Head Start does not. Instead, within 90 days of enrollment, Head Start programs must assure that children and pregnant women are up-to-date on a schedule of preventative health care, including appropriate screenings. Programs may choose to complete some of these activities as part of enrollment, although this is not required. Thus, the timelines required for completing these activities may differ, making collaboration efforts in this area more challenging. Nevertheless, coordination of health and nutrition screening/assessment activities can be successful in minimizing duplicative services and assuring that families have access to on-going preventive healthcare.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: HEALTH AND NUTRITION SCREENING/ASSESSMENT

- Both Head Start and WIC require that similar health/nutrition assessment data be obtained for children and pregnant women, including and assessment of dietary patterns/eating habits.
 - Head Start requires that information be collected within 90 days of enrollment into the program, while WIC requires that the information be collected prior to or at the time of WIC certification of eligibility.
 - Both programs work to assure that children and families are enrolled in a system of on-going preventive health care such as Medicaid and EPSDT. Information from a health care provider may be used to determine health/nutrition status and risk.
-

Survey Findings: Collaboration Strategies at Work

Although somewhat limited by the barriers posed by the confidentiality of participant records, a substantial number of programs have developed the means through which assessment data can be shared between WIC and Head Start Programs. The following are specific examples of collaborative efforts in the area of health and nutrition screening/assessment as shared by study respondents:

- Joint medical assessments and screenings;
- Joint data collection forms which contain a signed release authorizing information sharing between WIC and Head Start;
- WIC performing all the health-related testing and screening functions for Head Start with both programs utilizing the information gathered;
- WIC performing selected health-related functions, the most common being hematocrits and anthropometrics measures; less common are immunizations and lead testing by health department-funded individuals assigned to work with WIC;
- Head Start performing all or selected health screening functions for both programs;
- Each program gathering its own information utilizing forms with a release so information can be shared;
- One program completes dietary intake assessments for the other;
- Shared medical equipment for use in testing and screening;
- Shared staff who complete screening/assessment procedures for both programs;
- WIC monitoring and follow-up on clients referred by Head Start for specific medical or nutritional needs;
- Staff in-service training by WIC for Head Start staff on nutrition assessment procedures (e.g., to perform height and weight measurements and plot growth charts); and
- Head Start provides transportation to WIC appointments.

The Jackson, Tennessee Collaboration reports significant benefit from WIC conducting medical and nutrition screenings for both programs, stating that:

“This makes more efficient use of time resources for both staff and clients.”



The ability to bring WIC services to the Head Start sites allows families to get both services at one site. The Oklahoma City WIC-Head Start Collaboration, for example, involves WIC bringing its mobile services to the Head Start sites on a regular basis.

“Our van travels to eight separate Head Start sites, with clinics on Monday through Thursday of each week and half-day on Friday. Each site is visited at least once per month and the larger ones are visited once each week. This enables WIC to serve 1,000 clients at Head Start. Because this is a Community Action Program as well, the mobile unit also sees other WIC clients at the Head Start site from time to time. Services provided include: certifications, dietary assessments, heights, weights, and hematocrits, along with issuance of vouchers.”

WIC mobile-unit collaborations were reported by several programs as providing excellent benefits, particularly in rural areas with widely dispersed client populations. The Community Action Programs in Spartanburg, South Carolina and Owego, New York where WIC and Head Start are co-located reported this benefit:

“Parents don’t have to take off work to come to the health department for physicals for their children.”

Haverhill, Massachusetts’s Collaboration said of its van program:

“The Department of Public Health gave us a WIC van with a nurse practitioner whose time is donated by a local hospital one day each week. She does wellness care, immunizations, and physical exams at the rural Head Start center and all around the city at Head Start sites as well.”

In addition, a number of programs reported cooperative use of vans or buses for transporting clients for services. The Head Start Program in Macon County, North Carolina reported how they work with WIC:

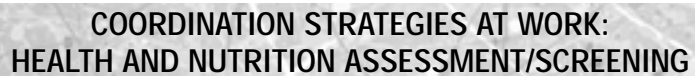
“Head Start helps provide transportation, reminds people of their appointments and provides a list of children who aren’t up-to-date on their shots. Head Start provides health and medical information to WIC. Head Start does their own screenings for dental, height and weight. WIC does hemoglobin.”

The Child Development, Inc. Head Start Program in Russellville, Arkansas also collects health information for both Head Start and WIC with many reported benefits:

“When parents and children come to Head Start for enrollment, Head Start does EPSDT, height, weight and hemoglobin. Then [families] go to the WIC person who enrolls them because they are qualified for WIC if they meet the income guidelines for Head Start. Then WIC gives them the vouchers on the spot and does their nutrition assessment. Parents have loved it and look forward to it. It cuts down on transportation.”

At Cherokee Tribal Child Care Services in North Carolina, WIC does all medical screening and the information is shared, authorized by a joint release form. The benefits of collaborations in the medical testing area can be obvious. Program after program offered some variation on the following comment:

“Kids don’t like to get stuck. It hurts! If we can figure out a way to only have to stick them once it’s a lot better than having to do it twice. Collaboration cuts down on pain.”



COORDINATION STRATEGIES AT WORK: HEALTH AND NUTRITION ASSESSMENT/SCREENING

- Joint screenings for both programs can contribute to:
 - greater efficiency;
 - less time off from work for parents; and
 - fewer duplicative screening procedures for children.
 - Joint release forms and shared forms facilitate information sharing and minimizes duplication.
 - Shared staff allow similar functions in both programs to be efficiently accomplished so families do not have to provide duplicative information.
-

Chapter 4

Nutrition Education for Children and Parents



“Through the [collaboration], Head Start became more aware of WIC services and WIC became more aware of Head Start’s needs. It was a perfect marriage from the start. They have gotten so many more families involved and receiving benefits.”

*Survey respondent from
Collier County, Florida*

Chapter Four

Nutrition Education for Children and Parents

Nutrition education is a central component of both WIC and Head Start health services. Both programs provide nutrition education to support and encourage life-long habits that promote positive health status and prevention of chronic illnesses. Accordingly, this area offers many opportunities for collaboration. Both programs are required to provide nutrition education and coordination of these efforts can make the lessons more meaningful to children and families.

WIC Program Requirements

Nutrition education is a WIC Program benefit that must be made available to each WIC participant. According to federal regulations, nutrition education must be designed to achieve the following two broad goals:

- Stress the relationship between proper nutrition and good health, with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children under 5 years of age, raise awareness about the dangers of using drugs and other harmful substances during pregnancy and while breastfeeding, and to promote and support breastfeeding as the preferred infant feeding method.
- Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods. This is to be taught in the context of the ethnic, cultural, and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

WIC Programs must make nutrition education opportunities available to all categories of participants at least twice during each six-month certification period, or at least quarterly for infants that are certified for periods longer than 6 months. Nutrition education may be offered to parents, guardians or caretakers of infant/child participants, or to the children directly. WIC Programs may provide nutrition education directly or enter into an agreement with another agency to provide this service. Educational activities may be provided through individual or group sessions. WIC programs also are required to promote and support breastfeeding through education, technical assistance, and provision of breastfeeding aids.

Individualized nutrition care plans are provided for participants based on the need for a plan as determined by an appropriate health professional. Individual care plans are also made available upon request to any participant, parent, or caretaker. Typically, participants receive individual care plans based on nutrition risk criteria that indicate they are at high risk for nutrition-related problems and warrant individualized care from a nutrition professional such as a registered dietitian.

Head Start Requirements

Head Start Programs must provide health and nutrition education opportunities to children and parents. For children, health and nutrition learning activities are integrated into the overall child development curriculum. Typically, children are involved in daily health activities such as brushing their teeth, washing their hands, and eating family style meals. Other learning activities such as preparing foods, growing foods, reading stories, singing songs, and play-acting around food themes are included throughout the program year. These health and nutrition activities are planned and carried out in a manner that promotes the individual cognitive, physical, and social-emotional development of each child.

As part of Head Start's focus on parent involvement, the program must provide parents with the opportunity to learn the principles of preventive health, including the selection and preparation of foods to meet family needs and the management of food budgets. Parents must also have opportunities to discuss and learn about the individual nutritional status of their child and how to access services that may be needed to meet identified nutrition needs. Programs are required to provide on-going follow-up to ensure that identified nutrition needs are met and that nutrition education opportunities pertaining to individual nutrition concerns are available. Programs may provide nutrition education opportunities for parents directly, or through agreements with other agencies. Interactions with families must be respectful of each family's cultural and ethnic background. Although not required, many programs reimburse parents for travel and child care expenses related to their attendance at parent education activities. Some programs may also provide child care on site during educational events/meetings or may implement educational strategies that involve the whole family.



Early Head Start Programs must assure that pregnant women have access to health promotion and treatment services, including nutrition counsel-



NUTRITION EDUCATION REQUIREMENTS

WIC Requirements

- Nutrition education opportunities must be made available for all categories of WIC participants at least twice during each six month certification period; or quarterly for infants with longer certification periods.
- Nutrition education for pregnant women and mothers with new babies must include breastfeeding promotion and support.

- Nutrition education may be offered to parents/caregivers or to children directly.

- Nutrition education may be provided through individual or group sessions and should be designed to meet individual cultural and language needs of participants.
- Nutrition education may be provided by WIC directly or through agreements with other agencies.

- Individualized care plans are provided for participants based on need or on request.

Head Start Requirements

- Nutrition education must be made available for all children, pregnant women, infants and toddlers enrolled in Head Start.
- At a minimum, nutrition education must include the selection and preparation of foods and the management of food budgets.

- Nutrition education activities must be integrated into the overall child development curriculum.
- Nutrition education opportunities must be made available to parents.

- A variety of educational methods may be used for nutrition education.
- All interactions with families should be respectful of each family's cultural and ethnic background.
- Nutrition education may be provided by Head Start directly or through agreements with other agencies.

- Staff and families work together to identify each child's individual nutrition needs.

Nutrition Education: Opportunities for WIC and Head Start Coordination

ing, information on the benefits of breastfeeding, substance abuse prevention and treatment, and mental health interventions, as needed.

Nutrition education may be the area of potential collaboration that has the most possibilities. Both WIC and Head Start provide nutrition education with common goals in mind. Using combined resources and differing expertise, the programs may be able to coordinate comprehensive nutrition education efforts that have maximum impact on their ability to influence lifelong healthy eating habits.

OPPORTUNITIES FOR WIC AND HEAD START COORDINATION: NUTRITION EDUCATION

- Coordinated nutrition education efforts can provide families that participate in WIC and Head Start with a wide variety of opportunities to learn about nutrition, increasing the likelihood that learning opportunities will be effective and meaningful.

Survey Findings: Coordination Strategies at Work

Survey respondents reported a high degree of coordination in nutrition education, including the following:

- WIC conducting individual nutrition counseling for Head Start clients;
- WIC completing follow-up monitoring for Head Start-referred special needs clients;
- Parent nutrition education and training sessions for Head Start by WIC staff;
- Jointly developed or shared nutrition education materials, including bilingual materials;
- Head Start providing nutrition education to children in the classroom for Head Start and WIC;
- Head Start providing nutrition education for parents at the Head Start center for both programs;
- Integrated services in which all nutrition education is planned and implemented by one staff for both WIC and Head Start; and
- Head Start and WIC jointly develop community nutrition education events, materials or mass media programs.



The Head Start-WIC Programs in the Seattle area, for example, reported that they are administered through one agency. All WIC and Head Start services, including nutrition education, are delivered in an integrated manner at Head Start centers. Nutrition education is planned and implemented to meet all WIC and Head Start requirements. Staff are not identified as either “WIC” or “Head Start.” They are simply staff that are trained to provide both programs’ services. In addition to children receiving nutrition education in the classroom, parents receive nutrition education at the child’s school on a regular basis. It is also a good time for parents to pick up WIC food vouchers, although they can be picked up at other times. This one-stop setting for parents to receive more than one service strengthens both the parent involvement and the nutrition education component.

Programs that are not totally integrated have found other ways to make collaboration on nutrition education work. The Jackson, Tennessee Collaboration reports significant benefit from WIC conducting nutrition education and medical and nutrition screenings for both programs.

“This makes more efficient use of time resources for both staff and clients.”

Another way of collaborating is to provide families with extra support to motivate them to attend nutrition education sessions. The Ohio Valley Education Cooperative Head Start Program collaborated with WIC to ensure that families were receiving education services:

“Head Start also follows up with the parent to make sure they are attending their nutrition education classes at WIC and provides transportation if it is needed.”

Two sites described creative use of electronic media for collaboration on both medical and nutrition education. In Las Vegas, Nevada:

“...our WIC and Head Start Programs collaborate on a weekly radio program – the Cycles of Life – which addresses a series of medical and nutrition issues in a user friendly format that appeals to a variety of ages and backgrounds. This program takes a subject and traces it from birth through old age.”

The Macon County Program for Progress Head Start Program in Franklin, North Carolina, reports on its satellite television program:

“We have what we call a Distance Learning Classroom Program that enables us to broadcast our nutrition education sessions to other sites – about 130 sites at high schools, colleges, and universities where groups can gather to watch them.”

The Jackson, Mississippi WIC-Head Start Collaboration reported:

“Our pride and joy is our Health Choice nutrition education program for both parents and children that is coordinated by both WIC and Head Start. The results are rewarding and in the long run help both agencies. Collaboration is much needed...it’s wide open. Make it a priority and it will happen.”

COORDINATION STRATEGIES AT WORK: NUTRITION EDUCATION

- Combined nutrition education efforts that are planned and implemented to meet both programs’ requirements.
 - Nutrition education conducted in the Head Start setting for both programs.
 - WIC-Head Start Collaboration on community nutrition education programs that reach a wide audience.
-

Chapter 5

Providing Nutritious Foods



***“Look for common ground, the same kind of goals,
needs and clients.”***

—Survey respondent from Trenton, New Jersey

Chapter Five

Providing Nutritious Foods

Both Head Start and WIC provide participants with nutritious foods as part of their nutrition services. WIC provides participants with vouchers for supplemental foods and Head Start provides nutritious meals to children who attend Head Start centers.

WIC

WIC participants receive supplemental foods as one of their WIC benefits. Depending on participant category (pregnant, postpartum, or breastfeeding woman, infant, or child), WIC provides a monthly set of vouchers for nutritious foods to supplement the diet. In general, WIC vouchers are for specific foods that are high in protein, calcium, iron, and vitamins A and C. WIC foods include iron-fortified infant formula and infant cereal, iron fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, and peanut butter or dried beans or peas. Although they do not receive WIC foods, exclusively breastfed infants are counted as WIC participants and their mothers receive an enhanced food package which include larger quantities of WIC foods, tuna and carrots.

Head Start

In center based settings, Head Start provides each child with nutritious meals. Every child in a part-day program receives meals and snacks which provide at least 1/3 of daily nutritional needs. Every child in a full-day program receives meals and snacks which provide 1/2 to 2/3 of daily nutritional needs depending on the length of the program. All children in morning programs who have not received breakfast at the time they arrive at the Head Start Program are served a nourishing breakfast. Infants or toddler in center-based care must receive food appropriate to his or her nutritional needs and developmental readiness. Meals are provided free of cost and must meet USDA Child and Adult Care Food Program meal pattern requirements. Foods served must be high in nutrients and low in fat, sugar and salt. Special diets needed for medical reasons or other dietary requirements are accommodated.

A variety of foods is served which broadens each child's food experiences and mealtime is considered a learning opportunity that is integrated into the overall curriculum. Opportunities are provided for children to be involved in food and mealtime related activities. Staff, children, and volunteers eat together family style and to the extent possible, share the same menu.

Providing Nutritious Foods: Opportunities for WIC and Head Start Coordination

Although WIC and Head Start both provide children and families with nutritious foods, WIC provides supplemental foods for participant home consumption, while Head Start provides Meal Service. In spite of the differences, the programs can support each other's efforts and enhance the quality of services to families.



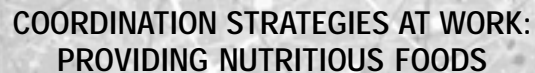
Survey Findings: Coordination Strategies at Work

To provide “one-stop” shopping for families, many Head Start and WIC Programs surveyed reported that they collaborated by making it possible for participants to pick up WIC vouchers at their child’s Head Start center. For example, Chicago’s Community and Economic Development Association of Cook County reported that parents are permitted to accompany the children on the Head Start buses to the Head Start Program where WIC vouchers are distributed. Other collaborations make vouchers available in conjunction with nutrition education activities or other parent/family involvement events. In these settings, WIC staff or trained Head Start staff may distribute the vouchers. Staff at Puget Sound Educational Service District Head Start in Seattle, Washington reported:

“It is difficult to list specific collaborative services, because the programs are totally blended. They are co-located and share all other functions. Even the Head Start teachers, for example, are trained and authorized to hand out WIC vouchers. At monthly parent meetings, vouchers are always available. This increases parent attendance and much of the nutrition education is offered there [too].”

Another collaborative strategy used is that WIC nutritionists helped plan the menus served in Head Start. This was reported as particularly helpful in efforts to integrate a child's individual or cultural preferences into the menu, or to incorporate menu strategies for children with special nutrition needs due to a medical condition. The Pasco County WIC Project stated that collaborating in this way had many benefits:

“Two [WIC] nutritionists do monthly visits to the Head Start classrooms, the school system dietitians, food service supervisors and employees. They modify the school lunch menu to meet the needs of the Head Start children. [This has fostered] harmony between food service supervisors and teachers. WIC has been a bridge to making things more comfortable for the teachers.”



