Connecticut 2014
WIC Special Projects Grant

# FINAL REPORT

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# Executive Summary

## PROJECT OVERVIEW

The Connecticut 2014 US Department of Agriculture (USDA) Special Project Grant, WIC and Head Start Better Together Collaboration Project, established a formal partnership between Connecticut's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Head Start Program to increase participation and retention in both programs for the overall health and welfare of families.

The project was comprised of two groups; an intervention and a comparison, made up of multiple WIC and Head Start sites from across Connecticut. The goal was to formalize a partnership on two levels, one at the state level and one at the local level.

A state memorandum of understanding (MOU) was created to formalize participant data sharing among WIC local agencies, Head Start grantees and both state entities for WIC and Head Start. Local level MOU's were either updated or developed to promote collaboration and communication between the local WIC and Head Start programs.

The state level activities consisted of meeting monthly as a project team to refine and develop project materials, planning meetings for the intervention sites, creating the Better Together toolkit, and hearing feedback from the liaison.

The local level activities consisted of responding to monthly surveys, attending quarterly meetings with intervention sites and conducting local project activities.

## RATIONALE

Both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Head Start programs serve low-income women, children up to age five, and families. Even though all families who qualify for Head Start are also eligible for WIC, only half of these families are co-enrolled in both programs both nationally and in Connecticut.

With sustained collaboration between WIC and Head Start, the families who participate in both of the programs could potentially see improved health outcomes from an increase in services.

## KEY FINDINGS

Through the surveys and exit interviews it was found that the WIC and Head Start programs in both the intervention and comparison groups increased:

- Perception of collaboration
- Sharing of participant data
- Referrals between programs
- Exchange of program information between WIC and Head Start
- Coordination of nutrition education and outreach
- Tracking of referrals

## RECOMMENDATIONS

Creating an MOU is important not only to increase the information that can be shared between programs but also to ensure consistency of the process of data sharing within the state. Participants of WIC and Head Start need to give personal, health and medical data when applying for each program, so being able to share data between both programs helps the application process become more streamlined and less stressful for families. Getting to know the other program through agency information sharing meetings increases the knowledge that each program has about the other program. Having this knowledge can help WIC and Head Start make referrals for participants and increase the likelihood that referrals will be tracked.

High rates of staff turnover are often seen in the social services field, so having plans in place for training new staff in the event of staff turnover is critical to an effective and sustainable collaboration. New staff need to be trained on not only the WIC or Head Start program they are working for and their job duties, but also the WIC or Head Start program they are collaborating with.

Once a referral is made between WIC and Head Start, keeping track of the referrals is recommended. By tracking the referrals efficiently, a follow up can be made to see if the referral was followed through with and if the family was enrolled. Having families co-enrolled in WIC and Head Start will increase the family's access to services. To make attending WIC meetings easier for parents and families co-location is one strategy that can be implemented. Co-location of WIC staff within a Head Start facility will make it easier for parents to bring their children, to WIC appointments to meet physical presence requirements.

Both WIC and Head Start focus on healthy outcomes for their participants. Collaborating to share nutrition education and outreach materials between programs locally increases the visibility of each program. Collaboration takes time to build and requires a process to ensure accountability and sustainability.

# Acknowledgements

The WIC and Head Start Better Together Collaboration Project included a partnership between the Connecticut Department of Public Health's WIC Program, the Connecticut Office of Early Childhood, Connecticut Head Start State Collaboration Office, and the University of Saint Joseph (USJ). These three entities then partnered with local WIC and Head Start programs throughout Connecticut to implement an intervention to help the agencies work better together.

**Local WIC and Head Start Programs**

- Hartford WIC Program
- Optimus Health Care WIC Program (Bridgeport)
- Fair Haven Community Health Center-FHCHC (New Haven WIC Program)
- Middletown WIC Office (Meriden WIC Program)
- Stamford WIC Program
- TVCCA WIC Program
- CRT Hartford and Middletown
- ABCD, Inc.
- All Our Kin of New Haven
- United Way of Greater New Haven
- LULAC of New Haven
- TVCCA of Norwich
- CLC Child Care of Stamford

**Contractors**

- Jake Brush and Adrian Lyon, Brush Art Corporation
- Mintz and Hoke

**Research Assistants**

Olivia Bogner, MPH, University of Saint Joseph
Jocelyn Perez, University of Saint Joseph
Katie Boyle, MPH, University of Saint Joseph

Thank you to the USDA, Food and Nutrition Service for the opportunity to participate in the 2014 Special Project Grant.

# Background And Rationale

The Connecticut 2014 USDA Special Projects Grant, WIC and Head Start Better Together Collaboration Project, established a formal partnership between the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Head Start Program to increase participation and retention in both programs for the overall health and welfare of families. The project formalized two levels of partnerships, one at the state level and one at the local level.

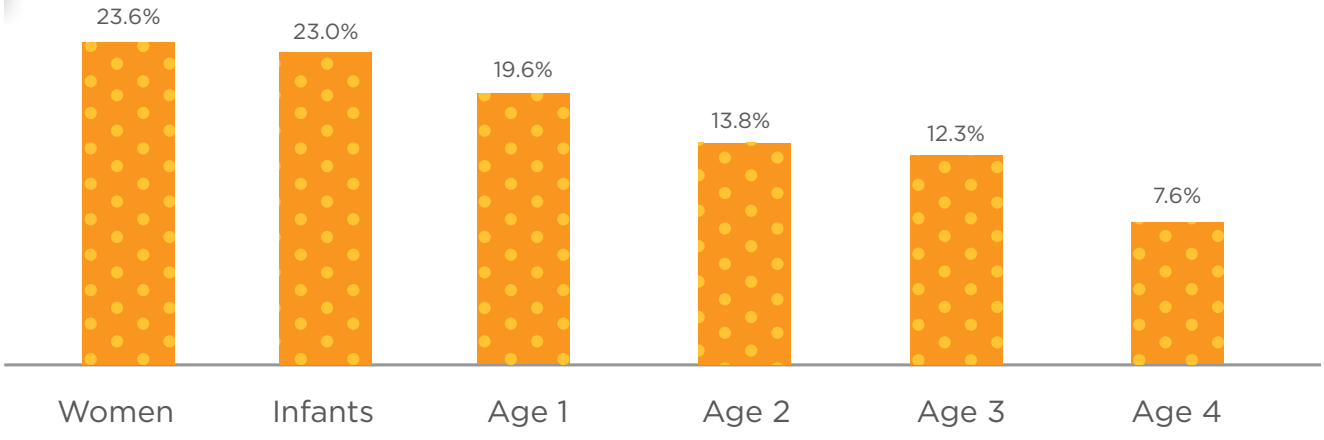
WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. WIC assists families in achieving positive health outcomes by providing nutrition assessment and education, (including breastfeeding promotion and support), nutritious foods to supplement diets, and referrals to health and other social services.

Head Start was founded in 1965 and promotes the school readiness of young children from low-income families through agencies in their local community. Head Start and Early Head Start programs support the comprehensive development of children from birth to age 5, in centers, child care partner locations, and in their own homes. Head Start services include an emphasis on early learning, health, and family well-being.

Both WIC and Head Start programs target low-income women and families and provide services to children, who are at risk for health disparities. While both programs serve children up to age five, children's participation in the Connecticut WIC Program declines sharply after 1 year of age (Figure 1) and limited overlap exists between the programs. While all children enrolled in Head Start are eligible to participate in WIC, according to the Office of Head Start Program Information Report (PIR) Database, only half of Head Start families are co-enrolled in both programs (Figure 2). At the onset of the project, roughly 3,000 WIC-eligible Head Start families in Connecticut that were not co-enrolled in both programs. The WIC and Head Start Better Together Collaboration Project aimed to close this gap.