COORDINATION STRATEGIES AT WORK: PROVIDING NUTRITIOUS FOODS

- WIC vouchers are made available at Head Start centers so parents can pick up vouchers in conjunction with participating in child/family activities.
 - Meal planning for Head Start children with special nutrition needs can be enhanced by utilizing the expertise of WIC nutritionists.
-

Chapter 6

Program Administration



“It is important to employ as much organizational patience as possible. This is the key ingredient to successful collaboration. Interagency agreements are important, but the relationships that lead to them or flow from them are the real key to effective collaboration”

Survey respondent from Newport, Vermont

Chapter Six

Program Administration

In addition to collaborating to provide direct services as described in the previous chapters, Head Start and WIC Programs have also worked together in various ways to support and strengthen administrative activities. Although there are no program regulations or requirements that specifically address these activities, Coordination has always been fostered in programs sharing similar needs of similar target populations. The Interagency Agreement between WIC and Head Start at the Federal level states that the two agencies will (See appendix A for the complete agreement.):

“Encourage local WIC and Head Start agencies to share management techniques, experiences, and program guidelines...Encourage local WIC and Head Start agencies to support co-location... (and) to develop joint staff training opportunities for persons responsible for nutrition (services).”

Survey Findings: Coordination Strategies at Work

A majority of programs reported participation in planning committees which included representatives from community health and social service providers. Every Head Start Program, for example, is required to have a Health Services Advisory Committee that guides the development of health policies and procedures used in the program. Head Start and WIC Programs also reported involvement in other community groups that meet regularly to discuss needs and resources and to identify ways in which these organizations can support each other and work toward expansion of service and elimination of duplicative efforts. Some programs reported that both a WIC and Head Start representative served on a community planning coordination committee. Many others reported regular joint staff discussions and planning sessions between WIC and Head Start. Most reported a staff member designated to serve on the other program's committee.

The Newport, Vermont example is illustrative:

“At the State level in Vermont, there is a network of directors of parent-child centers which meets once each month to exchange information. This is almost as helpful as the money itself. The network and training provided by the State are an invaluable resource. The State of Vermont is aggressive in fostering collaboration among all programs in the State. The governor is interested and active in promoting this.”



The Fort Worth, Texas collaboration stated that working together on community planning just makes sense:

“Our job is to help the client access all community services ‘to help set goals, reach goals, and to learn to access community services.’”

The Opelousas, Louisiana WIC-Head Start Collaboration suggests:

“Be persistent. Locate the resources in your community and invite them to the meetings. Have good coverage of your meetings through the media. Spread information.”

For some Head Start and WIC Programs, developing formal agreements between programs is an integral part of planning nutrition services in a collaborative manner. A number of programs said they worked together via interagency agreements, memoranda of understanding, or contracts that carefully specify respective expectations and responsibilities. These written agreements were reported to be extremely helpful, particularly during the early stages when new relationships were being forged and these documents served to provide important structure to negotiations.

For example, the WIC-Head Start Collaboration in Fairbanks, Alaska, operates under a statewide Memorandum of Understanding which laid the groundwork for a combined application form that enables families to enroll in both programs. As a result, collaborative strategies such as shared staff and combined nutrition education efforts are also being implemented. Program staff expressed confidence that future collaboration activities will be supported by the agreement, as well.

Two Head Start Programs in the Seattle area reported that they provide WIC services as a sub-contractor of a local WIC Program. As a sub-contractor, they receive WIC funds to provide all required WIC services within the Head Start setting. These programs report many advantages to this model of collaboration. Program policies and procedures are adapted to meet both Head Start and WIC requirements and families are able to receive all services under one roof. In addition, health and nutrition services staff are responsible for meeting both Head Start and WIC Program requirements.

Other programs reported that another way to formalize collaborations is through combining resources to share staff. In Franklin, North Carolina, for example, the nutritionist is shared between both WIC and Head Start. Each program pays a portion of the nutritionist's salary. The Head Start Health Coordinator position is not shared; however, that individual serves on three WIC committees to ensure good communication.

Although only a minority of programs reported that they are co-located or share facilities to a large extent (for example, both programs administered through one agency), many more programs reported more limited sharing of facilities to aid collaborative efforts. For example, several programs reported:

- Medical testing and nutrition risk assessments are performed in a single clinic;
- Intake interviews are conducted at a single site;
- WIC food vouchers are distributed at a Head Start facility serving the same client population;
- Group or individual nutrition education takes place at a single site; and
- Transportation is provided by one program to the other program's activities.

Head Start's emphasis on making services family-friendly impacted collaboration efforts in Waterville, Maine. The Kennebec Valley Community Action Program reported:

"With Head Start and child care expertise, we have helped WIC redesign offices and waiting rooms to make them more user-friendly."

Staff training presents another opportunity for collaboration. Head Start Programs must include on-going opportunities for staff to acquire the knowledge and skills necessary to implement the Program Performance Standards. Staff must also be provided with medical, dental, nutrition, and mental health education. Typically, WIC Programs also provide staff with training to perform their nutrition assessment, nutrition education, and referral duties. Thus, there are substantial opportunities for shared training or subsequent cross-use of professionals and paraprofessionals. Both programs have training needs related to:



- Professionals or paraprofessionals to conduct intake and ongoing medical and/or nutrition risk assessments, observations, and screenings; and
- Professionals to conduct or to train staff to conduct parent education activities.

Many respondents reported in-service medical and/or nutrition training of Head Start staff by WIC. Head Start also must train staff in food handling and food safety for on-site food preparation. Many programs reported this need can best be met by using WIC's professional nutrition staff resources.

Although more often than not WIC staff was helping to train Head Start staff, Puget Sound Educational Service District Head Start-WIC Program reported that one potential way Head Start staff might contribute to training WIC staff is to share techniques and strategies for providing nutrition education directly to young children. As WIC programs serve more preschool age children, they might use Head Start staff expertise in child development and education to enhance their nutrition education efforts.



COORDINATION STRATEGIES AT WORK: PROGRAM ADMINISTRATION

- Programs participate in planning nutrition services together through Head Start's Health Advisory Committee and/or other planning committees in their communities.
 - Programs develop interagency agreements, memoranda of understanding, and contracts that specify each program's responsibilities in their collaborative efforts. Some programs also combine resources to share staff positions.
 - Programs share facilities and co-locate services.
 - Programs plan and conduct staff training sessions to meet both Head Start and WIC staff development goals.
-

Chapter 7

Supportive Factors and Strategies



“It is important to remember that one agency can’t do it all. Collaboration in the long run gives more dollars to each agency to work with. Furthermore it is very important to communicate frequently and to understand each other’s goals. There can be hostile feelings if one partner thinks it is doing more than the other. Cooperation has to be a two-way street.”

Survey respondent from Cheyenne, Wyoming

Chapter Seven

Supportive Factors and Strategies

Programs were asked to identify key issues, factors and strategies that support collaborative efforts. Respondents identified two key issues that needed to be addressed to support their efforts to coordinate Head Start and WIC services for children and families.

Understanding and Accommodating the Differences Between Head Start and WIC

Understanding and accommodating the differences between Head Start and WIC programs was frequently cited as a key issue to confront in working toward successful collaboration. Thus, respondents focused their strategies on collaborative efforts that met the needs of both programs. In areas of service in which program requirements vary (i.e., eligibility criteria or varying methods/time schedules for collecting physical exam data), collaboration strategies must employ creativity and flexibility. Respondents also cited the need to consider differences in program administration, funding, staffing, policies and procedures. A respondent for Gering, Nebraska points out that it is helpful if agencies can view their specific program needs and requirements as only part of the equation in a successful partnership.

“Try to put yourself in the other person’s shoes. Appreciate the demands on their time and try to keep your own needs in perspective relative to the whole.”

Confidentiality

Maintaining confidentiality while sharing child and family data was also cited as an important issue to confront for successful collaboration between the programs to occur. Both programs provide a high degree of confidentiality for medical, income, and other personal and family data. The majority of programs surveyed reported some sharing of medical and nutrition assessment information facilitated by release forms, joint collection instruments containing a release, or unified data collection. While release forms signed by parents/guardians can help to alleviate this problem, ensuring security for these records while allowing personnel from different programs access to information is a challenge. Respondents from both WIC and Head Start in Spartanburg, South Carolina reported the following experience:



“We developed a memorandum of agreement with each Head Start center and share information with parents’ consent. We must get a release form from parents and have to make the form work both ways. A lot of paperwork is sent home to parents to sign—consent forms, release of information forms, etc. Many parents find these papers intimidating and either cannot fill them out or do it incorrectly. The child loses out and that is a major barrier we have not resolved. Our goal is to get one release form for both Head Start and WIC.”

Other programs are further along in creating joint release forms. The WIC agency in Greenville, Ohio, has a joint release form with Head Start that is very specific about what type of information will be released. It is limited to income, family size, hematocrits, height, and weight. WIC and Head Start have a combined information form throughout Ohio which helps reduce the confidentiality barrier. This enables them to share information, but still protects information that is, and should remain, the property of only one program.

In Cheyenne, Wyoming, there is a county-wide release form for all agencies that interact with parents. The parents fill out the form, initial each agency that can share information, and sign on the bottom. This form was developed in response to a parent’s complaint about having to sign so many forms. They reported the hardest part was getting all the agencies to agree on the form. Once they did, however, it has worked effectively.

KEY ISSUES TO ADDRESS IN BUILDING SUCCESSFUL COLLABORATION

- Understanding and accommodating the differences between Head Start and WIC programs.
- Maintaining the highest level of confidentiality when sharing child/family information.
- Creating joint release forms to facilitate information sharing.

Respondents also identified the following factors and strategies that support collaborative efforts.

Clear and Frequent Communication

Clear and frequent communication was reported as a very important prerequisite to success by several programs. The Virgin Island WIC-Head Start collaboration shared how they use communication to foster cooperation:

“Each island is different...what works for one may not work for the other. We try to encourage people to talk to each other not at each other. Informally, state what you want to do first. Get a small group together, decide who will do what and share the jobs. This way no one feels threatened if their turf is violated.”

Coordinated Planning

Extensive involvement of both programs in the planning for coordinated services was cited as an important contributor to successful partnerships. The WIC-Head Start collaboration in Trenton, New Jersey pointed out the importance of involving staff at all levels, from both programs, in the collaborative planning and process:

“They must be there at the beginning to buy in and participate. If you set it all up and then bring people in, it never works out....From the bottom up and the top down, everyone has to buy into collaboration.... Collaboration needs to be throughout the infrastructure of the agency. There are so many different programs and criteria that you need to be aware of in dealing with other agencies. You also need to be aware that people don’t always communicate on the same level. When people can come to the table with something to offer and feel they are getting something out of it for their own mission, it works better for the collaboration.”

State and Federal Support

The support and involvement of State and Federal Head Start and WIC entities was also cited as a supportive factor to collaboration. Several programs reported that the strong encouragement to collaborate from State and Federal agencies greatly facilitated collaborative activities. Head Start has a State Collaboration Office in each state and the District of Columbia. These offices were established to coordinate Head Start with state programs that serve families with young children. State Collaboration projects can play a key role, as in this example from a New Mexico respondent:

"The Head Start collaboration project was the moving force that got us started on the collaboration. [The result was] significant training through seminars that taught the participants how to partner effectively. This was a great learning experience and was vital to the success of the collaboration. It gave each program a real sense of the cultures of the other programs."

Coordination Takes Time

Finally, many programs reported that another prerequisite to facilitate collaboration is time. The Cheyenne, Wyoming collaboration stresses the importance of taking the time needed to make things work smoothly:

"Time is a big factor. Most programs are now having to do more with less. Staff planning sessions and meetings are an important ingredient, but unfortunately this most often is the thing that gets put off when there is a crunch for time."

Most programs reported that the time investment decreases once a collaboration is in place and functioning smoothly. Oklahoma's Chickasaw Nation, however, still cited the importance of investing time in ongoing communication and planning:

"You need to let your mid-management staff in both programs meet about three times per year, just to see what you could be doing to better serve these families."



FACTORS THAT SUPPORT COORDINATION

- Clear communication.
- Involvement of both programs' staff, at many levels, in collaborative planning and process.
- Support and encouragement by State and Federal agencies to collaborate.
- Adequate time committed toward planning, implementing and evaluating collaborative efforts.

Report Summary



There are many creative ways Head Start and WIC programs can work together to enhance the quality of the health and nutrition services provided to children and families. Each program has its unique experience, expertise and strengths to offer a productive partnership. This publication has provided information on the experiences of local Head Start and WIC programs who are already working together, including what they reported as successes, challenges and lessons learned. This information may serve as background for others who are considering building new collaborations or enhancing existing partnerships. There are many “next steps” programs can take. As a starting point for obtaining more information, the following resources are provided in the appendices of this publication:

For more information about the national efforts to encourage and support cooperation between WIC and Head Start programs, see **Appendix A: Interagency Agreement Between USDA and The Head Start Bureau, Head Start-WIC Focus Group Report 1994**. If you would like to know more about the study that was used as a basis of this publication, see **Appendix B: Head Start-WIC Coordination Study: Methodology, and List of Study Participants**. For more information about who you can contact for information about WIC and/or Head Start at the state and regional levels, see **Appendix C: Key Contacts in Food and Nutrition Service and Head Start: State Head Start Collaboration Offices, State WIC Agencies, Head Start Training and Technical Assistance Network**. These are just a few resources programs can access to find out more about how WIC and Head Start can work together.

We hope all the information provided in this report is useful to WIC and Head Start programs as they strive to provide the highest quality health and nutrition services to young children and families.

Appendix A

Interagency Agreement and Head Start-WIC Focus Group Report

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children, Youth and Families	
	1. Log No. ACYF-IM-94-18	2. Issuance Date: 10/20/94
	3. Originating Office: Head Start Bureau	
	4. Key Work: WIC	

INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Interagency Agreement between the Administration for Children and Families and the U.S. Department of Agriculture

INFORMATION: In August 1994, the Assistant Secretary for Children and Families and the Assistant Secretary for Food and Consumer Services signed the attached Interagency Agreement. The purpose of this Agreement is to establish a collaborative relationship between the Head Start Bureau and the Special Supplemental Food Program for Pregnant Women and Children (WIC) at the federal level, so that the programs can work together to promote and support Regional, State and local efforts to improve service delivery to children and families. The Agreement outlines activities that can be undertaken at each level that will support the Agreement and enhance program coordination and service delivery.

Head Start grantee and delegate agencies are encouraged to take the first step and contact their Regional ACF and USDA Food and Nutrition Service Regional Offices listed in the attachments to the Agreement.

ATTACHMENT: Interagency Agreement between ACF and the USDA

Olivia A. Golden
Commissioner
Administration on Children,
and Families

cc: Regional Administrators, ACF, Regions I-X
American Indian and Migrant Programs Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICES

Dear Head Start and WIC Directors:

President Clinton is committed to improving the health and well being of all children and families in this country. We share the President's commitment to this effort. Congress has also acknowledged the importance in improving the health of our children by providing increased funding for both the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Head Start Program.

Both programs have many common goals, such as providing nutritious foods and nutrition education to participants. Another common goal is to assist parents in making informed decisions about the physical and emotional well-being of their children. Head Start and WIC can serve as excellent referral bases for each other due to similar income eligibility requirements. In addition, both programs address health issues such as lead poisoning, child abuse, substance abuse, and immunizations.

In support of the President's commitment to investment in our children's health through the Head Start and WIC Programs, we have developed an Interagency Agreement that encourages the promotion and support of Regional, State, and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible to participate in the Head Start and WIC Programs. A copy of the Agreement is enclosed. While coordination at the federal level is very useful, we realize that coordination at the community level between local Head Start and WIC programs will produce more tangible results. We encourage you to read over the enclosed Agreement, and to use it as a starting point as you reach out to your WIC/Head Start counterpart and begin to discuss ways to work together. This is an opportune time for both programs to recommit to working together to improve the lives of the children and families served by enhancing the effectiveness and quality of our programs.

Sincerely,

Ellen Haas
Assistant Secretary for
Food and Consumer Services

Mary Jo Bane
Assistant Secretary for
Children and Families

Enclosure

INTERAGENCY AGREEMENT

BETWEEN

**HEAD START BUREAU ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES**

AND

**SUPPLEMENTAL FOOD PROGRAMS DIVISION (SFPD)
FOOD AND NUTRITION SERVICE (FNS)
UNITED STATES DEPARTMENT OF AGRICULTURE**

I. PURPOSE AND SCOPE

The purpose of this Interagency Agreement is to establish a collaborative relationship between the Head Start Bureau and the Supplemental Food Programs Division at the Federal level. These agencies will work together to promote and support Regional, State and local efforts to improve program coordination and services delivery for low-income children and their families who are eligible to participate in the Head Start Program and the Special Supplemental Food Program for Women, Infants, and Children (WIC)

II. AUTHORITY

HEAD START

This Agreement is made under the Authority of the Economy Act, approved June 30, 1932, as amended (31 U.S.C. 1535).

WIC

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), as amended. The WIC Program is one of several programs administrated by the Food and Nutrition Service that serves low-income women and children.

III. BACKGROUND

A. WIC Program

Congress created the Special Supplemental Food Program for Women, Infants and Children (WIC) in 1972 to meet the special nutritional needs of pregnant, breastfeeding and postpartum women, infants, and children up to age 5. Currently, WIC operates through State health departments in 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Additionally, 31 Indian tribal bands and organizations serve as State agencies.

To be eligible for WIC, applicants must have income at or below 185 percent of the Federal poverty income guidelines, or be a participant in Aid to Family with Dependent Children (AFDC), Food Stamps, or Medicaid. Although there is no length of residency requirement, applicants must reside in the State which is administering the WIC Program. In addition, persons must be at nutritional risk and in need of the specific supplemental foods the program offers. Nutritional risk is assessed by a health professional, according to a broad range of conditions, such as: low hematocrit/hemoglobin, inappropriate weight for height, a history of high-risk pregnancies, low birthweight, hypertension, (in infants and children) failure to thrive, and some categories of children with special health care needs.