Figure 1

## WIC Participants by Category, 2014*




*Thorn, B., Tadler, C., Huret, N., Trippe, C., Ayo, E., Mendelson, M., Patlan, K. L., Schwartz, G., & Tran, V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

Figure 2

## Connecticut Head Start Families Co-enrolled in WIC

| | 2013 | 2014 | 2015 |
|---|---|---|---|
| **Total # of Families Enrolled** | 7,290 | 6,476 | 6,374 |
| **# of Families Enrolled in WIC** | 3,882 | 3,575 | 3,257 |
| **% of Families in WIC** | 53.3% | 52.2% | 51.1% |

Additionally, WIC participation has declined nationally since 2013 and mirrors state data trends as shown in Figure 3. The goal of this project was to improve the relationship between the two programs with an anticipated outcome of enhancing services to families, increasing WIC participation and retention, encouraging co-enrollment and improving local WIC and Head Start staff collaboration.

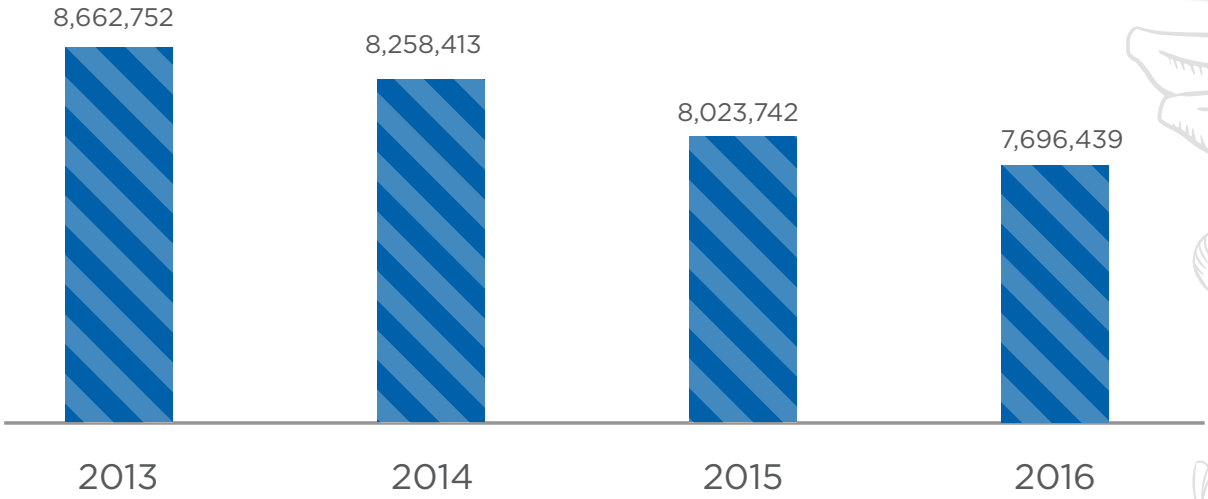
In the long-term, a sustained collaboration between WIC and Head Start that focuses on healthy growth and development could potentially alleviate various nutrition-related health problems, such as childhood obesity, food insecurity and the early onset of chronic diseases such as type-2 diabetes.

*"Birth to five is very important to a child's development. And if they're not eating properly, it can hinder development. So for us to collaborate with WIC, knowing they take care of the nutritional part of the child's development – it's awesome."*

**BARBARA BALDWIN**
*Senior Coordinator, Bridgeport Head Start*

Figure 3

## National WIC Participation




Source: USDA, Food and Nutrition Service, WIC Program Participation. Available at: https://www.fns.usda.gov/sites/default/files/pd/37WIC_Monthly.pdf

## Background and Rationale

### INTERAGENCY COLLABORATION

Interagency collaboration can be defined broadly as working together to exchange information or resources among staff members from different types of agencies. In regard to child welfare, interagency collaboration can be referred to as "the process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families". (Hodges, Nesman, & Hernandez, 1999) Collaboration can occur on multiple levels, from frontline interactions among caseworkers and nutrition providers, to collaborative relationships among policy makers and administrators responsible for carrying out organizational mandates, managing finances, and implementing programming.

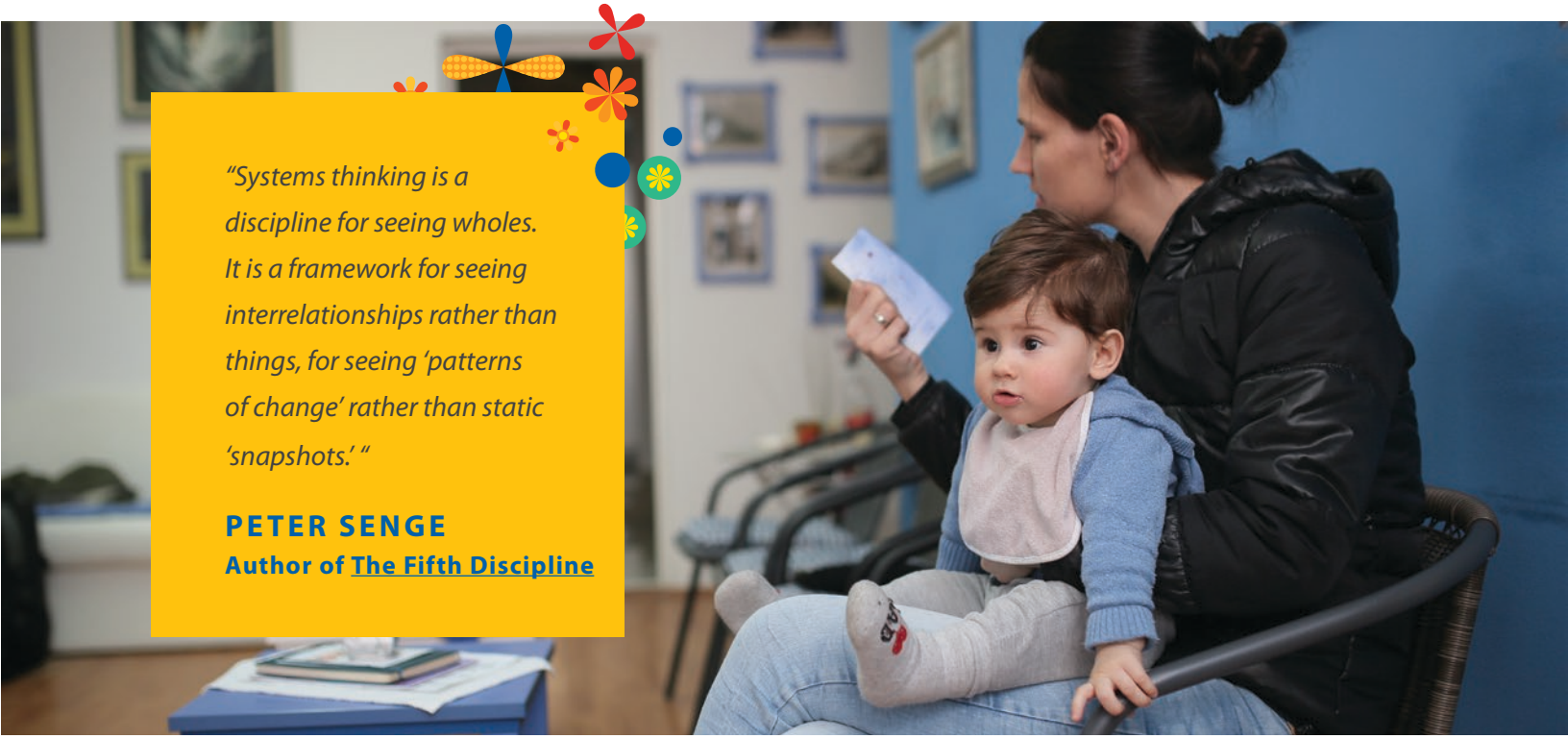
This WIC and Head Start Better Together Collaboration project was modeled after the successful State of Connecticut Department of Children and Families (DCF) and Head Start collaboration that began in 1997. (Koustic, Garcia, & Sanderson, 2010) It was believed that poor communication, inadequate coordination, and distrust among agencies were negatively affecting children and families across the state. Both agencies agreed to improve their relationship, and a planning team comprising of both Head Start and DCF staff began meeting regularly to learn from each other and develop a protocol for working together. As a result of this collaboration, both agencies developed new knowledge and understanding of the partner agency's program through improved communication, a more coordinated referral process, and increased services and resources to families.

All 14 DCF offices continue to work collaboratively with Head Start programs in their communities to help ensure that children receive comprehensive services. (Koustic, Garcia, Sanderson, 2010) Children across the State of Connecticut are benefiting from the collaboration. As a result, staff members from DCF and Head Start programs have developed effective strategies for communicating with one another and coordinating services for children involved in the child welfare system. Connecticut was one of only seven states in the first cohort of Children's Bureau Early Childhood Child Welfare Partnership grants (Grant #90CO1060) and has been a model for state level cross-sector partnership nationally. This continued coordination of services ensures children's access to high quality early care and education, increases support and stability for children and families, and, in some cases, it even prevents out-of-home placements for children. The research team kept this sustained parallel partnership in mind as they developed the WIC and Head Start collaboration.

*"I can see the benefit I feel like because we work with the same population it only makes sense. We want to make sure that the families are benefiting from all that is offered to them and that they can access. I feel like it strengthens it."*

**ALEXIS LOMAX,** *TVCCA, Head Start*

## Background and Rationale



*"Systems thinking is a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing 'patterns of change' rather than static 'snapshots.' "*

**PETER SENGE**
**Author of The Fifth Discipline**

### IMPROVED COLLABORATION THROUGH SYSTEMS CHANGE

This collaboration project followed a framework of systems change. Systems change can be defined as changes in organizational culture, policies and procedures within individual organizations or across organizations that enhance or streamline access and reduce or eliminate barriers to needed services by a target population (Linkins and Brya, 2014). A systems change framework is typically fully sustainable and not tied to grant funds or external expectations, but instead is a cross-organization priority to new policies, culture, communication or practices. Other key components of systems change work include the development of partnerships and achieving a sense of accountability. Since systems change work is a constantly evolving process, the success of this project is only just beginning to present itself. The research team has been attributing project success to the new jointly developed protocols, established partnerships, a memorandum of understanding (MOU), data sharing process, increased communication, formal convening between programs, new staff trainings, and program champions among the state and local partnering organizations.

One of the greatest challenges in systems change work involves achieving a sense of collective accountability, and thus creating sustainable practices among programs. Throughout this report, details are provided for ways to increase collaboration between WIC and Head Start, with the notion that systems change work may not be directly visible and may take time before effects are fully realized.

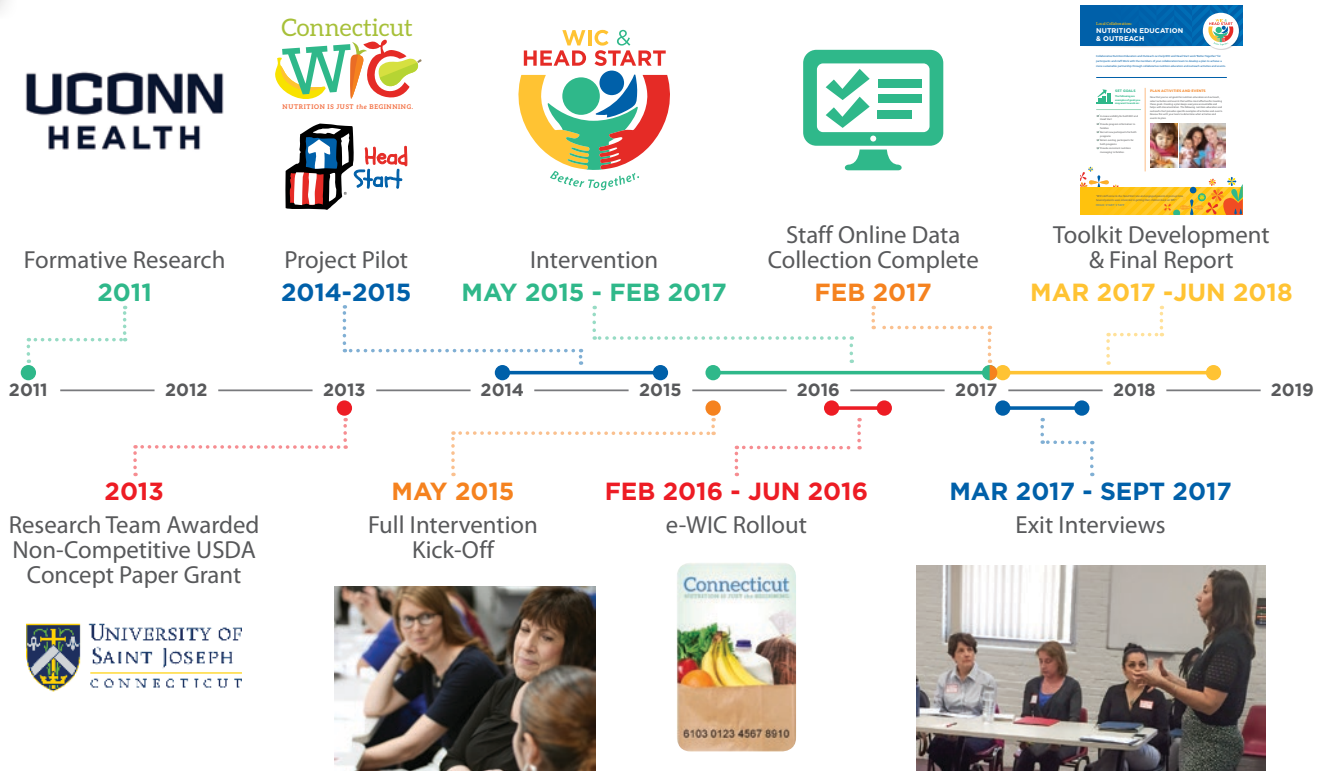
*"The progression toward systems change is dynamic and ever evolving within programs and among the various participating stakeholders and systems."*

**KAREN LINKINS AND JENNIFER BRYA**
**Desert Vista Consulting**

# Project Timeline

Shown in Figure 4, is the WIC and Head Start Better Together Collaboration project timeline, which highlights major milestones of the project.

Figure 4




## FORMATIVE RESEARCH

The WIC and Head Start Better Together Collaboration project was established after receipt of a 2011 WIC Special Projects Concept Paper grant. A formal partnership began among the Connecticut Department of Public Health, WIC Program, the Connecticut Head Start State Collaboration Office (HSSCO), and researchers at the University of Connecticut, who are now affiliated with the University of Saint Joseph. The state level team (WIC State agency and HSSCO) partnered with university researchers and conducted formative research to assess the level of collaboration between WIC and Head Start in the state, and to identify opportunities to improve collaboration between the two agencies.

Researchers used both quantitative and qualitative data collection with WIC and Head Start staff and families to assess the level of collaboration between the WIC and Head Start programs. Six focus groups were conducted with WIC and Head Start staff and participating families in 2012. The cities of Bridgeport, Meriden, East Hartford, and Hartford were strategically selected to cover all geographic areas of the State. The six, 90-minute focus group sessions were conducted separately with WIC staff (2 groups) and Head Start staff

(2 groups), and with program participants from WIC (1 group) and Head Start (1 group). There was an average of nine participants in each focus group. WIC and Head Start program participants were each paid $10 for their participation. These focus groups were conducted to gather feedback about the current collaboration climate in the state and to find out from a participant perspective which collaboration activities were most important to families. Overall collaboration varied greatly by office and location, with some programs reporting frequent collaboration and other programs reporting no relationship at all. This feedback was used to inform and shape project initiatives in both the pilot project and the full grant.

The staff focus groups results indicated the desire from staff at WIC and Head Start to collaborate more with one another by strengthening their relationships. Staff from both programs indicated that the benefits of cross-program collaboration might include having stronger referrals, increasing enrollment, and reinforcing nutrition messages. They also identified potential barriers to collaboration, including limited resources and time.

The families participating in the focus groups identified barriers they perceived when it came to participating in these programs. Challenges identified included the WIC physical presence requirement (children) and long waiting lists for Head Start enrollment. Families also indicated that they would benefit from co-located services.

The focus group feedback helped to identify and substantiate the need for a more formalized partnership between the two programs on both the State and local level, and the potential for improved services for families. Feedback from the formative research helped shape the focus areas for the full grant project. Please see Appendix 1 for more details about the focus group findings.