The supplemental foods provided by WIC contain nutrients (protein, calcium, iron, and vitamins A and C) often lacking in diets of the target population. The WIC Program provides nutrition education to emphasize the relationship between nutrition and good health. The WIC Program also serves as an adjunct to the health care system by establishing linkages with health care providers. WIC makes referrals to health and social services such as Medicaid, Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), immunization, drug and alcohol use counseling, prenatal care, programs for children with special health care needs, well-baby care, family planning, AFDC, Food Stamps, migrant services, Community Health Centers, Head Start, Even Start, child abuse counseling, and the Expanded Food and Nutrition Education Program (EFNEP).

B. Head Start Program

The Head Start Program began in 1965 under the Economic Opportunity Act, and is based on the premise that all children share certain needs, and that children of low-income families, in particular, can benefit from a comprehensive developmental program to meet these needs. Head Start emphasizes cognitive and language development, socio-emotional development, physical and mental health, and parent involvement. Typically, children enrolled in Head Start are 3-5 years old. The program is designed to maximize the strengths and unique experiences of each child. Parent involvement is a key element of Head Start since parents are considered to be the primary educators of their children.

The Head Start Program consists of four components: education, health, parent involvement, and social services. The health component focuses on four areas: medical, dental, nutrition, and mental health. Head Start children are required to receive a thorough medical and dental examination, health screenings, and immunization assessment, and a nutrition assessment after they enter the program. All children enrolled in Head Start are offered a nutritious breakfast upon arrival in the morning. They also receive lunch half-day program, lunch and a snack, if the program is a full day program. Many Head Start programs participate in the Child and Adult Care Food Program (CACFP) sponsored by the Special Nutrition Programs, FNS, U.S. Department of Agriculture.

The Parent and Child Centers (PCCs) are comprehensive child development and family support programs which were established and continue to be supported by the National Head Start Program to serve children 0-3 years old and their families. PCCs serve parent/child dyads (children between the ages of birth and 3) and pregnant women in center based and home based settings. PCCs provide early and intensive attention to nutrition needs and counseling as well as prevention of nutrition-related deficits during pregnancy.

IV. AREAS OF STATE AND LOCAL COLLABORATION

Both Head Start and the WIC Program are encouraged to work together at the State and local level to better meet the needs of low-income children and their families. Areas for targeting collaborative efforts include:

A. Nutrition Services

WIC and Head Start are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition services to low-income children and their families. In order to accomplish this, both programs are encouraged to identify areas of commonality, such as nutrition assessment and education; gaps in services; and practices that have found to be most effective for each program. For example, both WIC and Head Start require a nutrition assessment which includes height, weight, anthropometric, and dietary information. State and local agencies are encouraged to identify ways to minimize duplication of effort in obtaining this information from persons enrolled in both programs.

B. Nutrition Education

WIC and Head Start are encouraged to exchange educational approaches and materials for children by inviting representatives from the respective programs to attend local, State, regional and national meetings. In addition, Head Start is encouraged to invite a WIC representative to serve on the Head Start Policy Council and Health and Nutrition Advisory Committee. To the extent available, WIC State and local agencies are encouraged to provide Head Start with WIC nutrition education materials. When appropriate, both programs are encouraged to provide nutrition education contacts for WIC and/or Head Start participants.

C. Shared Information

WIC and Head Start are encouraged to share statistical, medical and eligibility information regarding participants to the extent that confidentiality policies permit. In addition, both programs are encouraged to share information for community needs assessment. If opportunity allows, WIC and Head Start may consider co-sponsoring community resource fairs and community information sessions. The programs are urged to welcome and encourage contributions to WIC and Head Start bulletins and newsletters. Also, Head Start is encouraged to provide WIC with Head Start menus for the purpose of developing WIC nutrition education lessons.

D. Display of Information

WIC and Head Start are encouraged to obtain and display information on each other's programs (bilingual brochures, posters, etc.) for the purpose of referring potentially eligible participants; and to inform participants about program locations and services. For informational purposes, the Head Start Program is encouraged to periodically invite a WIC representative to be a guest speaker at the Head Start Parent Involvement Day.

E. Other Health Care Services and Referrals

WIC and Head Start are encouraged to identify other health care services and referrals available to program participants, such as EPSDT/Medicaid. Whenever possible, the programs may consider using a joint application form, such as the "Model Application Form," in an effort to improve efficiency, time, and cost-effectiveness. The programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service.

F. Immunization Screening and Referrals

WIC and Head Start are encouraged to share useful approaches to providing immunization services through program staff or referral agencies. This may be achieved by coordinating efforts to provide full access to immunizations for pre-school age children served by Head Start, PCC, and WIC.

G. Special Grant Project and Referrals

Where Head Start grantees have been awarded special grants, they will be encouraged to work with local WIC agencies to identify appropriate community resources for purposes of participant referrals.

H. Staff Training

WIC and Head Start are encouraged to develop joint staff training opportunities for persons responsible for nutrition education.

I. Volunteer Services

WIC and Head Start are encouraged to exchange information on the training and use of volunteers within each program. Both programs may share guidelines, materials, management techniques, and experiences.

J. Interagency Agreement

SFPD and the Head Start Bureau agree to develop and proactively uphold this Interagency Agreement between the WIC and Head Start Programs to foster coordination of services and working relationships at the Federal, State, and local levels.

V. RESPONSIBILITIES**Areas of Collaboration at the Federal Level****Both Agencies**

Both agencies will inform their grantees, through regional offices, that they encourage the establishment of written agreements to share participant information for eligibility and outreach purposes, in accordance with applicable regulations, guidance and instructions.

Actions that the Head Start Bureau and SFPD will encourage at the Federal level are:

- (1) Jointly develop a “Best Practices Guide” which will feature examples of successful local level collaboration efforts.
- (2) Share information on new program initiatives, policy guidance materials and legislation impacting on program participants. Encourage joint staff training on eligibility guidelines.
- (3) Encourage State and local Head Start and WIC Programs to adopt and use a joint application form such as the “Model Application Form”.

- (4) Encourage the development of Regional, State, and local memoranda of understanding between WIC and Head Start to foster coordination of service and working relationships at the State and local levels.
- (5) Support research projects which review and evaluate efforts, policies, and proposals to coordinate with other programs.
- (6) Provide WIC State agencies with the Directory of Head Start Programs, Parent Child Centers, and names of State National Head Start Association (NHSA) presidents.
- (7) Provide Head Start Programs and Parent Child Centers with contact information for WIC Program State agencies.
- (8) Encourage local WIC and Head Start agencies to share management techniques, experiences, and program guidelines.
- (9) Conduct periodic meetings between the Head Start Bureau and SFPD to discuss progress in meeting goals of the Interagency Agreement and the development of a plan to publish and disseminate the "Best Practices Guide."
- (10) Encourage local WIC and Head Start agencies to support co-location.

VI. IMPLEMENTATION OF THE INTERAGENCY AGREEMENT

SFPD and the Head Start Bureau will support cooperation and coordination between the WIC and Head Start Programs at the Federal level, and agree to distribute this Interagency Agreement and encouraged its implementation at the State and local levels.

SFPD will make this Interagency Agreement available to the 7 WIC Regional Offices (See Attachment I) for dissemination to WIC State agencies. State agencies will be strongly encouraged to share this Agreement with local agencies.

The Administration for Children and Families will make this Interagency Agreement available to the 10 Regional Offices, all Head Start grantees, and State NHSA presidents.

VII. COST

At this time, there will be no transfer of funds to support this Interagency Agreement.

VIII. EFFECTIVE DATE

This Agreement shall be effective upon the signatures of the authorized officials of the Administration for Children and Families and the Food and Nutrition Service. It shall continue in force and effect until either party provides written notification of termination. Such notice shall be given to the other party at least 30 days in advance of the termination date.

IX. MODIFICATION

Supplements or modifications to this agreement may be entered into jointly by parties signed below, or their designees.

Ellen Haas Date
Assistant Secretary for
Food and Consumer Services
U.S. Department of Agriculture

Mary Jo Bane Date
Assistant Secretary for
Children and Families
U.S. Department of Health
and Human Services

Olivia A. Golden Date
Commissioner, Administration
on Children, Youth and Families
U.S. Department of Health
and Human Services

Attachment

U.S. Department of Agriculture Food and Nutrition Services Regional Offices

Northeast Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
10 Causeway Street
Boston, MA 0222-1066
(617) 565-6440

Connecticut, Maine, Massachusetts,
New Hampshire, New York, Rhode
Island, Vermont

Mid-Atlantic Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, NJ 08691-1598
(609) 259-5100

Delaware, District of Columbia,
Maryland, New Jersey, Pennsylvania,
Puerto Rico, Virgin Islands, Virginia,
West Virginia

Southeast Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
77 Forsyth Street, S.W., Suite 112
Atlanta, GA 30303
(404) 730-2607

Alabama, Florida, Georgia, Kentucky,
Mississippi, North Carolina, South
Carolina, Tennessee

Western Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
550 Kearney Street, Room 400
San Francisco, CA 94108
(415) 705-1313

Alaska, Arizona, California, Hawaii,
Idaho, Nevada, Oregon, Washington,
Guam

Midwest Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
77 West Jackson Boulevard - 20th floor
Chicago, IL 60604-3507
(312) 886-6625

Illinois, Indiana, Michigan, Minnesota,
Ohio, Wisconsin

Mountain Plains Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
1244 Speer Boulevard Suite 903
Denver, CO 80204
(303) 844-0331

Colorado, Iowa, Kansas, Missouri,
Montana, Nebraska, North Dakota,
South Dakota, Utah, Wyoming

Southwest Regional Office
Food and Nutrition Service
U.S. Department of Agriculture
1100 Commerce Street, Room 5C30
Dallas, TX 75242
(214) 767-0220

Arkansas, Louisiana, New Mexico,
Oklahoma, Texas

Focus Group Report

Strategies for Developing and Improving Linkages between Head Start and WIC

Submitted by

Dr. H. Susie Coddington

ERIS Enterprises, Inc.
5457 Twin Knolls Road, Suite 402
Columbia, MD 21045
301.596.0059

Background

Creating a 21st Century Head Start, the Final Report of The Advisory Committee on Head Start Quality and Expansion notes that *“Over the past 28 years, the landscape of community services has changed dramatically.”* However, in many communities and states the programs and agencies responsible for addressing the needs of young children *“operate in isolation from one another, without adequate resources, planning, and coordination.”* The committee envisioned an expanded and renewed Head Start which *‘Forges new partnerships at the community, state, and federal levels, renewing and recrafting these partnerships to fit the changes in families, communities, and state and national policy.’*

Prior to the release of the above report the Department of Health and Human Services (DHHS) and the Department of Agriculture (USDA) had already established formal and informal partnerships. DHHS and USDA have in place a Memorandum of Understanding which ensures that Head Start programs receive the benefits of the USDA Child Nutrition Programs, either The Child and Adult Care Food Program or the National School Lunch Program. Efforts have been underway to promote a similar arrangement between the Head Start Bureau and USDA’s Special Supplemental Food Program for Women Infant and Children (WIC).

The Head Start Bureau and WIC staff formed a work group which had been meeting periodically to discuss strategies to improve national, regional, and local program linkages. In 1993 a draft national agreement was developed. A Focus Group consisting of federal, regional, state and local Head Start and WIC representatives was formed to review the agreement and to identify existing linkages between the two programs.

The Focus Group meeting was held to discuss the agreement and identify strategies for developing and improving linkages between Head Start and WIC. The Focus Group met on January 19, 1994 in Bethesda, MD. Dr. H. Susie Coddington, an outside facilitator was selected to conduct the meeting. The facilitator or participants recorded the group discussions and conclusions on chart paper. This report, in accordance with the ground rules set by the focus group, contains a summary of that data as recorded and captures the discussions and recommendations of the participants. Clarifying or background information is presented in italics.

Overview of Meeting: Opening Remarks

The meeting began with greetings and opening remarks from Barbara Hallman, Chief, WIC Policy and Program Development Branch, USDA and Robin Brocato, Health Specialist, Head Start Bureau.

Barbara Hallman:

"It is an exciting time to be in Head Start and WIC in that President Clinton considers WIC and Head Start investment programs for our children's future. For Fiscal Year 1994 WIC received a \$350 million increase over its Fiscal Year 1993 appropriation. The budget request for Fiscal Year 1995 is projected to provide a \$350 million increase over the Fiscal Year 1994 level. With the increase in funding, the largest expansion is expected to occur with children from ages 2 to 4.

*The opportunity exists for many positive coordination efforts between WIC and Head Start because we serve the same population. An example of WIC and Head Start coordination efforts is the **Padres Hispanos En Accion**. It is a nutrition education project of the American Home Economics Association, sponsored by Kraft Foods with additional support from the Head Start Bureau. The project entails the production of three education videos, calendars, and training guides in Spanish for use with Hispanic Head Start families. The Head Start Bureau will be responsible for distributing these materials.*

Recognizing that both WIC and Head Start will most likely be receiving significant increases in funding for services to our similar target population in the coming fiscal years, it is an opportune time for both programs to recommit to working together to enhance the effectiveness and quality of our programs."

Robin Brocato:

"In June 1993, the Advisory committee on Head Start Quality and Expansion was created to review the Head Start Program and make recommendations for improvement and expansion. The Advisory Committee issued a report in December, 1993, which included a series of recommendations implementing three broad principles:

- Every Head Start program should **strive for excellence**.

- *Future expansions should expand the number of children served and the scope of services provided in a way that is more **responsive to the needs of children and families**.*
- *Head Start programs should be encouraged to forge **partnerships** with key community and state institutions and programs.*

This report will serve as a blueprint for future Head Start Bureau activities. This meeting is consistent with two of the Advisory Committee principles: future expansions, and forging partnerships. Future expansions will include serving more children three to five years old, but will also involve expanding services to children 0-3 years old. Forging partnerships involves improving collaboration on a federal, state and local level. Head Start and WIC can work together as they expand services to children and families."

Ground Rules For The Focus Meetings

The Facilitator began the meeting by asking the participants to establish the operating procedures for the meeting. The group agreed on the following:

- Be open and honest
- Respect each other
- Meet comfort needs on your own
- Okay to disagree
- Don't interrupt
- Everyone has opportunity to be heard
- Group ideas will be charted for group memory and used for reporting purposes

Goals and Expectations

The participants were asked to identify and share their goals and expectations for the meeting.

1. To find areas of collaboration which would be helpful in a practical & realistic way.

2. Clarify differences; i.e. rural vs. urban.
3. Identify examples/Models based on areas-state or local, urban or rural. That information should specify location that the model comes from; including the name and phone number of the contact person for that model.
4. Collect Best Practices/Models of Linkages. Determine how to proceed to the next step-examine and evaluate.
5. Learn what is happening in Head Start-barriers; information on health services; how to improve.
6. Clarification of funding issues/special projects allowable for each program.
7. Help determine if we (USDA, Office of Analysis and Evaluation) should create demonstration projects or evaluate what already exists.
8. Explore other funding issues-alternate resources, including volunteers and private or non-government funding.
9. The Interagency Agreement-rework it to make it flexible and adaptable.
10. Identify how to disseminate/promote prototype agreement.
11. Identify outcome objectives of the agreement, especially allowing for flexibility.
12. Determine needs/structure of both programs.
13. Examine WIIFM (What's in it for me) for both Head Start and WIC and their clients.
14. Address confidentiality issues and the need for agreement on confidentiality.

Linkages

For a portion of the meeting the participants worked in two small groups to share and discuss existing linkages between Head Start and WIC. Although the task was to identify existing linkages, the majority of the information reported out from the groups was on possible linkages. The groups used chart paper to record the linkages. The information below is a break down of the groups' notes, categorized by linkages already in place and ideas generated as they brainstormed possible future linkages.

Existing Linkages

- WIC nutritionists do nutrition education for Head Start children, parents, and teachers
- WIC does/shares Ht/Wt/Hgb for medical standards
- WIC does community needs assessment
- WIC does parent meetings
- Head Start provides WIC with a list of unserved clients
- WIC refers 3 year old children to Head Start
- WIC serves on Head Start Advisory Committee & serves on Parent Policy Council
- Head Start follows up on missed WIC contacts
- Head Start site used as WIC out-clinic
- Head Start records used for WIC eligible certification-income and medical
- WIC coordinates/facilitates WIC eligible determination at Head Start site
- Issuance of WIC at parent training
- WIC staff on site at Head Start for nutrition education in class, plus follow up of high risk

- Head Start refers physicals into Well Child/WIC clinics leading to meeting Head Start performance standards and completion of WIC certification
- Head Start facilitates follow up of high risk kids for nutrition counseling and medical care
- Farmers Market coupons in WIC: use of fruits and veggies, WIC distributes through Head Start, EFNEP did Nutrition education, started using private resources
- Mobile Services: in South Carolina, WIC has vans which are fully stocked for WIC, EPSDT, Physicals/immunizations. The vans go to Head Start agencies and serve over 700 children. It was noted that it is important to have parents present
- Migrant Head Start Programs do certification on site

Possible Linkages

- Application Process:
 - could the forms be standardized or adapted to increase interface?
 - who was referred, who refused referral?
- Link with EPSDT:
 - Nutrition screening tool, age specific that can be administered by non-nutritionists
- Determine the school entry requirements for medical/nutritional assessment
- Determine the medical data documentation needed for both programs and school/child care programs
- Interface WIC paraprofessional training/Head Start nutrition education to count as WIC Nutrition Education
- Develop integrated computer systems for tracking participation of both programs

- Coordination of immunization for WIC also benefits Head Start
- Co-locate immunization services with Head Start/WIC/Child care facility
- Meetings-professional meetings, local Health and Nutrition committees, Governing Board, statewide liaison: statewide newsletter, statewide meetings
- Focus on getting nutrition information to parents at Head Start
- Need to have healthy Parent involvement component
- Pull EFNEP and NET in also
- Increase staffing - quality and quantity
- Volunteers-nutritionist/home economist: volunteer retention is an issue to be considered here
- Coordinate on Nutrition Education materials
- State WIC Advisory Council: Board of Directors, Policy Council Meetings—Monthly Parent meetings
- Public meetings—Volunteer recognition, state/regional/national Head Start conferences
- Referrals:
 - at outreach
 - at application time—fill out Head Start application during WIC application and forward, with income documents, to Head Start
 - at enrollment to Head Start
- Share statistics: from Head Start to State WIC; participation from WIC to Head Start for long range planning
- Universal application
- Health screening linkage needs to be with EPSDT, also consider issues with Health Reform

Barriers To WIC/Head Start Linkages

Barriers to linkage repeatedly entered into the discussions. A force field analysis was done to generate a listing of all of the possible barriers or restraining forces and the driving forces or reasons for linkage. Examining the barriers and determining which can be removed or reduced is a suggested method to increase likelihood that linkages can happen.