### PILOT PROJECT

The state team received a FY 2013 Non-Competitive USDA Concept Paper Grant, and they used the formative research from 2011 to start a pilot project, testing a system of collaboration with the WIC and Head Start sites in New Britain, Connecticut.

The New Britain pilot project provided important insight into how WIC and Head Start can effectively work together, reducing barriers to program participation while promoting cross-program participation. This insight was especially helpful in regard to co-location strategies as well as important lessons learned for future program partnerships. All of the feedback received from the pilot project was used to shape the work in the full grant intervention. The New Britain WIC and Head Start programs have continued to sustain a collaboration and co-located services.

The accomplishments from the pilot project proved to be pivotal components for promoting and improving collaboration between WIC and Head Start. The first, was updating or drafting a local memorandum of understanding (MOU), which outlined the way WIC and Head Start will work together. Another accomplishment was the revision of the WIC “termination letter.” The termination letter is a system generated letter to alert WIC participants who failed to come in to receive WIC services and benefits for a two-month period. Head start staff expressed feedback from families about the letter being confusing and intimidating to participants and potentially led to families dropping off WIC. When WIC staff learned about these barriers, they brought it to the attention of the State agency. The State agency renamed and revised the notice, simplified the format and updated the tone and language to be welcoming. (Appendix 2)

The pilot yielded a successful co-location of WIC services at the New Britain Head Start site. Initially, it took the local collaboration team significant effort to overcome barriers to co-

location, such as scheduling and technology challenges, as well as inclement weather. New Britain now successfully serves 33 families participating at the satellite site. The co-located site has helped reduce missed appointments, and roughly 12 families are served at this satellite site per month. The pilot project work also helped to refine the liaison role to be more effective in supporting collaboration between programs.

The collaboration project in the New Britain pilot resulted in a statistically significant increase in the percentage of Head Start families enrolled in WIC from 2013 to 2015. While WIC and Head Start co-enrollment declined or remained steady both Statewide and nationally over the same time period, by 2015 co-enrollment in New Britain increased from 64% to 77% (Figure 5).

The pilot project demonstrated how establishing a formal collaboration between WIC and Head Start has the potential to increase co-enrollment in WIC and Head Start.

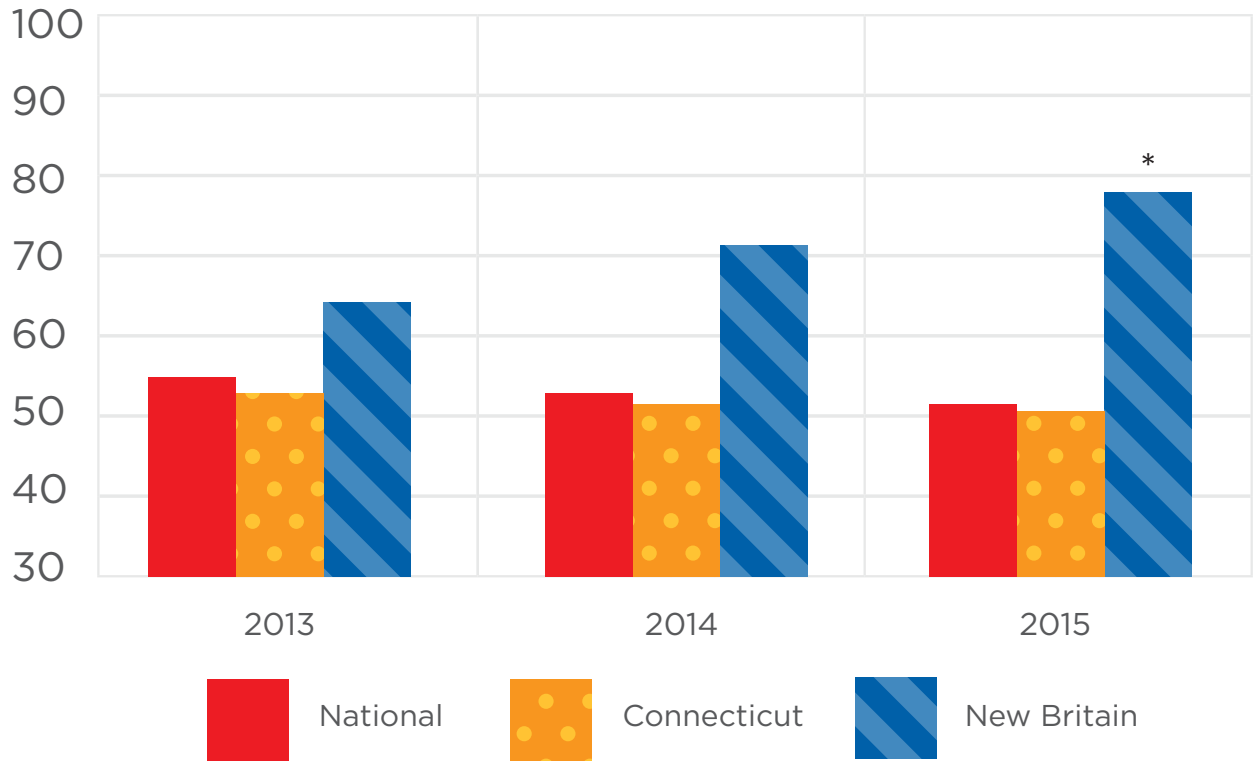
### FULL GRANT

In 2014, the state team was awarded a WIC Special Project full grant to expand on the work of the pilot project and test the intervention in the additional three cities of; Hartford, Bridgeport and Middletown. Three comparison cities were also selected, Norwich, New Haven and Stamford.

The intervention was launched in May 2015 and data collection ended in February of 2017.

Figure 5

## Head Start Families Co-enrolled in WIC




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

# Project Design

## KEY PERSONNEL

Key personnel from the Connecticut WIC Program, staff from the Connecticut Head Start Collaboration Office (HSSCO) and researchers from the University of Saint Joseph (USJ) (who formerly worked at the University of Connecticut) have been collaborating on this WIC and Head Start partnership since 2011.

### Connecticut Department of Public Health, WIC Program, Project Co-Managers

Marilyn Lonczak, Breastfeeding Co-Coordinator and Nutrition Consultant for the Connecticut WIC Program: She provided oversight and management of the University of Saint Joseph contract and other subcontractors. Marilyn was the lead on project product development, including oversight of the final report, Better Together collaboration toolkit and training materials.

Amanda Moore, Nutrition Consultant for the Connecticut WIC Program: She provided oversight to local agencies on collaboration related activities, worked with the project liaison to ensure collaboration among intervention sites, and disseminated information to sites. Amanda worked on the state level MOU development and execution process.

### State Department of Education (SDE), Office of Early Childhood (OEC), Connecticut Head Start Collaboration Office

Grace Whitney, Director of the Connecticut Head Start State Collaboration Office: She worked with WIC Project Co-Managers staff to create State level systems changes i.e. MOU development; engaged and provided oversight to Head Start grantees regarding grant-related activities; distributed stipends to participating grantees to offset project related expenses and disseminated information to Head Start sites.

Ms. Whitney retired in March 2017 and Linda Goodman replaced Ms. Whitney on the project in April 2017. Ms. Goodman retired in February 2018 and was replaced by Jennifer Johnson.

### University of Saint Joseph Team

Katie Martin, Principal Investigator, Assistant Professor in the Department of Nutrition and Public Health: Dr. Martin and her research team managed the intervention and conducted the evaluation of this project. She provided supervision and oversight for the research associate and liaison, and ensured tasks were completed and project benchmarks were met. Dr. Martin supervised the evaluation, monitored data collection, and conducted data analysis.

Dr. Martin, left the University of Saint Joseph in December 2017 and was replaced by Michele Wolff.

Michele Wolff, Research Associate: She facilitated survey development, data collection, report writing, quarterly meeting planning, and worked directly with the project liaison to help oversee the intervention. Michele created the Better Together webpage and contributed to the development of the toolkit, training materials, and final report. Michele became the principal investigator in place of Dr. Martin in December 2017.

Kate Callahan, Better Together Project Liaison: She coordinated the local-level intervention by facilitating networking opportunities, providing training on collaboration and strengthening the relationship between WIC and Head Start intervention sites through monthly check-in meetings. She helped plan quarterly meetings and contributed to the final report and the development of toolkit and training materials.

## SITE SELECTION

The Connecticut WIC Program has 12 local agencies, with 23 permanent sites and 33 satellite (temporary) sites throughout the State. The Head Start Program has 37 grantees that operate within the state. There are 20 Head Start Programs and 17 Early Head Start grantees. The WIC and Head Start Better Together collaboration project was implemented within six selected WIC and Head Start locations throughout the State. Three of these WIC and Head Start locations received the intervention and were asked to collaborate with formal support from a liaison, participate in trainings and attended quarterly meetings. The other three WIC and Head Start locations served as comparison sites and were asked to collaborate, however did not receive formal training, participate in State led quarterly meetings and or have access to liaison during the project. Based on the project team's formative research, the sites were matched based on level of WIC and Head Start collaboration (low/medium/high) as well as the size of their WIC caseload and participation. The sites were classified as low, medium, or high collaborators based on their feedback received during the 2012 focus groups, as well as anecdotal input from the state leads at both WIC and Head Start.

The following local WIC sites were proposed for the project based on the criteria defined above:

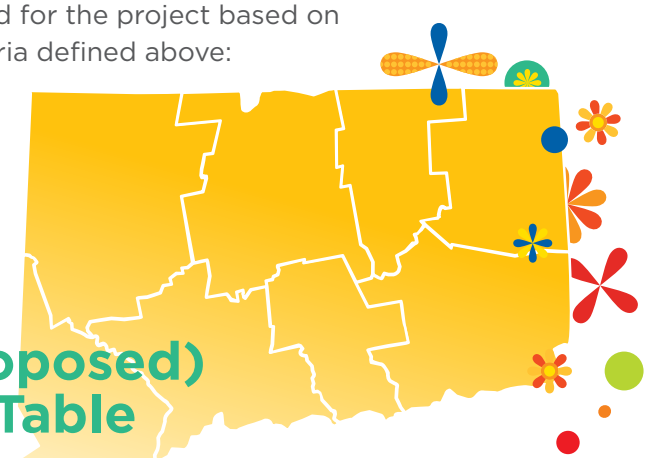


Figure 6

### Site Selection (Proposed) Project Design Table

| City | Intervention/ Comparison | WIC Local Agency Participation (# of participants at baseline) | Level of Collaboration from Formative Research Focus Groups |
|---|---|---|---|
| **Hartford** | Intervention | 6,468 | Low |
| **Bridgeport** | Intervention | 6,521 | Medium |
| **Meriden** | Intervention | 3,382 | High |
| **New Haven** | Comparison | 8,121 | Low |
| **Stamford** | Comparison | 4,597 | Medium |
| **Norwich** | Comparison | 3,779 | High |

As Figure 6 details, locations were chosen based on feedback from the formative research and intended to encompass entire cities that included WIC local agencies and Head Start grantees. However, when it came time to implement the intervention, the project team found the need to narrow down to specific WIC clinics and Head Start site locations within cities. This decision was based on discussions between state and local WIC and Head Start staff about the feasibility and time commitment of staff to participate in the project.

Figure 7 below details the actual WIC and Head Start program sites involved in the Better Together Collaboration.

Figure 7

## Site Selection (Actual) Project Design Table

| City | Intervention/ Comparison | Local Agency/Head Start Grantee | WIC or Head Start Site | WIC Participation (# of participants at baseline) FY 2014 Average Participation |
|---|---|---|---|---|
| **Bridgeport** | Intervention | Optimus Health Center | Bridgeport Site | 3,401 |
| **Bridgeport** | Intervention | ABCD, Inc | Charles B. Tisdale Center | - |
| **Hartford** | Intervention | Hartford WIC Program | Coventry Street Site | 2,667 |
| **Hartford** | Intervention | Community Renewal Team Inc. (CRT) | Ritter Early Care Center | - |
| **Middletown** | Intervention | Meriden WIC Program | Middletown WIC Site | 1,297 |
| **Middletown** | Intervention | Community Renewal Team, Inc. (CRT) | Idella Howell Early Care Center | - |
| **New Haven** | Comparison | New Haven WIC Program | Fair Haven Community Health Center (FHCHC) Site | 1,846 |
| **New Haven** | Comparison | United Way Head Start | All our Kin Early Head Start LuLac Head Start | - |
| **Stamford** | Comparison | Stamford WIC Program | | 3,065 |
| **Stamford** | Comparison | Children's Learning Center of Fairfield County | Early Head Start/ Head Start of Stamford | - |
| **Norwich/ New London** | Comparison | TVCCA WIC Program | TVCCA WIC Norwich Site | 1,569 |
| **Norwich/ New London** | Comparison | TVCCA Head Start Program | TVCCA Childcare and Preschool Center- Taftville & New London | - |

Revisions to site selections impacted the size of most of the sites in the project i.e. WIC caseload/participation numbers and also impacted one of the collaboration level rankings. For example, during the focus groups the Meriden WIC Program was rated as a high level of collaboration. However, Middletown, a sub-contracted site of the Meriden WIC Program, was not rated as high level of collaboration. When the project began, local staff determined the Middletown site would be the intervention site, therefore this impacted the proposed project design to include, low, medium and high rankings in both the intervention and comparison sites.

## PROJECT GOALS AND OBJECTIVES

The goals and objectives of the collaboration project included:

### Goal 1: Strengthen and maintain a *formal partnership* between the WIC and Head Start Programs at the State and local levels

**Objective 1:** Implement a formal state level collaboration between WIC and Head Start

- Finalize a newly created memorandum of understanding (MOU) at the State level, with approvals from State directors
- Share the MOU with local WIC and Head Start offices
- Develop and share release of information forms, as described in the MOU

**Objective 2:** Implement a local-level collaboration intervention in three locations in CT, matched by three comparison sites

- Assign local offices to intervention and comparison sites
- Host kick-off events at three intervention locations to highlight the intervention
- Introduce Project Liaison who will assist WIC/Head Start intervention sites with the collaboration
- Liaison to visit intervention sites monthly
- Identify key contact person for each program at each intervention site
- Hold quarterly meetings among all intervention sites to encourage information sharing on collaboration practices

**Objective 3:** Increase WIC staff knowledge of Head Start mission and services offered, and vice versa

- Display program information and fact sheets in WIC local agencies and Head Start offices
- WIC staff to attend Head Start Advisory meetings
- Head Start staff to attend WIC local agency staff meetings at least twice yearly

### Goal 2: Implement and evaluate *systems* for collaboration between WIC and Head Start Programs

**Objective 4:** Increase targeted referrals by WIC and Head Start staff by 30% to increase co-enrollment and WIC retention

- Staff at WIC and Head Start intervention sites will define joint nutrition risk criteria so that staff can make targeted referrals for most at-risk children to prioritize children who can be co-enrolled
- Liaison will train staff at WIC/Head Start intervention sites on how to make targeted, more intentional referrals
- Staff at intervention sites will establish procedures for referral follow-up
- Intervention sites and liaison will track referrals and if WIC or Head Start enrollment was successfully initiated

**Objective 5:** Increase data sharing between programs by 25%

- MOU will allow for data sharing between programs (with informed consent and ensuring confidentiality)
- Staff and liaison will engage families in utilizing a release of information form so data can be shared between programs
- When possible, data will be shared in order to minimize costs, avoid duplication, and determine nutritional status, including: demographic data, clinical measurements of height, weight, hematocrit/hemoglobin, and other pertinent medical data.