Driving Forces	Barriers
<ul style="list-style-type: none"> • Head Start “season,” coordinate season with tasks and coordinate with WIC re-certification. • Would reduce duplication of testing, etc. • Training, education and sharing of information and resources. • State coordination (one of the 22 grants). 	<ul style="list-style-type: none"> * Confidentially issue: share information with States on how to do this; specifically the logistics of how info is shared, duplicated * Not sharing or clarifying the requirements with the entire program and staff. * Need list of all programs that require same data, i.e. height, weight. * Confusion about type of data needed: income requirements, assessments, etc. * Various income standards for different program, especially difficult if trying to use a shared form. * Lack of data on number of children on WIC and in Head Start. * Time frame to get WIC benefits judged not worth the wait. * Lack of Head Start State level counter-part agency. * Don’t know if linkages can be done at time of enrollment. * Not linking for outreach purposes.

Draft National Agreement

Several of the participants came to the meeting having reviewed the draft agreement and had specific comments to share. However, part of the group discussion was not on the content of the agreement, but the logistics for implementing an agreement at the state and/or local levels given the differences in administrative structures. For the participants who were not familiar with both programs, a flowchart was drawn to illustrate the regional, state and local differences and influences affecting both programs.

- Head Start does not have a “state” agency which raises questions as to which program or agency actually enters into the agreement.
- Referrals, Item (D), is the most important piece of the document. Recommend that it be separated and placed up front at the beginning of the agreement for emphasis.
- Nutrition Education, Item (B): add information to clarify that Head Start may not have same level of nutrition education available.
- Both programs need to have adequate staff. Head Start needs to purchase services plus use WIC. The focus should be on quality or should focus on collaboration as means to quality and not abdication of services/responsibility to the other program.
- Needs some minimum elements.
- State or local focus groups suggested as an option for implementing an agreement. There is also a need for grants to fund these local or state focus groups.
- Build in levels of activities to transition into the agreement. The current draft document needs additional support. Additionally, the document and other materials used in a collaborative effort need to be made available in a bilingual format.
- Agreement, should emphasize piggyback and support services—especially with co-location. Would also be helpful for Parent Education and to make sure information is consistent (or at least not contradictory).

- As part of the Agreement, or in the “Best Practices,” share information on Head Start agencies doing substance abuse (drug abuse education and referrals for participants).
- Special Grant Projects. Make them general or change to generic Head Start grants, or have the option to change from grant specific, but focus on information referral.
- Item (I), delete the last sentence which reads, “This exchange may occur as frequently as each program feels is necessary.”
- The frequency of entering into the agreement was not resolved; dependent upon local criteria and the agency administering Head Start and WIC.
- Information on the purpose of the agreement needs to clearly address joint efforts to do the job more effectively; address issues of quality, perhaps by giving an example of where there already is co-location and full collaboration. (Best practices)
- Plus the agreement should add issues addressing customer services (how will this benefit the parents and children: not just the program staff); again focus on quality; and with an emphasis on being user-friendly. Ideally this would be similar to one-stop shopping.
- Identify areas of mutual benefit.

Best Practices

On the topic of Best Practices the group appeared to be in consensus that some type of Best Practices or Models of Linkages was desirable. They offered several ideas on how the process for selection might be structured and how to solicit program input.

- One option is to work through Regional Offices, similar to the Best Practices done by USDA’s National School Lunch Program.
- Disseminate questionnaire with structure or criteria (critical events/elements) at National WIC meeting and National Head Start Meeting.

- The criteria should define area, type of Program (rural, etc.).
- Question of who will develop the form. It was suggested to have volunteers to review the form, and it would be faxed to all members of the focus group as the initial volunteer group.
- From the responses of volunteers identify the common elements.
- The draft form should be done at all levels, making sure all efforts, even the basic, are included.
- Rethink title; is this really Best Practices or Models?

Follow-Up Actions

The participants generated the following list of follow up actions to be taken after the meeting to foster linkages.

- Look for elements required, or areas of sameness, for Head Start and WIC.
- Head Start performance Standards to be shared with the WIC participants; the Head Start Bureau has agreed to send the Standards to the meeting participants.
- Share existing joint form or combined form. Federal WIC staff offered to do some of this. Need to examine who uses these forms and are the combined form(s) acceptable?

The Federal HHS representative and the Federal level representatives from USDA agreed to continue to meet as a work group to: (1) address all of the follow-up issues identified by the focus group; (2) finalize and disseminate the Agreement; and (3) explore methodology for collecting best practices for WIC/Head Start collaboration.

Group Summary Of Meeting

The participants reviewed the meeting by doing a group summary.

- Explored linkages
- Learned about each other
- Talked about agreement/no agreement
- Discussed procedure for “Best Practices”; questionnaire needed
- Examined need for flexibility and realistic approach to collaboration
- Determined that information on program size and location needs to be shared
- Head Start Performance Standards need to be shared and common elements for both programs identified

Group Evaluation Of The Meeting

The meeting concluded with a group evaluation.

What Went Well What Did You Like	Areas For Improvement
Time to focus on other systems, leading to opportunity for program growth	More time
Getting info on Head Start was good	Program information as background before the meeting
Opportunity to share through all the levels	Information on transportation for the airport, etc.
Good representation of urban/rural	
Ideas to implement right away	
Coordinate with WIC & Head Start in State plan	
Idea for having this focus group	
Not doing this in September	

Appendix B

Study Methodology and List of Study Participants

Methodology

Project Origin and Purpose. Under a contract funded by both the U.S. Department of Agriculture's Food and Nutrition Service (FNS) and the U.S. Department of Health and Human Services' Administration for Children and Families, **Research-able, Inc.**, undertook a project – "The WIC-Head Start Coordination Study" – planned for a 24-month period from October, 1994 through September, 1996. The purpose of this study was to identify collaborative activities between WIC and Head Start at the local program level and disseminate information about these activities to encourage replication throughout the country.

Legal and Regulatory Review. Prior to implementation of the four-phase data collection component of this study, a review of WIC and Head Start legislation, regulations and standards was conducted to identify major areas for cooperation/coordination between the WIC and Head Start Programs and major barriers to cooperation between these programs.

Pretesting Data Collection Devices. Data-gathering instruments were tested to ensure their effectiveness. As the data collection interview questionnaire for Phase I was very brief and straightforward, pretesting of the questionnaires occurred for Phases II and III only in the interest of time and cost efficiency.



Phase II and Phase III pretests were conducted March 30 through April 6, 1995. FNS provided the names of three Head Start and two WIC Programs for use in the pretest. Following the pretest, minor adjustments were made to the computerized interview program to permit sufficient time and space for full responses to each question.

Data Collection. Information for the study was collected in four phases from persons knowledgeable about collaborative efforts currently in place between the WIC and Head Start Programs at the local level as follows:

Phase I:

Telephone interviews were completed with 126 WIC and Head Start staff members. The interview process began in early November, 1995, and concluded in mid-March, 1996. The interviewees consisted of the following:

- WIC State Agency Directors;
- WIC and Head Start Regional Directors;
- Grant-Funded Head Start State Collaborations;
- WIC and Head Start ITO Directors; and
- Directors of the National Head Start Association and the National Association of WIC Directors.

Respondents in Phase I recommended a total of 140 local agencies and programs as having sufficient collaborative activities in place to merit inclusion in Phase II data collection interviews. The agencies/programs suggested included 94 WIC agencies and 46 Head Start programs. With the total number of respondents for Phase II limited to 100, criteria were developed to evaluate the level of collaboration to determine which local program/agencies would be included in Phase II. In consultation with FNS and DHHS, **Research-able** identified 101 agencies/programs that had a level of collaborative activity in place which merited additional study.

Phase II:

Telephone interviews were completed with 95 WIC agencies/Head Start Programs. The purpose of Phase II interviews was to gain specific detailed information about their collaborative activities and further evaluate their potential for inclusion in the universe of local programs/agencies with highly developed collaborations to be the subject of in-depth study

in Phase III. Contacts with Phase II respondents began April 4th and continued through May 10th, 1996. As with Phase I data, a matrix was developed to evaluate Phase II responses to guide the selection of 35 local program/agencies to be included in Phase III interviews. Again in consultation with FNS and DHHS, 35 respondents were identified for Phase III participation.

Phase III:

Phase III targeted 35 local programs/agencies along with their collaborative counterparts, for a total of 70 in-depth interviews. Sixty-seven interviews were completed during June and July 1996. Phase III interviews had a dual purpose: (1) to gain very specific detailed information about the nature, origin, operation and benefits of existing collaborative activities; and, (2) to identify sites for intensive study during Phase IV site visits. Again in consultation with FNS and DHHS three sites were selected for Phase IV participation.

Phase IV:

Site visits were conducted to three local program facilities identified for in-depth study in Phase IV. Site visits provided the opportunity to observe operational collaborative activities and to conduct in-depth interviews with local personnel responsible for management of these collaborative efforts. The hands-on observation of collaborative activities provided invaluable information and insights which enabled the research team to identify elements crucial to successful implementation and ongoing operation of collaborations.

In all phases, the selection processes, whereby sites were identified for further study in subsequent phases, directed special attention to local facilities providing services to Native American and Migrant populations to ensure the special needs and activities of these programs were given appropriate consideration and representation. At the same time, every effort was made to include the broadest possible spectrum of geographic, demographic and economic representation to ensure the highest possible degree of relevance for the entire WIC and Head Start community.



Demographic Breakdown of Agencies/Programs

Demographic Characteristics	Total	WIC	Head Start
<i>Region</i>			
Mid Atlantic			
VA, MD, DC, DE, PA, NJ, NY	14	11	3
Midwest			
OH, IA, MI, MN, WI, IL, IN	15	8	7
Southwest			
AZ, NM, OK, TX	31	23	8
MidSouth			
AR, LA, MS, MO	4	3	1
Pacific			
CA, OR, WA, HI, AK	19	10	9
Territories			
VI, PR	2	2	0
New England			
ME, VT, NH, MA, RI, CT	16	12	4
Southeast			
FL, GA, AL, NC, SC	16	10	6
Plains			
MT, ND, SD, NE, KS	16	10	6
Appalachia			
KY, TN, WV	7	4	3
West			
ID, CO, NV, WY, UT	9	7	2
<i>Type of Facility</i>			
City/county health department	15	15	0
Hospital	2	2	0
Maternal/Child health clinic	2	2	0
Community action agency	29	23	6
Community based non-profit	2	0	2
Local government	1	0	1
School system	14	0	14
Other	79	54	25
Don't know	5	4	1
<i>Special Population Served</i>			
(voluntarily specifically identified by respondent)			
ITO	36	28	8
Migrant	4	4	0
Hispanic	1	1	0
Black	0	0	0
Other	0	0	0

Coordination Variables of Agencies/Programs Suggested by Respondents

Variable	Total	WIC	Head Start
Co-location	34	18	16
Cross referrals	70	46	24
Joint Recruitment	37	30	7
Nature of Relationship			
Contract	8	3	5
MOA/MOU	17	10	7
Shared Staff	20	13	7
Certification Activities			
Co-certification	22	14	8
Acceptance of other's data	3	3	0
Joint Screening	7	7	0
Nutrition-related Activities			
Shared assessment information	32	18	14
Joint nutrition assessment	14	8	6
Nutrition education for groups	60	34	18
Diet assessments	17	13	4
Individual nutrition counseling	17	10	7
Follow-up to monitor progress	9	41	13
Parent training	44	31	13
Staff training	30	25	5
Menu planning for HS facility	14	8	6
Medical-related activities			
Joint assessments/screenings	30	15	15
Joint release form	5	4	1
Complete physicals	9	7	2
Shared medical information	70	47	23
Hematocrits	60	40	20
Height and weight assessments	49	33	16
Immunizations	14	11	3
Medical referrals	3	2	1
Medical follow-ups	11	6	5
Parent training/counseling	11	9	2
Shared medical equipment	6	5	1
Other			
Voucher distribution	13	7	6
Transportation	5	4	1
Joint staff planning meetings	12	8	4
Participation of Health Adv.	33	25	8
Shared non-medical equip.	9	7	2
Health fairs	10	8	2

List of Agencies/Programs Participating in Study

WIC Agencies

Dianne Slabaugh
Health and Rehabilitative Services
Collier County
WIC Project
3301 East Tamiami Trail
Naples, FL 33062
914-774-8202

Clara Lawhead
Director
Health and Rehabilitative Services
Pasco County
WIC Project
10841 Little Road
New Port Richie, FL 34654-2533
813-869-3900

Judy Wajih
Acting Director
St. Joseph's WIC Program
St. Joseph's Hospital and Medical
Center
708 Main Street
Paterson, NJ 7503
201-754-4585

Kathleen Kachur
WIC Coordinator
Test City Child Care Center
10 Washington Center
Bridgeton, NJ 8306
609-451-5600

Patricia Barnes
Director
Virgin Island WIC Program
State Department of Health
Charles Harwood Complex
3500 Estate Richmond
Christiansted, VI
809-773-9157

Anne Harbert
Nutrition Director
Madison County Health Department
745 West Forest
Jackson, TN 38301
901-423-3020

Patty Campbell
Director
Anderson County Health Department
P.O. Box 429
Clinton, TN 37716
423-482-0070

Teresa Bryant
Director
Eastern Band of Cherokee Indians WIC
Program
P.O. Box 1145
Cherokee, NC 28719
704-497-7297

Beatrice Carson
Director
Mississippi Band of Choctaw Early
Childhood Education
Education Program
P.O. Box 6010
Philadelphia, MS 38350
601-656-2211

Shirley Hutchinson
WIC Administrator
Puget Sound Educational Service
District
WIC Program
400 S.W. 152nd Street
Burien, WA 98166-2209
206-439-6910 Ext 2771

Sue Walen
Coordinator
Takoma Pierce County Health
Department
3629 South D Street
Mail Stop PCD 030
Takoma, WA 98408
206-591-6517

Janette Jones
Director
Southwest District Health Department
920 Main Street
Caldwell, ID 83605-3700
208-459-0036

Mary Lucero
WIC Director
WIC Program of San Felipe (ITO)
P.O. Box A
San Felipe, NM 87001
504-867-2466

Melissa Nikado
Leeward WIC Program
unknown
808-586-8070

Martha Crouse
Director
Community Action of Southwestern
Pennsylvania
315 East Hallan Avenue
Washington, PA 15301
412-225-9550
412-228-9966

Beverly Wilson
Director
Community Progress Council Inc. of
York Pennsylvania
20 West Market Street - 3rd Floor
York, PA 17401
717-847-4600
717-846-9892

Jenny Corley
Director
Hampton Health District
Hampton Community Service Center
1320 LaSalle Avenue
Hampton, VA 23669
804-727-4786

Barbara Yager
Director
Thomas Jefferson Health District
1138 Rose Hillo Drive
Charlottesville, VA 22906
804-972-6206

Arlene Murrell
Director
Health Head Start Travel Team
151 East Wood Street
Spartanburg, SC 29305
864-596-3377

Nancy Sura
Director
Koochiching-Itaska Action Council
413-13th Street, S.E.
P.O. Box 828
Grand Rapids, MN 55774
218-326-0344

Carol Messler
Director
Dakota County Public Health
Department
14955 Galazie Avenue
Apple Valley, MN 55123
612-891-7502

Providencia Hernandez
HS Nutrition Director
Caguas WIC Program
GPO Box 907
Caguas, PR
787-744-8833 ext. 1457

Rita Pacheco
WIC Director
Santo Domingo Tribe WIC Program
P.O. Box 238
Santo Domingo Pueblo, NM 87052
505-465-2214

Cathy Wamsley
Director
Unatilla/Morrow HS (colocated)
721 Southeast 3rd
Pendleton, OR 97801
541-278-0770

Jane Thompson
WIC Coordinator
Wasco/Sherman County Health
Department
400 East 5th
The Dalles, OR 97058
541-296-4636
541-296-4697

Steve Buckles
Director
Maricopa County WIC Program
Maricopa County Department of
Health and community Services
1414 West Broadway, Suite 237
Tempe, AZ 85282
602-966-3090 ext. 219

Morissa Miller
Director
Yavapai County WIC Program
Yavapai County Health Department
930 Division Street
Prescott, AZ 86301
520-771-3188

Anita Seneca
WIC Director
Seneca Nation WIC Program
1510 Route 438
Irving, NY 14081
716-532-0167

Jane Ann Martin
Nursing Supervisor
Arkansas Department of Health Area
Three
1708 West C Place
Russellville, AR 72801
501-968-3254

Stanley Miller
Director
St. Louis Human Development
Corporation
929 North Spring Avenue
St. Louis, MS 63108
314-652-5100