## Project Design

### Goal 3: Increase and improve *services* to families

**Objective 6:** Increase consistent nutrition messages between programs by 20%

- Intervention sites will develop common nutrition messages for monthly themes
- Intervention sites will disseminate messages through traditional channels (newsletters, bulletin boards) and explore new media channels as appropriate (social media)
- Intervention sites will share nutrition themes with local pediatricians to support shared WIC/Head Start program messages
- WIC staff in intervention sites will be aware of Head Start menus and will post menus at WIC to further support collaboration

**Objective 7:** Increase co-location of services between programs in 2 out of 3 intervention sites

- WIC and Head Start staff in intervention sites will ensure adequate space, time and resources to accommodate co-locations for second nutrition contacts
- Intervention sites will explore providing co-locating WIC and Head Start/Early Head Start benefits (nutrition education) collaboratively

**Objective 8:** Decrease no-shows for WIC appointments

- WIC and Head Start staff in intervention sites will highlight the importance of WIC appointments, and the value of co-enrollment
- When possible, WIC second contact appointments will be held at co-located sites at Head Start offices
- Intervention sites will explore ways to address participant barriers to transportation to WIC appointments through group education, or co-located nutrition education opportunities

**Objective 9:** Identify best practices for collaboration between WIC and Head Start sites

- Create final report and develop WIC & Head Start Collaboration Toolkit based on findings and lessons learned and staff experiences
- Disseminate reports to national, state and local audiences

### PROJECT IMPLEMENTATION OVERVIEW

This project was implemented at both the state and local levels. A brief overview of state and local activities and how they relate to the project goals and objectives is outlined below.

#### State Level Activities

The state team, consisting of State agency WIC Program staff, a HSSCO representative and USJ researchers, including the project liaison, worked to implement primarily Goal 1, Objectives 1, 2 and 3; Goal 2, Objective 5 and Goal 3, Objective 9. From September 2014 to May 2015, at a minimum, the state team met monthly to refine the data collection tool (survey), refine liaison responsibilities, develop survey training materials, develop management and kick-off meeting agendas and materials. From May 2015 to February 2017 the state team met monthly to receive updates from the project liaison, plan quarterly meetings for intervention sites, develop staff training modules and outline toolkit elements. February 2017 through May 2018, the team developed the final report, created the Better Together toolkit using a website to catalogue project materials, which included seven collaboration tip sheets, eight self-directed training modules.

WIC and HSSCO staff focused on refining and finalizing the memorandum of understanding (MOU) for data sharing among DPH (WIC Program) and State Department of Education (SDE), Office of Early Childhood (OEC) and Head Start grantee agencies. Another MOU outlining state level collaboration activities (WIC and HSSCO) was drafted and is still being reviewed.

## Project Design

### Financial Support

Both WIC and Head Start implementation and comparison sites received small stipends annually over the project period to support local collaboration efforts. All WIC and Head Start intervention sites received $2,000 in Year 1, $4,000 in Year 2 and $2,000 in Year 3 from the project budget. In total, intervention sites received $8,000 ($48,000). Each of the WIC and Head Start comparison sites received $500.00, in Year 1, $1,000 in Year 2 and $500.00 in Year 3 from the project budget. In total, comparison sites received $2,000 over the project period ($12,000). Both intervention and comparison sites were required to submit budgets to describe the use of the stipends. In general, funds were used to support staff time on collaboration activities, i.e. meeting attendance and travel, materials for collaborative nutrition and outreach events, and joint trainings. While both intervention and comparison sites used funds in similar ways, i.e. staffing and collaborative outreach events, the WIC and Head Start intervention sites had more funding to use on these types of activities. Additionally, the WIC and Head Start comparison sites from TVCCA chose to pool their collaboration funds to pay for a joint motivational interviewing training for their respective staff. Funds were distributed via the state purchase order process and sites provided a brief summary at the end of each funding period regarding their expenditures. HSSCO provided $15,000 in additional funding to both the Head Start grantees intervention and comparison sites ($2,500 per site). Grantees were provided these additional funds via the Office of Early Childhood's accepted procedures.

### Project Liaison

A project liaison was hired as the one of the state supports to aid in the local level implementation for the intervention sites. She came to the project with a background in health and nutrition. Based on findings from the New Britain pilot, a neutral (no previous work experience at any of the local sites) project liaison was preferred and selected. While the liaison was familiar with both the WIC and Head Start programs before beginning work on the project, she wasn't affiliated with either WIC or Head Start programs prior to, or during, the project period. See job description in Appendix 3.

The project liaison was responsible for facilitating the meeting activities during the initial project kick-off meeting. Some of these activities included providing team members with contact lists for the sites involved, taking the lead in scheduling the initial collaboration meeting for each of the intervention sites, and facilitating all of the subsequent monthly/quarterly collaboration meetings over the course of the project.

Other key functions of the liaison included helping intervention sites prioritize areas for collaboration, keeping track of contact information and staffing changes at WIC and Head Start and holding intervention sites accountable. The liaison helped plan and facilitate the quarterly meetings, contributed to development of Better Together toolkit, including training modules, tip sheets, and other resources for website based on her experiences during the project.

### Local Level Activities

At the local level, the project liaison and local staff from both the intervention and comparison sites focused on Goal 1, Objective 3; Goal 2, Objectives 4 and 5; Goal 3, Objectives 6, 7 and 8. Both intervention and comparison sites were required to participate in a variety of local level activities based on the timelines shown below (Figure 8 and 9). Intervention and comparison sites had slightly different expectations. Local level activities included attendance at management information meetings at the start of the project, responses to monthly surveys, attendance at quarterly meetings or conference calls (intervention sites only), both intervention and comparison sites were expected to conduct "grant activities" or network and collaborate monthly throughout the project period. Intervention sites were provided with support from the liaison to enhance their collaboration (more detail is provided in the implementation section below).

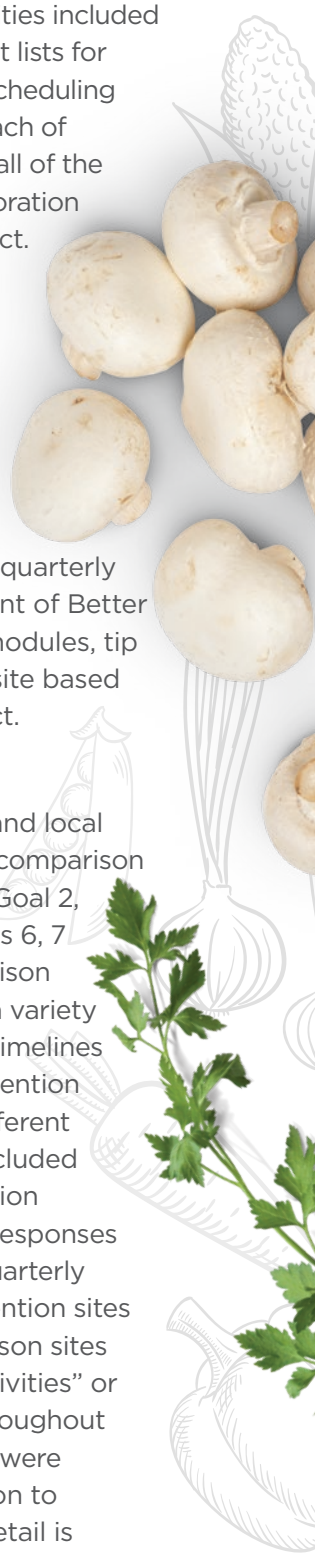
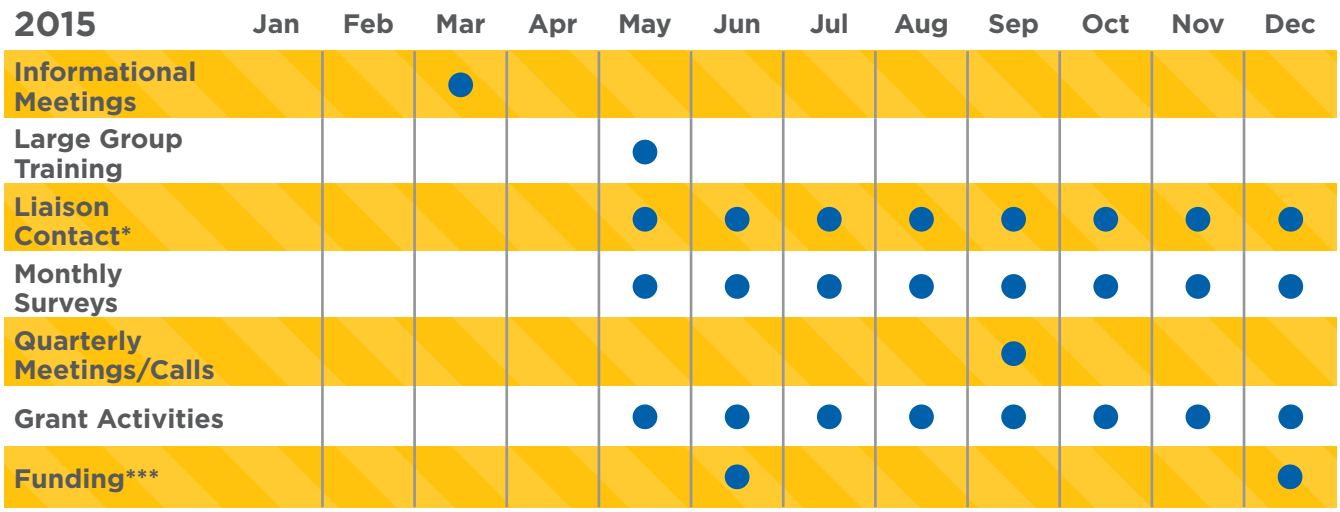


Figure 8

# WIC & Head Start Better Together Collaboration Project - Intervention Sites Project Timeline 2015-2017




* Liaison Contacts will be customized to each project area i.e. Hartford, Middletown and Bridgeport.

** Quarterly Meetings fluctuated in 2016/2017 due to CT-WIC and eWIC implementation.

*** Timing of funding will vary based on Program (WIC or Head Start).

Figure 9

# WIC & Head Start Better Together Collaboration Project - Comparison Sites Project Timeline 2015-2017

| 2015 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Informational Meetings | | | ● | | | | | | | | | |
| Monthly Surveys | | | | | ● | ● | ● | ● | ● | ● | ● | ● |
| Quarterly Meetings/Calls | | | | | | | | | | | | |
| Grant Activities | | | | | ● | ● | ● | ● | ● | ● | ● | ● |
| Funding* | | | | | | ● | | | | | | ● |

| 2016 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Monthly Surveys | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Quarterly Meetings/Calls | | | | | | | | | | | | |
| Grant Activities | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Funding* | | | | | | ● | | | | | | ● |

| 2017 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Large Group Training | | | | | | ● | | | | | | |
| Monthly Surveys | ● | ● | | | | | | | | | | |
| Quarterly Meetings/Calls | | | | | | | | | | | | |
| Grant Activities | ● | ● | | | | | | | | | | |
| Exit Interviews | | | ● | ● | ● | | | | | | | |
| Funding* | | | | | | | | | | | | |

* Timing of funding will vary based on Program (WIC or Head Start).

# Data Collection Methods And Evaluation

For data analysis, it is important to note the project goals were primarily focused on creating systems change for collaboration between the WIC and Head Start programs rather than measuring change at the participant level (such as change in knowledge, attitude or behavior among WIC participants).

The study design included matched intervention and comparison sites. Pairs of WIC and Head Start sites, three intervention cities and three comparison cities were studied. Staff at each site completed a monthly survey questionnaire related to collaboration. Comparisons were made between these groups and within these groups over time to measure change. Exit interviews were conducted with staff from all sites to gather feedback and lessons learned throughout the project period.

## MONTHLY SURVEYS

The research team from the University of Saint Joseph created a survey instrument in SurveyMonkey to measure levels of collaboration between the programs, compare differences between intervention and comparison groups, and to measure changes over time. The final survey for this collaboration project was based on the survey tool used in the pilot project in New Britain.

Each month the staff at WIC and Head Start participated in evaluation surveys to track collaboration activities, share success stories, and identify barriers to collaboration. The surveys were reviewed monthly to monitor collaboration activities and inform the work of the project liaison. A copy of the survey can be found in Appendix 4.

The staff from both WIC and Head Start, for both intervention and comparison sites, were asked to complete monthly surveys over 23 months to measure the impact of the collaboration project. Of the monthly surveys collected, 61% of responses were from the WIC program, and 39% were from Head Start. Among WIC sites, typically all nutrition staff (nutritionists and nutrition aides) and the program coordinator were asked to complete the surveys, whereas Head Start managers chose specific staff to complete surveys based on their project involvement, which is reflected in the larger participation rates for WIC. Just over half (55%) of all responses were from the comparison group, and 45% were from the intervention group.

## SAMPLING

The research team collected a total of 1,373 surveys over the 23-month data collection period. Figure 10 shows the number of responses by site. On average 49 WIC staff and 89 Head Start staff participating from the six intervention sites, and 47 WIC staff and 60 Head Start staff from the comparison sites were surveyed each month.

## Data Collection Methods And Evaluation

### DATA COLLECTION METHODS

All intervention and comparison sites were asked to complete monthly surveys throughout the duration of the intervention period (23 months). The monthly surveys were conducted online through Survey Monkey. The USJ research team sent monthly emails to local program staff with the link to the SurveyMonkey site and a reminder to enter their monthly data. The survey link was sent out the first week of every month, so staff became familiar with the data collection schedule. Staff were given four weeks to complete the survey and the survey link remained active throughout the month. Staff was advised to complete the survey as soon as possible, and a survey reminder from the research team was sent out after one week. Most staff completed the survey within the first few days of receiving the link. The survey feedback was anonymous, however, each staff member was given a number so that the research team could monitor responses to see which staff had completed the survey, and remind those who had not.

The online survey instrument increased ease of use, and timeliness for gathering data in real-time. There was no need for data entry because the data could be automatically downloaded into an Excel spreadsheet, and the research team was able to monitor how many surveys were completed and notify staff if surveys were not completed.

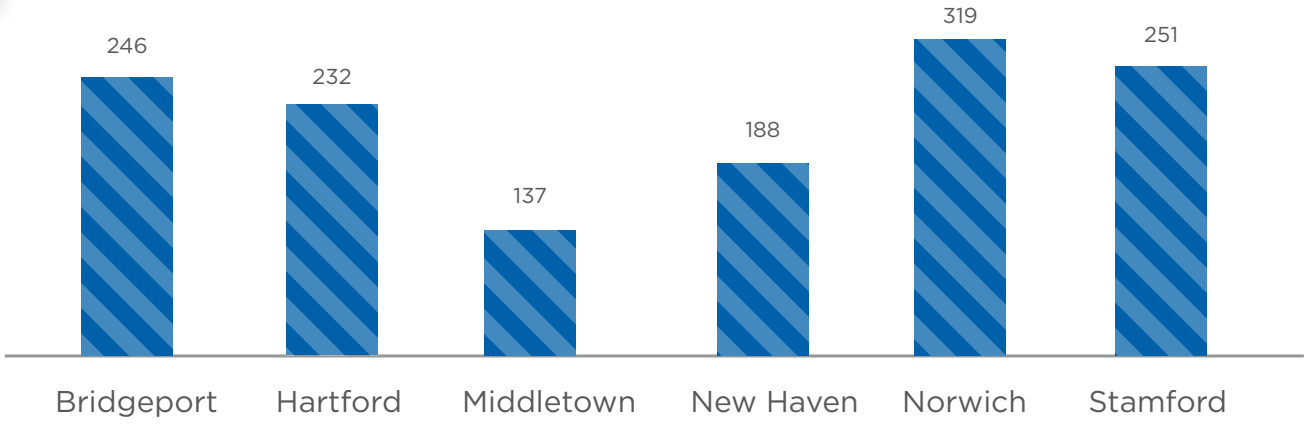
Staff feedback during exit interviews included a recommendation to have the survey requirement quarterly instead of monthly.

When looking at the total surveys completed by site, there are some important differences to note in regards to the response rates. The state team did not require a certain number of staff to complete the surveys, but rather allowed the local managers to identify which staff to take the monthly survey. The Middletown office is a small site with fewer staff, while the Norwich site asked many staff to complete the monthly surveys.