Justina Hoffman-Tuff
Director
Telemon Corporation
514 North DuPont Highway
Cover, DE 19901
302-736-3281

Sandy Kirby
Lavery Lane Child Care Center
2 Lavery Lane
Bridgeville, DE 19933
302-629-7904 (Seaford)
302-337-3113 (Bridgeville)

Betty Atencio
WIC Director
Eight Northern Indian Pueblos Council
WIC Program
P.O. Box 969
San Juan Pueblo, NM 87566
505-455-3144

Kah Ach
Nutrition Specialist
City of Seattle HS/ECEAP Program
Alaska Building 4th Floor
618 2nd Avenue
Seattle, WA 98104-0274
206-386-1015
206-386-1138

Roberta Bishop
Director
Burleigh County WIC Program
2400 East Broadway
Bismarck, ND 58501
701-255-3397

Kim Vance
Director
Cass County WIC Program
1102 43rd Street S.W., Suite F
Fargo, ND 58103
701-277-1455

Cynthia Cook
WIC Director
Cheyenne River Sioux Tribe
P.O. Box 550
Eagle Butte, SD 57625
605-964-3947

Teresa Bryant
Eastern Band of Cherokee
P.O. Box 1145
Cherokee, NC 28719
704-497-7297

Linda L. Best, RN
Director
Deer Lodge County WIC Program
115 West Commercial Avenue
P.O. Box 970
Anaconda, MT 59711
406-563-7863

Doris Biersdorf RD
Director
Yellowstone County WIC Program
P.O. Box 35033
Billings, MT 59107
402-247-3370

Delphine Baker
Director
Three Affiliated Tribes Ft. Berthold
Reservation
(ITO)
HC-3 Box 2
New Town, ND 58763
701-627-4777
701-627-3625

Sandra Miller
Director
Randolph Elkins WIC Program
220 Third Street
Wilkins, WV 26241
304-636-8100

Nancy Morris
Director
Shenandoah Community Health Center
P.O. Box 3236
Martinsburg, WV 25401
304-267-5477

Monica Stender
Director
Driscoll Children's Hospital
400 East Main Street
Robstown, TX 78380
512-850-5000
512-387-3987

Louella Williams
Director
Fort worth City Health Department
1800 University Drive
Fort Worth, TX 76107
817-871-7215
817-871-7335

Coleen Fechser
Director
Davis County Health Department WIC
Program
360 South Fort Lane, Suite 110
Layton, UT 84041
801-546-6924

Kathleen Cardon
Director
Bear River District Health Department
WIC Program
655 East 1300 North
Logan, UT 84341
801-753-0532

Harriet Burnette
Director
Rosebud Sioux Tribe WIC Program
P.O. Box 99
Rosebud, SD 57570
605-747-2617

Irene Lawrence
Director
Standing Rock WIC Program
P.O. Box 437
Fort Yates, ND 58538
701-854-7263

Rhoda Deduld MS, RD
District Program Manager
District 4 HS/WIC Coordination Project
Chaves County Health Office
200 East Chisum
Roswell, NM 88201
505-624-6189
506-624-6170

Vera Dazen
Director
White Mountain Apache
P.O. Box 700
White River, AZ 85941
520-338-4232

Elizabeth Long
Director
San Carlos Apache Tribe
P.O. Box O
San Carlos, AZ 85550
520-475-2468

Kim Shawhart
WIC Program Director
Chocktaw Nation WIC Program
P.O. Box 1210
Durant, OK 74701-1210
405-924-8280 ext. 212

Ellen Melsness
Community Health Nurse
Indian Health Service
General Delivery
Towaoc, CO 81334
970-565-3751 ext. 236

Pauline Simms
Director
ACL WIC Program of Laguna
ACL WIC Program
P.O. Box 310
New Laguna, NM 87038
505-552-6067

Patty Wooley
Director
Kennebec Valley Community Action
Program
P.O. Box 1529
101 Water Street
Waterville, ME
207-873-2122

Catherine McConnell
Director
Costal Economic Development
39 Andrews Road
Bath, ME
207-442-7963

Kim Taylor
Director
Riley County Health Department
2030 Tecumseh Road
Manhattan, KS 66502
913-776-4779

Marsha Turek
Coordinator
Washoe County District Health
Department
P.O. Box 11130
Reno, NV 89520
702-328-2424

Emma Nuzzo
Coordinator
Economic Opportunity Board
2228 Constock Drive
Las Vegas, NV 88903
702-647-2900

Ellen Neudecker
Director
CEO of Rensselaer
2245 Old 6th Avenue
Troy, NY 12180
518-272-6159
518-272-0016

Helen Proud
Acting Director Division of Patient
Care Services
Suffolk County Department of Health
WIC Program
225 Rabro Drive East
Hauppauge, NY 11788
516-853-3013
516-853-3031

Mary Dominguez
WIC Director
Pueblo of Isleta
P.O. Box 670
Isleta, NM 87022-0340
505-869-4236

Darlene Dymza
Director
New Bedford WIC Program
874 Purchase Street
New Bedford, MA
508-997-1500

Collene Kenyon
Director
Fall River WIC Program
P.O. Box 5069
102 County Street
Fall River, MA
508-679-8111

Ruch Balster
Director
Hawkeye Area Community Action
Program
1328 2nd Avenue, S.E.
Cedar Rapids, IA 52403
319-366-7632
319-366-8936

Jean Eichmeier
Director
Upper Des Moines Opportunity
101 Robbins Avenue
P.O. Box 519
Graettinger, IA 51342
712-859-3885

Karen Rubin
Director
Seminole Tribe of Florida
3006 Josie Billie Avenue
Hollywood, FL 33024
305-962-2009

Mattie Paddock
Director
Shoshone and Arapahoe WIC Program
P.O. Box 860
Fort Washakie, WY 82514
307-332-6733

Karen Goodnight
Head Start Director
Chickasaw Nation of Oklahoma
P.O. Box 1548
Ada, OK 74820
405-436-2603 ext. 612

Mark Byron
Maine WIC Program Director
Maine WIC Program
151 Capitol Street
Augusta, ME
207-287-3991
207-287-3993

April Bitsuie
Nutritionist
For Defiance WIC Program
P.O. Box 558
Fort Defiance, AZ 86504
520-729-4011

Doris McGuire
Farmington Community Coordination
Project
unknown
Farmington, AZ
505-327-9951

Shana Rae Capes
Director
Sac and Fox Nation WIC Project
Route 2, Box 247
Stroud, OK 74079
918-968-9531

Melinda Newport
Director
Chickasaw Nation WIC Program
Address
Ada, OK

Anne Burtress
Director
The Tanana Chiefs' Conference
Tanana Chiefs' Conference Health
Service
122 First Avenue, Suite 600
Fairbanks, AK 99701-4897
907-452-3282

Anita Michalovskis
Director
Southeast Alaska Regional Health
Consortium
3245 Hospital Drive
Juneau, AK 99801
907-463-4097

Pamela Nichols
Director
Community Health Services
1 Neweel Drive
P.O. Box 97
Indian Township, ME 04668-0097
207-796-2321

Melinda Hanson
Director
St. Croix County WIC Project
Wisconsin
Not available, WI
715-246-8359

Ellen Sullivan
Director
LaClinica WIC Project
not available
WI
414-622-4208

Mary Balluss
Director
Douglas/Sarpy County WIC Program
Civic Center
1819 Farnam Street
Omaha, NE 68183
401-444-1770
402-444-6267

Joann S. Godoy
Director
Monterey County WIC Program
Monterey County Dept. Of Health
632 East Alisal Street
Salinas, CA 93905
408-755-4581

Barbara Howe
Director
Merced County Community Action
Agency
P.O. Box 2085
Merced, CA 95344-0085
209-383-4859

Al Boyer HS & Karen Moyer
WIC Director
Rockingham Community Action
7 Junkins Avenue
Portsmouth, NH
603-431-2911

Dora Hastings
Director
Southern NH Services
P.O. Box 5040
Manchester, NH
603-668-8010

Cathleen Romancito
Director
HS Health Screening
P.O. Box 449
Zuni, NM 87327
505-782-2929

Dennis Kopepassah
Director
Caddo Tribal Complex HS Program
Caddo Tribe
Anadarko, OK 73005
405-656-2344

Cathy Montgomery, MS RD/LD
Director
Oklahoma County Mobile Unit
Northwest Child Health & Guidance -
WIC
4614 N. MacArthur, Suite 100
Oklahoma City, OK 73122
405-787-4801

Debi Tipton
WIC Nutrition Coordinator
Choctaw Nation of Oklahoma
Drawer 1210
Durant, OK 74702
405-924-8280

Barbara O'Neal
Director
Creek Nation HS
P.O. Box 580
Okmulgee, OK 74447
918-758-1420

Arti Shah
Agape House
1815 James Couzens Street
Detroit, MI 48235
313-345-4779

Dianne Zatke
Pullman Health Services
5498 109th Avenue
P.O. Box 153
Pullman, MI 49450
616-236-5292

Irene Stagg
Healthy Start Program St. Landry Parish
Health Unit
308 West Bloch Street
P.O. Box 552
Opelousas, LA 70751-0052
318-948-0220

Ann Creaven
Vermont Department of Health
13 North Avenue
Newport, VT
802-334-6707

Robert Constatino/Lori Dotolo
Director/Nutritionist
Vermont Department of Health
Middlebury District
Vermont Department of Health
84 Exchange Street, Suite 101
Middlebury, VT
802-388-4644

Beth Sapolosky
WIC Coordinator/Nutritionist
Self Help Inc of East Providence
Rhode Island
Self Help Inc.
100 Bullocks Point Avenue
Riverside, RI
401-437-1007

Janice Newberry
WIC Dietician
Dougherty County WIC Program
1101 North Jackson Street
Albany, GA 31701
unknown

Head Start Program

Patti Smith
Director
Presbyterian Medical Service Head Start
P.O. Box 3239
Farmington, NM 87401
505-326-6434

Patricia Groveby
Director
Hobbs Head Start Child and Family
Services Inc.
950 Easy Snyder
Hobbs, NM 88240
505-397-7736

Gil Jackson
Director
Cherokee Tribal Day Care Services
Address
Cherokee, NC 28719
704-497-9008

Debbie Kruse
Director
Five Sandoval Indian Pueblo Head
Start Program
1043 Highway 313
Bernadillo, NM 87004
505-867-3351

Norma Johnson
Director
Sacramento Employment and Training
Agency
3750 Rosin Court Suite 100
Sacramento, CA 95834
916-263-3804

Alicia Ramirez
Director
Child Development Resources of
Ventura
2500 Vineyard Avenue
Suite 200
Oxnard, CA 93030
805-485-7878

Lois Sexton
Director
Macon Program for Progress
64 West Orchild View Drive
Franklin, NC 28734
704-524-4473

Ann Crowell
Director
Alachua Board of Education
(Gainsville-Florida)
3600 Northeast 15th Street
Gainsville, FL 32609
904-955-6875

Deborah Linnette
Director
Community Action Inc.
P.O. Box 5247
Haverhill, MA
508-372-5052

Larry Puccharelli
Director
New Visions for Newport
19 Broadway
Newport, RI 02840
401-846-5454

Linda Barker
Program Director
Council on Rural Services Program
116 East Third Street
Greenville, OH 45331
513-548-8002

Mindy Diltz
Director
Knox County Head Start
P.O. Box
Mt. Vernon, OH 43050
614-397-1344

Beth Sapolsky
WIC Coordinator and Nutritionist
Self Help Inc.
100 Bullocks Point Avenue
Riverside, RI
401-437-1007

Ellen Naudecker
WIC Director
Rensselaer Community Action Program
unknown but located in the Albany
NY area
Albany, NY
518-272-6159

John Bancroft
Director
Puget Sound Educational Service
District
400 Southwest 152nd Street
Seattle, WA 98166
206-439-6922

Harla Tumbleson
Director
City of Seattle Human Resources
Department
618 Second Avenue
Seattle, WA 98104
206-684-0523

Mary Burn
Director
Council on Rural Service Programs Inc.
116 East Third Street
P.O. Box 459
Greenville, OH 45331-0459
513-548-8002

Mark Carlson
Director
Northwest Community Action Inc.
P.O. Box 195
Badger, MN 56714
218-528-3227

Phil Akers
Health Coordinator
Council of Southern Mountains
P.O. Box 158
Wilcoe, WV 24895
304-448-2118
304-436-4200

Kathy Chmiel
Health Director
5-c Head Start
Gage Street
Bellows Falls, VT
802-463-1402

Connie Zwick
Health Coordinator
Northeast Kingdom (NEKCA) Child
and Family Development Program
Box 630
Newport, VT
802-334-7316

Kim Young-Kent
Head Start Association President
Tri-County Head Start
P.O. Box 3338
Evansdale, IA 50707
319-235-0383

Lena Spears
The Omaha Tribal Head Start
Address
Macy, NE 68309
unknown

Marian Holstein
Winnebago Tribal Head Start
Address
Winnebago, NE 68071
unknown

Frank Bushakra
Director
Eastern Oregon State College Head
Start
1410 L Avenue
LaGrande, OR 97850
503-962-3506

Cathy Wamsley
Director
Umatilla-Morrow County Head Start
721 Southwest Third Room 108
Pendleton, OR 97801
503-378-0770

Belinda Page
Director
Aroostock County Community Action
Program
P.O. Box 1116
Presque Isle, ME
207-764-3721

Peter Stuckey
Director
Peoples Regional Opportunity Program
510 Cumberland Avenue
Portland, ME
207-874-1140

Joanne Williams
Director
Child Development Inc. of Russellville
AR
P.O. box 2110
Russellville, AR 72801
501-968-6493

Blanche Russ-Glover
Director
City of San Antonio Parent Child Inc.
P.O. Box 830407
San Antonio, TX 78283
210-226-6232

Edward Young
Director
Metro Delta Head Start
2001 Park Avenue
Baltimore, MD 21217
410-539-5655
410-539-5657

Freddie Mitchell
Director
Shore-UP Inc.
P.O. Box 430
520 Snow Hill Road
Salisbury, MD 21803
410-749-1142
410-742-9191

Blanca Enriquez
Director
El Paso Head Start
Region 19 Education Service Center
Head Start Program
6611 Boeing
El Paso, TX 79925
915-774-4610

Nancy Spears
Director
Lee County Head Start/WIC Program
P.O. Drawer
Auburn, AL 36831
334-821-8336

Marie Augustine
Director
Salt Lake City Community Action Head
Start Program
764 South 200th West
Salt Lake City, UT 84105
801-359-2444

Aubrey Nehring
Director
Audubon Area Head Start
P.O. Box 2004
Owensboro, KY 42304-0004
502-686-1653
502-686-1656

Peggy Grant
Director
Ohio Valley Education Cooperative
205 Parker Drive
LaGrange, KY 40031
502-222-4573
502-222-5912

Joanne Begley
Program Director
Panhandle Community Services
3350 North 10th Street
Gering, NB 69341
308-635-3089
308-635-0264

Sara Kuenzli
Director
Tanana Chief Head Start Program
122 First Avenue
Fairbanks, AK 99701
907-452-8251

Betty Hutchins
Director
Rutheford County Schools
219 Fairground Road
Spinidale, NC
704-248-2647

Diane Slabaugh
Nutrition Program Director
Collier County Public Health Unit-WIC
Health and Rehabilitative Services
3301 East Tamiami Trail
Naples, FL 33962

Patricia Barnes
Director
MS WIC Program
State Department of Health
Charles Harwood Complex
3500 Estate Richmond
Christiansted, MS

Anne Harbert
Nutrition Director
Madison County Health Department
745 West Forest
Jackson, TN 38301

Martha Crouse
Food and Nutrition Services Director
Community Action of Southwestern PA
315 East Hallan Avenue
Washington, PA 15301

Barbara Hartnett
Collier County Public Schools
Re-Kindergarten Programs
506 North 9th Street
Immokalee, FL 33934

Eudelia Cuevas
6-L Head Start Center
10299 6-L Farm Road
Naples, FL 33961

Mrs. Catherine Turrell
Director
The MS Head Start Program
St. Croix
Christiansted, MS 00820

Eric DuPree
Northwest Tennessee Head Start
938 Walnut Avenue, West
Mckenzie, TN 38201

Doug Kovach
Director
Community Action Southwest
20 West Marker Street
York, PA 17401

Kay Ach
Nutrition Specialist
City of Seattle Head Start/ ECEAP
Program
Alaska Building, 4th floor
618-2nd Avenue
Seattle, WA 98104-0274

Shirley Hutchinson
WIC Administrator
Seattle King County Department of
Public Health
11 Prefontaine Place, South, 3rd Floor
Seattle, WA 98104

Arlene Murrell
District Director of Nutrition
WIC Director
Appalachia III Health District
151 East Wood Street
P.O. Box 417
Spartanburg, SC 29304

Louella Williams
Director
Fort Worth WIC Program
1800 University Drive
Forth Worth, TX 76107

Kim Shawhart
WIC Program Director
Chocktaw Nation WIC Program
Start P.O. Box 1210
Durant, OK 74701-1210
Marian Hayes
Director
First AME Head Start Program
4400-37th Avenue, South
Seattle, WA 98118

Mary Ann Russell
Director of Head Start
Piedmont Community Action Program
704 Howard Street
Spartanburg, SC 29304

Ms. B.J. Syma
Project Director
Share Care CCDP
2807 Race Street
Fort Worth, TX 76111

Rebecca Clapp
Head Start Director
Chocktaw Nation of Oklahoma Head
Program
P.O. Box 1210
Durant, OK 74701-1210

Cheryl Sonnerberg
Administrator, Health Services
Economic Opportunity board
2228 Comstock Drive
Las Vegas, NV 89030

Sharla Kuyper
WIC Director
Upper Des Moines Opportunity, Inc.
101 Robbins Avenue
P.O. Box 519
Graettinger, IA 51342

Karen Goodnight
Head Start Director
Chickasaw Nation of Oklahoma
P.O. Box 1548
Ada, OK 74820

Anne Burtness
WIC Coordinator
The Tanana Chiefs' Conference
Tanana Chiefs' Conference Health
Services
1222 First Avenue, Suite 600
Fairbanks, AK 99701-4897

Karen Moyer (WIC)
Al Boyer (HS)
Directors
Rockingham Community Action
7 Junkins Avenue
Portsmouth, NH 03801

Jean Childs
Barbara Tillard
Administrator of Child and Family
Division
Head of Parent Child Program
Economic Opportunity Board
Head Start, Parent Child Program
2228 Comstock Drive
Las Vegas, NV 89030

Mary Jo Madeig
Director
Upper Des Moines Opportunity, Inc.
101 Robbins Avenue
PO Box 519
Graettinger, IA 51342

Melinda Newport
Director of WIC
Nutrition Services Dept. of the
Chicasaw Nation of Oklahoma
PO Box 1548
Ada, OK 74820

Russ Christensen
Director
Fairbanks Native Association Head
Start
201 First Avenue, Suite 200
Fairbanks, AK 99701

Dora Hastings
Director of Nutrition Services
Southern New Hampshire Services,
Inc.
PO Box 5040
Manchester, NH 03108

Cathy Montgomery
Coordinator
OK County Mobile Unit
State WIC Office
2520 Villa Prom Street, Shepherd Mail
Oklahoma City, OK 73107-2419

Irene Staggs
Nursing Supervisor
Healthy Start Program
St. Laundry Parish Health Unit
308 West Bloch Street
PO Box 552
Opelousas, LA 70571-0052

Pat Doherty-Wildner and Denise Krebs
Director of Health & Nutrition Services
and WIC Coordinator
Community and Economic
Development Association of Cook
County (CEDA)
224 North Des Plaines
Chicago, IL 60661

Deborah Jones
Director WIC Services
New Jersey State Department of Health
Division of Family Health Services
50 East State Street, CN 364
Trenton, NJ 08652-0364

Deborah Gosselin
Director, Head Start
Southern New Hampshire Services
Head Start Program
PO Box 5040
Manchester, NH 03108

Carolyn Shaw
Director
Community Action Agency of
Oklahoma City and Oklahoma and
Canadian County, Inc.
1900 Northwest Tenth Street
Oklahoma City, OK 73106

Barbara Pickney
Director
St. Landry Parish Head Start
PO Box 910
Opelousas, LA 70570

Sandra Van
Director
Community and Economic
Development Assoc. Of Cook
County-CEDA HS
224 North Des Plaines
Chicago, IL 60661

Cindy Wilkes
Nutrition Coordinator
Tri-County Head Start
240 North Pearl Street
Bridgeton, NJ 08302

Kay Jarrett
District Nutrition Coordinator
WIC Hobbs Health Department
1923 North Dal Paso, Suite B
Hobbs, NM 88240

Teresa Bryant
Director
Cherokee WIC Nutrition Program
PO Box 1145
Cherokee, NC 28719

David Simpson
Director
Macon County Health Department
5 West Main Street
Franklin, NC 28734

Ms. Gerry Reed
WIC Director
WIC Unit, Community Action, Inc.
PO Box 5247
Haverhill, MA 01835

Jean Young
Director
Dark County WIC Nutrition Program
5735 Meeder Road
Greenville, OH 45331

Tracey Yee
Director
Health/Nutrition Manager
Puget Sound Educational Service
District
400 Southwest 152nd Street
Seattle, WA 98166

Mary Lynn Hawkins
Health Coordinator
Child Development, Inc. of Russellville,
AR
PO Box 2110
Russellville, AR 72801

Marilyn Sanders
Director
East Bay Head Start/Self Help
Liberty Street School
Warren, RI 02885

Donna Johnson, R.N.
Director of WIC
Roseau Home Health Care
715 Delmore Drive
Roseau, MN 56751

Darlene Ahrens
District Director
St. Johnsbury WIC,
Department of Health
42 Eastern Avenue
St. Johnsbury, VT 05819

Jane Martin
Nursing Supervisor
AR Department of Health Area Three
1708 West C Place
Russellville, AR 72801

Cheryl Ekblad
Director
Minor Public Schools Head Start
Program
PO Box 2001
Minot, ND 58702

Charlene Mahnke
Director of Child Develop. Programs
Panhandle Community Services
3350-10th Street
Gering, NB 69341

Cheryl Walker
Head Start Program Director
Laramie County Head Start Program
1620 Central, Suite 300
Cheyenne, WY 82001

Mary Jo Waters
Director
Love for Children
PO Box 1616
Holland, MI 49422-1616

LaRae McDonald
WIC Director for Minot
First District Health Unit
801 11th Avenue Southwest
Minot, ND 58701

Betty Kenyon
WIC Coordinator
Panhandle Community Services
3350 Tenth Street
Gering, NB 69341

Mary Davis
Director of WIC
Same as above

Lena Harris
Laramie WIC Director
Laramie County WIC Program
Public Health Office
100 Central Avenue
Cheyenne, WY 82007

Christine Allgeier
Head Start Director
Tioga Opportunities Program, Inc.
PO Box 179
Owego, NY 13827

Peggy Johnson
Director of Health and Family Services
Mississippi Action for Progress, Inc.
1751 Marson Road
Jackson, MS 39209

Nancy Glasgow
WIC Director
Tioga Opportunities Program
PO Box 179
Owego, NY 13827

Lela Skelton,
District Nutrition Supervisor
MS State Department of Health
2600 Browning Road
Greenwood, MS 38930



Appendix C

Key Contacts in FNS and Head Start

**Food and Nutrition Service
Headquarters & Regional Contacts**

Patricia Daniels
Director
Supplemental Food Programs Division
USDA/FNS
3101 Park Center Drive, Room 540
Alexandria, Virginia 22302
Telephone: (703) 305-2746

Ralph Anzur
Regional Director
Supplemental Food Programs
USDA/FNS/MPRO
1244 Speer Boulevard, Suite 903
Denver, Colorado 80204
Telephone: (303) 844-0331

John Ghiorzi
Regional Director
Supplemental Food Programs
USDA/FNS/NERO
10 Causeway Street, Room 501
Boston, Massachusetts 02222-1066
Telephone: (617) 56 5-6372

Peggy Fouts
Regional Director
Supplemental Food Programs
USDA/FNS/SERO
61 Forsyth Street, SW, Room 8T36
Atlanta, Georgia 30303
Telephone: (404) 562-7100

Patricia A. Cumiskey-Czeto
Regional Director
Supplemental Food Programs
USDA/FNS/MARO
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, New Jersey 08691-1598
Telephone: (609) 259-5100

Sandra Slayton
Regional Director
Supplemental Food Programs
USDA/FNS/MWRO
77 West Jackson Boulevard, 20th Floor
Chicago, Illinois 60604-3507
Telephone: (312) 886-6625

Sondra Ralph
Regional Director
Supplemental Food Programs
USDA/FNS/SWRO
1100 Commerce Street, Room 5-C-30
Dallas, Texas 75242
Telephone: (214) 290-9812

Carol Fahey
Regional Director
Supplemental Nutrition Programs
USDA/FNS/WRO
550 Kearny Street, Suite 400
San Francisco, California 94108-2518
Telephone: (415) 705-1313

Directory of WIC State Agencies January 1999

NORTHEAST REGION STATE WIC DIRECTORS

CONNECTICUT

Barbara Metcalf Walsh
State WIC Program Director
Department of Public Health
410 Capitol Avenue MS #11WIC
P.O. Box 340308
Hartford, CT 06134-0308
Telephone: (860)509-8084
FAX: (860)509-7855
e-mail: barbara.walsh@po.state.ct.us

MAINE

R. W. Bansmer, Jr.
Director, Maine WIC Program
Division of Maternal & Family Health
Department of Human Services
State House - Station 11
151 Capitol Street
Augusta, ME 04333
Telephone: (207)287-3991
FAX: (207)287-3993
e-mail: reinhold.bansmer@state.me.us

Pamela Nicholas (ITO)
WIC Program Director
Indian Township Health Center
One Newell Drive
P.O. Box 97
Indian Township, ME 04668-0097
Telephone: (207)796-2321
FAX: (207)796-2422

Michelle Francis (ITO)
WIC Program Director
Pleasant Point Health Center
P.O. Box 351/Back Road
Perry, ME 04667
Telephone: (207)853-0644
FAX: (207)853-2347

MASSACHUSETTS

Mary Kelligrew Kassler
Director, Massachusetts WIC Program
Massachusetts Department of Public
Health
250 Washington Street, 6th Floor
Boston, MA 02108-4619
Telephone: (617)624-6100
FAX: (617)624-6179
e-mail: mary.kassler@state.ma.us

NEW HAMPSHIRE

Robin Williamson McBrearty, MSW,
Chief
Bureau of WIC Nutrition Services
Office of Community & Public Health
6 Hazen Drive
Concord, NH 03301-6527
Telephone: (603)271-4546
FAX: (603)271-4779
e-mail: rmcbrear@dhhs.state.nh.us

NEW YORK

Joan E. Doyle, WIC Director
Bureau of Supplemental Food
Programs
Division of Nutrition
New York State Department of Health
II University Place, Second Floor
Albany, NY 12203-3399
Telephone: (518)458-6835 Ext. 6100
FAX: (518)458-5508
e-mail: jedo4@health.state.ny.us

Anita Seneca (ITO)
WIC Program Coordinator
Seneca Nation
1510 Route 438
Irving, NY 14081
Telephone: (716)532-0167 Ext. 117
FAX: (716)532-0110

RHODE ISLAND

John L. Smith
Chief, WIC Program
Department of Health
Cannon Building
3 Capitol Hill, Room 303
Providence, RI 02908-5097
Telephone: (401)222-3940
FAX: (401)222-1442
e-mail: johns@doh.state.ri.us

VERMONT

Donna L. Bister
Director, Vermont WIC Program
Division of Community Public Health
Department of Health
P.O. Box 70
108 Cherry Street
Burlington, VT 05402-0070
Telephone: (802)863-7333
FAX: (802)863-7229
e-mail: dbister@vdh.state.vt.us

MID-ATLANTIC REGION STATE WIC DIRECTOR

DELAWARE

Beth Wetherbee, Director
Delaware Health & Social Services
Division of Public Health
WIC Program
Blue Hen Corporate Center
655 Bay Road, Suite 4-B
Dover, DE 19901
Telephone: (302)739-4614 or 3671
FAX: (302)739-3970
e-mail: bwetherbee@state.de.us

DISTRICT OF COLUMBIA

Geraldine Tompkins, Acting Manager
WIC State Agency
Department of Health
2100 Martin Luther King Avenue, SE,
Suite 409
Washington, DC 20020
Telephone: (202)645-5662
FAX: (202)645-0516

MARYLAND

Joan H. Salim, Director
WIC Administration
Maryland Department of Health and
Mental Hygiene
201 West Preston Street
P.O. Box 13528
Baltimore, MD 21203-3528
Telephone: (410)767-5233
FAX: (410)333-5243
e-mail: salimj@dhmh.state.md.us

NEW JERSEY

Deborah Jones, Director
New Jersey State WIC Program
Department of Health
CN 364
Trenton, NJ 08625-0364
Telephone: (609)292-9560
FAX: (609)292-3580 or 9288
e-mail: dj1@doh.state.nj.us

PENNSYLVANIA

Frank Maisano, Director
Pennsylvania Department of Health
Division of WIC
Health and Welfare Building,
Room 604
P.O. Box 90
Harrisburg, PA 17108-0090
Telephone: (717)783-1289
FAX: (717)705-0462
e-mail: Fmaisano@health.state.pa.us

PUERTO RICO

Fernando Valderrabano
Executive Director
WIC Program
Puerto Rico Department of Health
#1086 Munoz Rivera Avenue
Rio Piedras, PR 00928-5220
Telephone: (787)763-0316
FAX: (787)751-5229

VIRGINIA

Sheila Brewer, Acting Director
Division of Chronic Disease Prevention
and Nutrition
Department of Health
1500 East Main Street, Room 132
Richmond, VA 23218-2448
Telephone: (804)786-5420
FAX: (804)371-6162

VIRGIN ISLANDS

Patricia Barnes, RD Director
Virgin Islands WIC Program
Department of Health
Charles Harwood Complex
3500 Estate Richmond
Christiansted, VI 00821
Telephone: (340)773-9157 (St. Croix)
FAX: (340)773-6495

Telephone: (340)776-1770 (St. Thomas)
FAX: (340)774-5820

WEST VIRGINIA

Denise V. Ferris, R.D., Dr. P.H.
Director
West Virginia State WIC Program
1411 Virginia Street, East
Charleston, WV 25301
Telephone: (304)558-0030
FAX: (304)558-1541
e-mail: ferrid@wvnm.wvnet.edu

SOUTHEAST REGION STATE WIC DIRECTORS

ALABAMA

Wendy Blackmon, Director
Division of WIC
Bureau of Family Health Services
Alabama Department of Public Health
RSA Tower, Suite 1300
P.O. Box 303017
Montgomery, AL 36130-3017
Telephone: (334)206-5673
FAX: (334)206-2914
e-mail: wblackmon@adph.state.al.us

FLORIDA

Deborah Eibeck, MS, RD, LD, Chief
Bureau of WIC and Nutrition Services
Florida Department of Health
2020 Capital Circle, S.E, Bin #A16
Tallahassee, FL 32399-1726
Telephone: (850)488-8985
FAX: (850)922-3936
e-mail: Debbie_Eibeck@doh.state.fl.us

GEORGIA

Alwin Peterson, WIC Director
State WIC Office
Division of Public Health
Georgia Department of Human
Resources
Two Peachtree Street, NW,
8th Floor, Suite 300
Atlanta, GA 30303
Telephone: (404)657-2900
FAX: (404)657-2910
e-mail: ALP0600@ph.dhr.state.ga.us

KENTUCKY

Fran Hawkins, MS, RD, LD, Director
Nutrition Services Branch
Division of Maternal and Child Health
Kentucky Department of Public Health
Cabinet for Health Services
275 East Main Street
Frankfort, KY 40621
Telephone: (502)564-3827
FAX: (502)564-8389
e-mail: Fran.Hawkins@mail.state.ky.us

MISSISSIPPI

Curtis Jordan, Director
WIC Program, Bureau of Health
Services
State Department of Health
3000 Old Canton Road, Suite 300
Jackson, MS 39216
Telephone: (601)987-6730
FAX: (601)987-6740
e-mail: cjordan@msdh.state.ms.us

Beatrice Carson, Director (ITO)
WIC Program
Mississippi Band of Choctaw Indians
P.O. Box 6010
Philadelphia, MS 39350
Telephone: (601)650-1845
FAX: (601)650-1860

NORTH CAROLINA

Alice Lenihan, RD, MPH, LDN, Director
Nutrition Services Section
Division of Women's and Children's
Health
Department of Health and Human
Services
P.O. Box 10008
Raleigh, NC 27605-0008
Telephone: (919)733-2973
FAX: (919)733-1384
e-mail: Alice.Lenihan@ncmail.net

Teresa Bryant (ITO)
WIC Coordinator
Eastern Band of Cherokee Indians
P.O. Box 1145
Cherokee, NC 28719
Telephone: (828)497-7297
FAX: (828)497-4470

SOUTH CAROLINA

Burnese Walker-Dix, WIC Director
Division of Preventive and Personal
Health
South Carolina Department of Health
and Environmental Control
Mills/Jarrett Complex
P.O. Box 101106
1751 Calhoun Street
Columbia, SC 29201-2911
Telephone: (803)898-0743
FAX: (803)898-0383
e-mail:
walkerbw@columb63.dhec.state.sc.us

TENNESSEE

Brian Senecal, Director
Supplemental Food Programs
Nutrition Services Section
Tennessee Department of Health
Cordell Hull Building, 5th Floor
425 Fifth Avenue, North
Nashville, TN 37247-5310
Telephone: (615)741-7218
FAX: (615)532-7189
e-mail: bsenecal@mail.state.tn.us

MIDWEST REGION STATE WIC DIRECTORS

ILLINOIS

Michael R. Larson, M.S., Chief
Bureau of Community Health &
Prevention
Illinois Department of Human Services
535 West Jefferson Street
Springfield, IL 62761
Telephone: (217)782-2166
FAX: (217)785-5247
e-mail: mlarson@idph.state.il.us

INDIANA

Wendy Gettelfinger, R.N., M.S.N., J.D.
Director
CSHCS, MCH, WIC
Indiana State Department of Health
2 North Meridian Street, Suite 700
Indianapolis, IN 46204
Telephone: (317)233-5578
FAX: (317)233-5609
e-mail: wgetterf@isdh.state.in.us

MICHIGAN

Alethia Carr, Acting Director
WIC Division
Bureau of Child & Family Services
Michigan Department of Community
Health
2150 Apollo Drive
P.O. Box 30195
Lansing, MI 48909
Telephone: (517)335-8951
FAX: (517)335-8835
e-mail: harmon@state.mi.us

MINNESOTA

Betsy Clarke
Minnesota Department of Health
85 East Seventh Place
P.O. Box 64882 - 55164-0882
Minneapolis, MN 55101
Telephone: (651)215-8957
FAX: (651)215-8951
e-mail: clarbl@mdn-
mom.health.state.mn.us

OHIO

Larry R. Prohs, Chief
Bureau of Nutrition Services
Ohio Department of Health
246 North High Street
P.O. Box 118
Columbus, OH 43266-0118
Telephone: (614)644-8006
FAX: (614)728-2881
e-mail: lprohs@gw.odh.state.oh.us

WISCONSIN

Patti H. Herrick, Director
Wisconsin WIC Program
Wisconsin Department of Health
and Family Services
1414 East Washington Avenue,
Room 167
Madison, WI 53703
Telephone: (608)266-3821
FAX: (608)266-3125
e-mail: herriph@dhfs.state.wi.us

SOUTHWEST REGION STATE WIC DIRECTORS

ARKANSAS

Mac Heird, WIC Director
Arkansas Department of Health
Slot 43
4815 West Markham Street
Little Rock, AR 72205-3867
Telephone: (501)661-2473
FAX: (501)661-2004
e-mail: mheird@mail.doh.state.ar.us

LOUISIANA

Pamela P. McCandless, M.P.H., Chief
Louisiana Department of Health and
Hospitals
Nutrition Services
P.O. Box 60630
New Orleans, LA 70160
Telephone: (504)568-5065
FAX: (504)568-3065
e-mail:
pmccandl@dhhmail.dhh.state.la.us

NEW MEXICO

Jane Peacock, Section Chief
New Mexico Department of Health
Family, Food and Nutrition
525 Camino de los Marquez, Suite 6
Santa Fe, NM 87501
Telephone: (505)476-8522
FAX: (505)476-8512
e-mail: janep@doh.state.nm.us

LaRue Medina, WIC Director (ITO)
ACL WIC Program
P.O. Box 310
New Laguna, NM 87038
Telephone: (505)552-6067
FAX: (505)552-6306
e-mail: aclwic@aol.com

Betty Atencio, WIC Director (ITO)
Eight Northern Indian Pueblos Council
P.O. Box 969
San Juan Pueblo, NM 87566
Telephone: (505)455-3144
FAX: (505)455-3055
e-mail: enipcwic@newmexico.com

Virginia Chama, WIC Director (ITO)
Five Sandoval Indian Pueblos, Inc.
1043 Highway 313
Bernalillo, NM 87004
Telephone: (505)867-3351
FAX: (505)867-3514

Mary Dominguez, WIC Director (ITO)
Pueblo of Isleta
P.O. Box 670
Isleta, NM 87022-0340
Telephone: (505)869-2662
FAX: (505)869-8309
e-mail: islwic@nm.net

Mary Lucero, WIC Director (ITO)
Pueblo of San Felipe
P. O. Box A
San Felipe, NM 87001
Telephone: (505)867-2466
FAX: (505)867-3383

Rita Pacheco, WIC Director (ITO)
Santo Domingo Tribe
P.O. Box 370
Santo Domingo Pueblo, NM 87052
Telephone: (505)465-1321
FAX: (505)465-2688

Ruby Wolf, WIC Director (ITO)
Pueblo of Zuni
P.O. Box 339
Zuni, NM 87327
Telephone: (505)782-2929
FAX: (505)782-4498
e-mail: rubywolf@nm.net

OKLAHOMA

Tom Freeman, State Director
Oklahoma State Department of Health
WIC Services
2520 Villa Prom Street
Oklahoma City, OK 73107-2419
Telephone: (405)271-4676
FAX: (405)271-5763
e-mail: tomf@health.st.ok.us

Brenda Carter, WIC Director (ITO)
Cherokee Nation of Oklahoma
P.O. Box 948
Tahlequah, OK 74465
Telephone: (918)456-0671 ext. 2291
FAX: (918)458-7672
e-mail: brenda.carter@mail.ihs.gov

Melinda Newport, WIC Director (ITO)
The Chickasaw Nation
P.O. Box 1548
Ada, OK 74820-1548
Telephone: (580)436-2603
FAX: (580)436-7225
e-mail: chickwic@chickasaw.com

Kim Shawhart, WIC Director (ITO)
Choctaw Nation of Oklahoma
P.O. Drawer 1210
Durant, OK 74702-1210
Telephone: (580)924-8280 ext. 2201
FAX: (580)924-4831
e-mail: kimw@redriverok.com

Shelley Schneider, WIC Director (ITO)
Citizen Potawatomi Nation
1601 South Gordon Cooper Drive
Shawnee, OK 74801
Telephone: (405)273-3216
FAX: (405)878-4852
e-mail: sschneider@potawatomi.org

Shirlye Bass, WIC Director (ITO)
Inter-Tribal Council, Inc.
P.O. Box 1308
Miami, OK 74355
Telephone: (918)542-4486
FAX: (918)540-2500
e-mail: shirlyeb@2dogs.net

Joy Flud, WIC Director (ITO)
Muscogee Creek Nation
1801 East 4th
P.O. Box 2158
Okmulgee, OK 74447-3901
Telephone: (918)758-2722
FAX: (918)758-4949
e-mail: joy.flud@mail.ihs.gov

Cindy Willard, WIC Director (ITO)
Osage Tribal Council
1301 Grandview
Pawhuska, OK 74056
Telephone: (918)287-1015
FAX: (918)287-1050

Henrietta Pratt, WIC Director (ITO)
Otoe-Missouria Tribe
8151 Highway 177
Red Rock, OK 74651-0348
Telephone: (580)723-4411 or 12
FAX: (580)723-4273

Leslie Rimer, WIC Director (ITO)
Sac and Fox Nation
Route 2, Box 247
Stroud, OK 74079
Telephone: (918)968-9531
FAX: (918)968-4453
e-mail: knullake@yahoo.com

Carol Jared, WIC Director (ITO)
WCD Enterprises, Inc.
P.O. Box 247
Anadarko, OK 73005
Telephone: (405)247-2533
FAX: (405)247-5277
e-mail: wcdwic@tanet.net

TEXAS

Mike Montgomery, Chief
Texas Department of Health
Bureau of Nutrition Services
1100 West 49th Street
Austin, TX 78756-3199
Telephone: (512)458-7444
FAX: (512)458-7446
e-mail: mike.montgomery@tdh.state.tx.us

**MOUNTAIN PLAINS REGION
STATE WIC DIRECTORS****COLORADO**

William Eden, Director
Nutrition Services
Colorado Department of Health
FCHSD-NS-A4
4300 Cherry Creek Drive, South
Denver, CO 80222-1530
Telephone: (303)692-2400
FAX: (303)756-9926
e-mail: William.Eden@state.co.us

Laura Brown, WIC Director (ITO)
Ute Mountain Ute Tribe
P.O. Box 11
Towaoc, CO 81334
Telephone: (970)565-3751 ext. 652
FAX: (970)565-5648

IOWA

Judy Solberg, Chief
Bureau of Nutrition and WIC
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
Telephone: (515)281-3713
FAX: (515)281-4913
e-mail: jsolberg@idph.state.ia.us

KANSAS

Dave Thomason, WIC Administrator
Nutrition and WIC Services
Kansas Department of Health and
Environment
Bureau of Family Health - WIC
Division
Landon State Office Building, 10th
Floor
Topeka, KS 66612-1220
Telephone: (785)296-1324
FAX: (785)296-1326
e-mail: dthomaso@kdhe.state.ks.us

MISSOURI

Annie Siu-Norman, WIC Chief
Missouri Department of Health
930 Wildwood
P.O. Box 570
Jefferson City, MO 65102-0570
Telephone: (573)751-6204
FAX: (573)526-1470
siunoa@mail.health.state.mo.us

MONTANA

Terry Krantz, M.S., M.P.H.
Human Services Manager
Department of Public Health and
Human Services
Cogswell Building
(1400 Broadway Avenue - UPS
Delivery Only)
Helena, MT 59620
Telephone: (406)444-5533
FAX: (406)444-0239
e-mail: tkrantz@state.mt.us

NEBRASKA

Peggy Trouba, R.D., M.P.H.
State WIC Director
Nebraska HHS Services
Preventive Health & Public Wellness
P.O. Box 95044
301 Centennial Mall South
Lincoln, NE 68509-5044
Telephone: (402)471-2781
FAX: (402)471-7049
e-mail: peggy.trouba@hhs.state.ne.us

Darwin Snyder, WIC Director (ITO)
Winnebago WIC Program
Box 666
Winnebago, NE 68071
Telephone: (402)878-2499
FAX: (402)878-2544

Carmene Tyndall, WIC Director (ITO)
Omaha/Santee Sioux WIC Program
303 Main Street, P.O. Box 289
Walthill, NE 68067
Telephone: (402)846-5175
FAX: (402)846-5767

NORTH DAKOTA

Colleen Pearce, WIC Director
Maternal and Child Health
North Dakota State Department of
Health
600 E. Boulevard
Bismarck, ND 58505-0200
Telephone: (701)328-2493
FAX: (701)328-1412
e-mail: cpearce@state.nd.us

Irene Lawrence, WIC Director (ITO)
Standing Rock Sioux Tribe
P.O. Box D
Fort Yates, ND 58538-0437
Telephone: (701)854-7263
FAX: (701)854-7122

Delphine Baker, WIC Director (ITO)
Three Affiliated Tribes
Fort Berthold Reservation
HC-3, Box 2
New Town, ND 58763
Telephone: (701)627-4777
FAX: (701)627-3805

SOUTH DAKOTA

Annis Stuart
Nutrition Services Program Director
Division of Health Services
South Dakota Department of Health
615 East 4th Capitol
Pierre, SD 57501-5070
Telephone: (605)773-3737
FAX: (605)773-5509
e-mail: annis.stuart@state.sd.us

Cynthia Cook, WIC Director (ITO)
Cheyenne River Sioux Tribe
P.O. Box 590
Eagle Butte, SD 57625-0590
Telephone: (605)964-3947
FAX: (605)964-3949

Bernice Grace, WIC Director (ITO)
Rosebud Sioux Tribe
P.O. Box 99
Rosebud, SD 57570-0099
Telephone: (605)747-2617
FAX: (605)747-2612
e-mail: rbwicrb@wtc.net

UTAH

Don Johnson, WIC Program Manager
Division of Family Health Services
Utah State Department of Health
288 North 1460 West
P.O. Box 144470
Salt Lake City, UT 84114-4470
Telephone: (801)538-6960
FAX: (801)538-6729
e-mail: djohnson@doh.state.ut.us

WYOMING

Janet Moran, WIC Program Manager
Division of Public Health
Department of Health
456 Hathaway Building
Cheyenne, WY 82002-0050
Telephone: (307)777-7494
FAX: (307)777-5643
e-mail: jmoran@missc.state.wy.us

Mattie I. Paddock, R.D. (ITO)
WIC Coordinator/Nutritionist
Shoshone and Arapahoe WIC Program
P.O. Box 999
Fort Washakie, WY 82514
Telephone: (307)332-6733
FAX: (307)332-4196

WESTERN REGION STATE WIC DIRECTORS

ALASKA

Nancy Rody, MPH, DrPH, RD, WIC
Director
Maternal, Child, and Family Health
Division of Public Health
Nutrition Services - WIC
P.O. Box 110612
Juneau, AK 99811-0612
Telephone: (907)465-3100
FAX: (907)465-3416
e-mail: nancyr@health.state.ak.us

AMERICAN SAMOA

Marie Ma'o, Director
Department of Human and Social
Services
American Samoa Government
P. O. Box 997534
Pago Pago, AS 96799
Telephone: 011-(684)633-2609
FAX: 011-(684)633-2095 or 7449
e-mail: marie@samoatelco.com

ARIZONA

Alice Shoemaker, MS, RD, WIC
Program Director
Nutrition Assistance Program Section
Office of Nutrition Services
Department of Health Services
State Health Building
1740 West Adams Street, Room 203
Phoenix, AZ 85007
Telephone: (602)542-1886
FAX: (602)542-1890 or 1804
e-mail: ashoema@hs.state.az.us

Karen Sell, RD, WIC Administrator
(ITO)
Inter-Tribal Council of Arizona, Inc.
2214 N. Central Avenue, Suite 200
Phoenix, AZ 85004
Telephone: (602)258-4822
FAX: (602)258-4825
e-mail: karen.sell@itcaonline.com

Adele R. King, Director (ITO)
Navajo Nation WIC Program
Navajo Division of Health
P.O. Box 1390
Window Rock, AZ 86515
Telephone: (520)871-6698
FAX: (520)871-6255 or 6251
e-mail: aking@nndoh.ihs.gov

CALIFORNIA

Phyllis A. Bramson-Paul, Branch Chief
WIC Supplemental Nutrition Branch
Department of Health Services
3901 Lennane Drive
Sacramento, CA 95834
Telephone: (916)928-8806
FAX: (916)928-0706
e-mail: pbramson@dhs.ca.gov

GUAM

Charles H. Morris, MPH, RD, WIC
Director
Guam WIC Program
Department of Public Health & Social
Services
Government of Guam
P.O. Box 2816
Hagatna, GU 96932
Telephone: (671)475-0287
FAX: (671)477-7945
e-mail: cmorris@ns.gov.gu

HAWAII

Fay Nakamoto, Chief
WIC Services Branch
Department of Health
235 South Beretania Street, Suite 701
Honolulu, HI 96813
Telephone: (808)586-8175
FAX: (808)586-8189
e-mail: fnnakamo@mail.health.state.hi.us

IDAHO

Kathy Cohen, MS, RD, L.D. State WIC
Manager
Division of Health (6230-94)
Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036
Telephone: (208)334-5951
FAX: (208)332-7362
e-mail: cohenk@idhw.state.id.us

NEVADA

Dennis White, Manager
Nevada WIC Program
Health Division
505 East King Street, Room 204
Carson City, NV 89701-4799
Telephone: (775)684-5942
FAX: (775)684-4246
e-mail: dnwhite@govmail.state.nv.us

Jody K. Holt, WIC Director (ITO)
Inter-Tribal Council of Nevada
680 Greenbrae Drive, Suite 265
Sparks, NV 89431
Telephone: (775)355-0600
FAX: (775)355-0648
e-mail: wic@itcn.org

OREGON

Claudia Bingham, Acting Program
Manager
Oregon WIC Program
Oregon Health Division, Suite 865
800 Northeast Oregon Street
Portland, OR 97232
Telephone: (503)731-4022
FAX: (503)731-3477
e-mail: claudia.w.bingham@state.or.us

WASHINGTON

Kim Wallace, WIC Director
WIC Program
Office of Community Wellness and
Prevention
P.O. Box 47886
Olympia, WA 98504-7886
Telephone: (360)236-3688
FAX: (360)586-3890
e-mail: kmwl303@doh.wa.gov

This Directory of State Directors for the Special Supplemental Nutrition Programs for Women, Infants and Children (WIC) is available from:

Supplemental Food Programs Division
Food and Nutrition Service
Department of Agriculture
3101 Park Center Drive
Alexandria, VA 22302
Telephone: (703)305-2746
FAX: (703)305-2196
e-mail: wichq-sfpd@fns.usda.gov

*(ITO) - Indian Tribal Offices

Updated 6/28/99

Head Start-State Collaboration Offices

— Project Directors — (As of 6/21/99)

Alabama (Wave III)
Linda Hampton
Head Start-State Collaboration Office
Alabama Department of Education
50 North Ripley Street
5348 Gordon Persons Building
Montgomery, AL 36104-3833
(334) 242-8294
(334) 242-0496 Fax
lhampton@sdenet.alsde.edu
Website: www.alsde.edu

Alaska (Wave II)
Marilyn Webb
Head Start-State Collaboration Office
Department of Community and
Regional Affairs
State of Alaska
P.O. Box 112100
Juneau, AK 99811-2100
(907) 465-4861
(907) 465-8638 Fax
mwebb@eed.state.ak.us

Arizona (Wave III)
Bruce Astrein
Head Start-State Collaboration Office
Governor's Division for Children
1700 West Washington, Suite 101-B
Phoenix, AZ 85007
(602) 542-3483
(602) 542-4644 Fax
bastrein@azgov.state.az.us
Website: www.state.az.us/gv/children

Arkansas (Wave III)
Tonya Russell
Head Start-State Collaboration Office
Arkansas Head Start Association
523 South Louisiana, Suite 301
Little Rock, AR 72201
(501) 371-0740
(501) 370-9109 Fax
headstart@aristotle.net

California (Wave II)
Michael Silver
Head Start-State Collaboration Office
California Department of Education
Child Development Division
560 J Street, Suite 220
Sacramento, CA 95814
(916) 324-8296
(916) 323-6853 Fax
msilver@cde.ca.gov

Colorado (Wave II)
Lynn Johnson
Colorado Head Start-State
Collaboration Office
124 State Capitol Building
Denver, CO 80203
(303) 866-4609
(303) 866-6368 Fax
lynn.johnson@state.co.us

Connecticut (Wave III)
Grace Whitney
Connecticut Head Start-State
Collaboration Office
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
(860) 424-5066
(860) 951-2996
grace.whitney@po.state.ct.us

Delaware (Wave III)
Betty B. Richardson
Head Start-State Collaboration Office
State of Delaware Department of
Education
Improvement and Assistance Branch
Townsend Building, P.O. Box 1402
Dover, DE 19903
(302) 739-4667 ext. 3131
(302) 739-2388 Fax
brichardson@state.de.us
Website: www.dart.dps.state.de.us

District of Columbia (Wave III)

Beverly Roberson Jackson
D.C. Head Start-State Collaborative
Office
717 Fourteenth Street, NW, Suite 730
Washington, DC 20005
(202) 727-1839
(202) 727-9709 Fax
brjackson1@juno.com

Florida (Wave III)

Katherine Kamiya
Head Start-State Collaboration Office
Florida's Collaboration for Young
Children
and Their Families
1310 Cross Creek Circle, Suite A
Tallahassee, FL 32301
(850) 487-0037
(850) 487-0045 Fax
kkamiya@com1.med.usf.edu

Georgia (Wave II)

Robert Lawrence
Georgia Head Start-State Collaboration
Office
Georgia Office of School Readiness
10 Park Place South, Suite 200
Atlanta, GA 30303
(404) 656-5957
(404) 651-7184 Fax
lert@mail.osr.state.ga.us

Hawaii (Wave III)

Laverne Moore
Hawaii Department of Education
Community Education Section
Hawaii Head Start-State Collaboration
Office
634 Pensacola Street, Rm. 99-A
Honolulu, HI 96819
(808) 594-0182
(808) 594-0181 Fax
lavernemoore@excite.com

Idaho (Wave III)

Katherine Pavesic
Head Start-State Collaboration Office
Idaho Head Start Association, Inc.
200 North 4th Street, Suite 20
Boise, ID 83702
(208) 345-1182
(208) 345-1163 Fax
pavesic@rmci.net

Illinois (Wave III)

Gina Ruther
Head Start-State Collaboration Office
Illinois Department of Human Services
10 Collinsville Avenue, Room 203
East St. Louis, IL 62201
(618) 583-2083
(618) 583-2091 Fax
dhsd60A2@dhs.state.il.us
ginarevo@aol.com

Indiana (Wave III)

Donna Hogle
Head Start-State Collaboration Office
402 West Washington Street, Room
W461
Indianapolis, IN 46204
(317) 233-6837
(317) 233-4693 Fax
dhogle@fssa.state.in.us
Website: <http://www.ai-org/fssa>

Iowa (Wave II)

Anita Varne
Iowa Department of Education
Bureau of Children, Families, and
Community Services
Head Start-State Collaboration Office
Grimes State Office Building
Des Moines, IA 50319-0146
(515) 242-6024
(515) 242-6025 Fax
anita.varne@ed.state.ia.us

Kansas (Wave III)

Verna Weber (Acting)
Head Start-State Collaboration Office
Kansas Department of Social and
Rehabilitation Services
Docking State Office Building
915 Southwest Harrison, Room 681
West
Topeka, KS 66612
(785) 296-3349
(785) 296-0146 Fax
vsw@srskansas.org
Website: www.ink.org/public/srs/

Kentucky (Wave I)

Kurt Walker
Kentucky Head Start-State
Collaboration Office
1715 Capital Plaza Tower
500 Mero Street
Frankfort, KY 40601
(502) 564-3010
(502) 564-6952 Fax
Fax/Data: (502) 564-2689
kwalker@kih.net
Website: www.kih.net/kycollaboration

Louisiana (Wave III)

Shirley G. Williams
LA/DSS/OFS/Head Start-State
Collaboration Office
412 Fourth Street, Suite 101
Baton Rouge, LA 70802
(225) 219-4245
(225) 219-4248 Fax
swillia@dss.state.la.us

Maine (Wave I)

Dianne Stetson
Head Start-State Collaboration Office
Office of Child Care and Head Start
Department of Human Services
State House Station 11
Augusta, ME 04333-0011
(207) 287-5060
(207) 287-5031 Fax
dianne.stetson@state.me.us

Maryland (Wave II)

Brenda Coakley Rouse
Head Start-State Collaboration Office
Governor's Office for Children, Youth
and Families
301 West Preston Street, 15th Floor
Baltimore, MD 21212
(410) 767-4196
(410) 333-5248 Fax
Brenda@mail.ocyf.state.md.us

Massachusetts (Wave III)

Dee Bertozzi
Head Start-State Collaboration Office
Executive Office of Health and Human
Services
One Ashburton Place, #1109
Boston, MA 02108
(617) 727-7600
(617) 727-1396 Fax
DBertozzi@state.ma.us
Website: Magnet.State.MA.US/EOHHS/

Michigan (Wave III)

Sandy Little
Michigan Family Independence Agency
Head Start-State Collaboration Office
235 South Grand Avenue, Suite 1302
P.O. Box 30037
Lansing, MI 48909
(517) 335-3610
(517) 241-9033 Fax
littles@state.mi.us

Minnesota (Wave II)

Francie Mathes
Minnesota Department of Children,
Families
and Learning
Minnesota Head Start-State
Collaboration Office
1500 Hwy 36 West
Roseville, MN 55113
(651) 582-8405
(651) 582-8491 Fax
Francie.Mathes@state.mn.us
Website: www.des.state.mn.us

Mississippi (Wave III)

Project Director
Mississippi Head Start-State
Collaboration Office
Office for Children and Youth
Mississippi Department of Human
Services
750 North State Street
Jackson, MS 39202
(601) 359-4553
(601) 359-4422 Fax

Missouri (Wave III)

Chris Groccia
Head Start-State Collaboration Office
University of Missouri
31 Stanley Hall
Columbia, MO 65211-6280
(573) 884-0579
(573) 884-0598 Fax
grocciac@missouri.edu

Montana (Wave III)

Mary Jane Standaert
Head Start-State Collaboration Office
P.O. Box 202952
Helena, MT 59620-2952
(406) 444-0589
(406) 444-2547 Fax
mstandaert@state.mt.us

Nebraska (Wave I)

Eleanor Shirley-Kirkland
Nebraska Head Start-State
Collaboration Office
Nebraska Department of Education
Office of Children and Families
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-3501
(402) 471-0117 Fax
kirkland@edneb.org
Website:
<http://nde4.nde.state.ne.us/ECH/ECH.html>

Nevada (Wave III)

Kellie Smith Bates
Nevada Head Start-State Collaboration
Office
Early Intervention Services/State of
Nevada-DHS
3987 South McCarran Boulevard
Reno, NV 89502
(775) 688-2284
(775) 688-2558 Fax
kbates@govmail.state.nv.us

New Hampshire (Wave III)

Ann B. Ringling
New Hampshire Department of Health
and
Human Services
NH Head Start-State Collaboration
Office
Child Development Bureau
129 Pleasant Street
Concord, NH 03301-6505
(603) 271-4454
(603) 271-7982 Fax
aringlin@dhhs.state.nh.us

New Jersey (Wave I)

Teresa Buccarelli
Head Start-State Collaboration Office
DHS Office of Early Care and
Education
P.O. Box 700
Trenton, NJ 08625-0700
(609) 984-5321
(609) 292-1903 Fax
Tbuccarel@dhs.state.nj.us

New Mexico (Wave II)

Barbara A. Loveless
Head Start-State Collaboration Office
Department of Children, Youth and
Families
P.O. Drawer 5160, Room 111
Sante Fe, NM 87502-5160
(505) 827-9952
(505) 827-7361 Fax

New York (Wave I)

Judith Sikora
Head Start-State Collaboration Office
New York State Council on Children &
Families
5 Empire State Plaza, Suite 2810
Albany, NY 12223-1553
(518) 474-6294
(518) 473-2570 Fax
judys@capital.net

North Carolina (Wave II)

Ronald Moore
North Carolina Head Start-State
Collaboration Office
Division of Child Development
P.O. Box 29553, 319 Chapanoke Road
Raleigh, NC 27626-0553
(919) 662-4543
(919) 662-4568 Fax
Ronald.Moore@ncmail.net

North Dakota (Wave III)

Jody Netzer
Head Start-State Collaboration Office
North Dakota Department of Human
Services
600 East Boulevard Avenue
Bismarck, ND 58505
(701) 328-1711
(701) 328-3538 Fax
sonetj@state.nd.us

Ohio (Wave I)

Terrie Hare
Project Director
OFCF-Head Start Ohio Collaboration
Office
Office of the Governor
77 South High Street, 30th Floor
Columbus, OH 43266-0601
(614) 728-9435
(614) 728-9441 Fax
haret@odhs.state.oh.us

Barbara Haxton
Co-Director, OSCO, and
Executive Director, Ohio Head Start
Association
505 Windsor Park Drive
Dayton, OH 45459
(937) 435-1113
(937) 435-5411 Fax
haxton@erinet.com

Oklahoma (Wave III)

Leslie A. Porter
Head Start-State Collaboration Office
OACAA
2915 Classen Blvd., Suite 215
Oklahoma City, OK 73106
(405) 524-4124
(405) 524-0863 Fax
Lporter530@aol.com

Oregon (Wave I)

Dell Ford
Head Start-State Collaboration Office
Oregon Department of Education
Public Service Building
255 Capitol Street, NE
Salem, OR 97310-0203
(503) 378-5585 x662
(503) 373-7968 Fax
dell.ford@state.or.us

Pennsylvania (Wave I)

Sharon L. Brumbaugh
Head Start-State Collaboration Office
Center for Schools and Communities
1300 Market Street, Suite 12
Lemoyne, PA 17043
(717) 763-1661
(717) 763-2083 Fax
sbrumbau@csiu-pa.us

Puerto Rico (Wave III)

Mary Josephine Doran Gelabert
Puerto Rico Head Start-State
Collaboration
Office
Governor's Office
La Fortaleza
P.O. Box 902-0082
San Juan, PR 00902-0082
(787) 721-7000 Ext. 2614 or 2615
(787) 721-5336 Fax

Rhode Island (Wave III)

Larry Pucciarelli
Head Start-State Collaboration Office
Department of Human Services
Louis Pasteur Building
#57 Howard Avenue
Cranston, RI 02920
(401) 462-3071
(401) 462-1846 Fax
lpucciar@gw.dhs.state.ri.us

South Carolina (Wave I)

Mary Lynne Diggs
South Carolina Head Start-State
Collaboration Office
South Carolina Department of Health
and Human Services
1801 Main Street, 10th Floor
Columbia, SC 29201
(803) 898-2861
(803) 253-4513 Fax
Diggs@DHHS.STATE.sc.us

South Dakota (Wave I)

Betsy Pollock
Head Start-State Collaboration Office
South Dakota Department of Education
and Cultural Affairs (DECA)
700 Governors Drive
Pierre, SD 57501-2291
(605) 773-4640
(605) 773-6846 Fax
betsy.pollock@state.sd.us
Website: <http://www.state.sd.us>
(click on DECA Comprehensive
Services or
Early Childhood Services)

Tennessee (Wave III)

James Jackson (Interim)
Head Start-State Collaboration Office
Tennessee Department of Education
Office of School-Based Support
Services
Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0375
(615) 532-4981
(615) 532-4899 Fax
jjackson2@mail.state.tn.us

Texas (Wave I)

Gwen D. Chance
Head Start-State Collaboration Office
Charles A. Dana Center @
University of Texas at Austin
2901 North I.H.-35, Room 2.200
Austin, TX 78722-2348
(512) 232-2258
(512) 232-1853 Fax
gwen_c@mail.utexas.edu

Utah (Wave III)

Janna Forsgren
Head Start-State Collaboration Office
Child, Adolescent & School Health
Programs (CASH)
Utah Department of Health
P.O. Box 142001
Salt Lake City, UT 84114-2001
(801) 538-9312
(801) 538-9409 Fax
jforsgre@doh.state.ut.us

Vermont (Wave II)

K.C. Whiteley
Head Start-State Collaboration Office
Agency of Human Services
103 South Main Street
Waterbury, VT 05671-0204
(802) 241-2705
(802) 241-2979 Fax
kcw@wpgate1.ahs.state.vt.us

Virginia (Wave I)

Francine Bryce
Head Start-State Collaboration Office
Child Day Care Programs
Department of Social Services
730 East Broad Street, 2nd Floor
Richmond, VA 23219-1849
(804) 692-0935
(804) 786-9610 Fax
Fgb2@email1.dss.state.va.us

Washington (Wave III)

Terry Liddell
Governor's Head Start-State
Collaboration Project
P.O. Box 45015
Olympia, WA 98504-5015
(360) 407-0806
(360) 407-0808 Fax
liddetn@dshs.wa.gov

West Virginia (Wave III)

William Huebner
Head Start-State Collaboration Office
Governor's Cabinet on Children and
Families
1900 Kanawha Boulevard East
Building 5, Room 218
Charleston, WV 25305
(304) 558-4638
(304) 558-0596 Fax
bhuebner@wvnm.vwnet.edu

Wisconsin (Wave III)

Julia Herwig
Head Start-State Collaboration Office
Office of Child Care
Wisconsin Department of Workforce
Development
201 E. Washington Avenue
Madison, WI 53707-7935
(608) 261-4596
(608) 267-3240 Fax
jh720@aol.com

Wyoming (Wave III)

Terri Longhurst
Head Start-State Collaboration Office
1465 N. 4th Street, Suite 111
Laramie, WY 82072
(307) 766-2452
(307) 721-2084 Fax
lnghurst@uwyo.edu

Head Start Bureau Contacts

Tom Schultz
Head Start Bureau
330 C Street, SW
Switzer Building
Washington, DC 20447
(202) 205-8323
(202) 401-5916 Fax
tschultz@acf.dhhs.gov

Karen Mitchell
Head Start Bureau
330 C Street, SW
Switzer Building
Washington, DC 20447
(202) 260-4797
(202) 401-5916 Fax
kmitchell@acf.dhhs.gov

**National Head Start T/TA
Resource Center Contact:**

Jean Swift
PaL-Tech, Inc.
1901 N. Fort Myer Drive
Arlington, VA 22209
(703) 243-0495
(703) 243-0496 Fax
jswift@pal-tech.com

Consultants

Regions I, II, III, and IV

Marlys Gustafson-Bell
P.O. Box 1415
Sheperdstown, WV 25443
(304) 876-0700
(304) 876-3057 Fax

33 Cedar Point Drive
Palm Coast, FL 32164
(904) 445-8994
(904) 445-2281 Fax
ABLE3@aol.com

Regions V, VI, and VII

Linda Likins
The Devereux Foundation
444 Devereux Drive
Villanova, PA 19085
(610) 542-3095
(610) 542-3141 Fax
lindlikins@aol.com

Regions VIII, IX, X

Carolyn Mangrum
13200 Slope Crest Drive
Oakland, CA 94619
(510) 530-8042
(510) 530-8111
caromang@aol.com

Quality Improvement Centers (QICs)

Ms. Sheila Skiffington
Education Development Center
55 Chapel Street
Newton, MA 02458-1060
617-969-7100 x2347
617-969-3440 Fax
Sskiffington@edc.org

Ms. Pat Hall
New York University
School of Education
726 Broadway, 5th Floor
New York City, NY 10003
212-998-5550
212-995-3458 Fax
hallp@is2.nyu.edu

Ms. Gloria de Llovio Dominquez
Development Associates
Puerto Rico/V.I. (Region IIb)
P.O. Box 3968
Guaynabo, PR 00970-3968
787-281-0125/0100
787-281-0120 Fax
dahsqic@tld.net

Ms. Madhavi Parikh
University of Maryland University
College
University Boulevard at Adelphi Road
College Park, MD 20742-1630
301-446-1040
800-688-1675
301-446-1060 Fax
parim@hsrtc.umuc.edu

Ms. Colleen B. Mendel
Western Kentucky University
Training and Technical Assistance
Services
Room 344, Tate C. Page Hall
1526 Russellville Road
Bowling Green, KY 42101
502-745-4041
502-745-3340 Fax
colleen.mendel@wku.edu

Ms. Linda Young
CESA #5
626 East Slifer Street
Portage, WI 53901
608-742-8814 x309
608-742-2384 Fax
youngl@cesa5.k12.wi.us

Marce Verzaro-O'Brien
Western Kentucky University
Training and Technical Assistance
Services
Room 344, Tate C. Page Hall
1526 Russellville Road
Bowling Green, KY 42101
305-289-2034
800-882-7482
305-289-0337 Fax
mvobrien@aol.com

Mr. Dennis Sykes
The Ohio State University
Center for Special Needs Populations
Suite 440
700 Ackerman Road
Columbus, OH 43202-1559
614-447-0844 x133
800-447-1424
614-447-9043 Fax
sykes.3@osu.edu

Ms. Linda Reasoner
Basic Health Management
Lafayette Building, Suite 303
523 South Louisiana
Little Rock, AR 72201
501-370-9155
800-270-2872
501-370-9158 Fax
lreasoner@bhmqic.com

Mr. James Mitchell
Texas Tech University
Institute for Child and Family Studies
College of Human Services, Room 167
Box 41162
Lubbock, TX 79409-1162
806-742-3296
800-527-2802
806-742-0508 Fax
jmitchellttu@worldnet.att.net

Ms. Donna McDaniel
Community Development Institute
5616 Raytown Road
Raytown, MO 64133
816-356-5373
816-356-2818 Fax
Dmcdaniel@aol.com

Ms. Deborah Hinrichs
Community Development Institute
9745 E. Hampdn Avenue, Suite 310
Lakewood, CO 80231
303-369-5959 x19
800-488-CDI8 (2348)
303-369-5801 Fax
Debhinrich@aol.com
Or CDI8QIC@AOL.com

Ms. Monica Scott Green
Development Associates
1475 North Broadway, Suite 200
Walnut Creek, CA 94596
925-935-9711
800-666-9711
925-935-0413 Fax
msgreen@devassoc.com
Web[www.devassoc.com]

Ms. Carillon J. Olmstead
Early Childhood Training Center
Portland State University
P.O. Box 1491
Portland, OR 97207
503-725-4815
800-547-8877 x4815 (PST 8am to 5pm)
olmstedc@pdx.edu
Web[http://extended.pdx.edu/ectc.htm]

Ms. Sally Mead
Alaska Satellite Center
Prevention Associates
101 East 9th Ave., Ste. 7A
Anchorage, AK 99501
907-272-6925
907-272-6946 Fax
smead@alaska.net

Ms. Pattie Howell
University of Oklahoma
555 Constitution Street
Suite 237
Norman, OK 73072-7820
405-325-4129
405-325-7319 Fax
phowell@cce.occe.ou.edu

Ms. Leilani Pennel
Academy for Educational Development
1255 23rd Street, NW
4th Floor
Washington, DC 20037
800-864-0465
202-884-8729
202-884-8732 Fax

Ms. Cheryl Wilson
Head Start IHS Program
5300 Homestead Road, NE
Albuquerque, NM 87110
505-248-4231
505-248-4806 Fax
cheryl.wilson@mail.ihs.gov