When analyzing the monthly survey results, a variety of analyses were run. Significance was set at $p<.05$. Frequencies were run for count data on number of referrals or surveys collected. To measure change over time, three time points were established: the first month of the project was considered baseline, then months 2-12 were year 1, and months 13-24 were year 2. Analysis of Variance (ANOVAs) were run to compare mean scores for the various outcome variables between years and between programs and between intervention versus comparison groups. For example, comparing average number of referrals between WIC and Head Start at baseline, year 1 and year 2, and between intervention and comparison sites at baseline, year 1 and year 2. To measure change over time, percent change scores were also calculated.

Figure 10

### Total Survey Response by Site



## Data Collection Methods And Evaluation

### COLLABORATION SCALE ASSESSMENT

Local staff from WIC and Head Start ranked their level of collaboration with their partnering agency throughout the duration of the project using the scale in Figure 11. Intervention staff were asked to rank their level of collaboration at the kick-off event in May 2015, and then again at annual meetings in 2016 and 2017. For the comparison sites, staff were asked to report their scores retrospectively, by ranking their level of collaboration at the beginning of the project, as well as their current level of collaboration during the wrap-up meeting in June 2017.

When analyzing the collaboration scale data, multiple comparisons were made using average scores in the perceived level of collaboration between WIC and Head Start and measured at annual meetings during the project. Comparisons were made between programs, between sites and between intervention groups from 2015 to 2017. For example, average scores in the level of perceived collaboration reported by each intervention site were compared from 2015, 2016 and 2017. Similarly, average scores were compared over time between intervention and comparison sites for WIC and Head Start, and by city. Because the sample sizes were very small for this data based on the number of staff attending the annual meetings, statistical analyses could not be run.

Figure 11

**FIVE LEVELS OF COLLABORATION AND THEIR CHARACTERISTICS**

| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| NO INTERACTION AT ALL | NETWORKING | COOPERATION | COORDINATION | COALITION | COLLABORATION |
| | - Aware of organization<br>- Loosely defined roles<br>- Little communication<br>- All decisions are made independently | - Provide information to each other<br>- Somewhat defined roles<br>- Formal communication<br>- All decisions are made independently | - Share information and resources<br>- Defined roles<br>- Frequent communication<br>- Some shared decision making | - Share ideas<br>- Share resources<br>- Frequents and prioritized communication<br>- All members have a vote in decision making | - Members belong to one system<br>- Frequent communication is characterized by mutual trust<br>- Consensus is reached on all decisions |

Adapted from the Frey et al., 2006

### EXIT INTERVIEWS

Exit interviews were conducted with staff from both intervention and control sites after the intervention period to gather feedback and lessons learned about their experience with the collaboration. Almost all interviews were conducted face-to-face with one staff member at a time and two members of the research team to obtain richer feedback than that of a traditional survey.

USJ researchers conducted 23 exit interviews with managers and staff from all sites. The project liaison and research associate conducted all interviews using an exit interview guide (see Appendix 5) and interviews were conducted in person or by phone. The exit interviews were conducted individually with staff members and lasted approximately 30 minutes in length. Interviews were tape recorded for accuracy and use of notable staff quotations.

## Data Collection Methods And Evaluation

### RESEARCH LIMITATIONS

#### Monthly Survey

One of the strengths of the research methods was the mixed-methods approach of using both quantitative and qualitative data collection. The narrative format of the qualitative surveys enabled staff to write candidly about their experiences, which provided insight for future best practices. Another key strength was having comparison sites to compare to the intervention sites.

It is important to note the limitations and challenges with the data collection, which included the following factors. There was a limited sample size for the number of overall respondents, as staff not directly involved in the collaboration were not required to complete the monthly survey. High staff turnover among both programs may have also contributed to lower survey response rates and the same staff were therefore not able to be followed over the full length of the project period. Ongoing reminders were incorporated to help staff complete the reports monthly and hold them accountable to ensure higher response rates. In addition, the population size differed among cities, making it challenging to compare results between sites. The variation throughout the calendar year was also a factor, as the Head Start program begins a new year in September and makes a large number of referrals to WIC in the fall but not necessarily throughout the year. Therefore, a linear trend cannot be expected. Lastly, some staff may not be responsible for certain tasks (such as referring families) therefore, conditional questions were included in the survey to account for this variation in job responsibility. While the survey was designed to be as relevant as possible for each respondent some survey questions were not always applicable to them.

The research team addressed these limitations and data was analyzed with the following considerations. The data analysis was conducted in a variety of ways, aggregated by comparison versus intervention, aggregated by Head Start versus WIC, and also analyzed over a variety of time periods (monthly, yearly, the entire project period, baseline versus monthly average). Patterns in the data were identified in the referral data after analyzing it in a variety of ways. In addition, patterns in the quantitative data were explained using qualitative data and anecdotal experiences from the project liaison.

#### Collaboration Scale

The collaboration scale data was administered during in-person quarterly meetings with staff. The small sample size of those staff completing the survey was a limitation here, as well as the lack of anonymity associated with conducted a survey in front of others during a meeting. Staff may not have been completely candid with their responses when completing the survey in front of others.

#### Exit Interviews

As with all exit interview limitations, staff may not have been completely candid giving feedback in person without anonymity. Staff were given the option to allow the interview to be recorded, and almost all of them were. A few of the exit interviews were conducted by phone, so richer feedback, especially with the control staff may have been missed. Quantifying data objectively is always a challenge when multiple interviewers are involved with conducting exit interviews. The research team did record most interviews to help with analysis and theme identification, however, subjectivity may still be present. It is important to note that the project liaison was one of the team members conducting the exit interviews, however, she removed herself from the room when staff were asked to provide feedback on their experience working with the liaison during the project.

# Results

## STATE LEVEL PROJECT IMPLEMENTATION

### State Level Memorandum of Understanding (MOU)

Goal 1, Objective 1, listed completion of an overarching state level, data sharing MOU. Due to circumstances beyond the state team's control, this process took much longer than allotted for and anticipated. This process began during the pilot project phase (2013-2014). State agency WIC and HSSCO staff adapted existing WIC and Head Start MOUs from Maine and Massachusetts to use in Connecticut. However, the Department's fiscal and legal offices, directed WIC State agency staff to re-draft the MOU as a Personal Services Agreement (PSA). Changes were made to the PSA and submitted to fiscal and legal for review and approval. The fiscal and legal departments reviewed the PSA and determined a memorandum of understanding was in fact the correct format (late 2016).

Once the type of the agreement (MOU) was settled, the WIC State agency staff, the Department's legal staff and HSSCO worked to finalize the language in the data sharing MOU. The document both defined the data elements (applicant and participant information) that WIC and Head Start Programs could confidentially and legally share and formalized the processes of data sharing between local WIC and Head Start agencies. The intent of the state level MOU is to streamline the data sharing process for local partners and to ensure consistency throughout the state. The data sharing (state level) MOU created and executed (February 2018) is included in Appendix 6.

### Management Information Session

In March 2015, the project team held management information sessions for both the intervention and comparison sites. These meetings allowed the state team to meet the local managers and key contact people and explore existing local collaboration activities, listen to local feedback about the feasibility of the project and receive input on draft survey instruments used for evaluation. Both meetings had similar formats, a key difference was the project liaison was introduced to the intervention site staff. The comparison sites only received this one meeting/training as part of their state support.

### Kick-off Event

In May 2015, a kick-off event was held for all the staff, not just the management staff, at intervention sites. The purpose of the kick-off was to introduce the collaboration project, provide an opportunity for the WIC and Head Start staff to meet, and to set local goals for the collaboration project. At this kick-off event, plans were made among intervention sites and the project liaison to set up a schedule for the liaison support.

### Quarterly Meetings

Another State support to collaboration activities included facilitation of six quarterly meetings during the project period for the intervention sites. These meetings involved providing updates on ongoing collaboration activities, time for staff to discuss challenges and successes, propose solutions to barriers and offered networking opportunities. The project liaison compiled themes from her monthly interactions with the intervention sites to frame the agendas and drive conversations between WIC and Head Start staff. Please see a sample quarterly meeting agenda in Appendix 7.

## Results

### New Staff Training

As part of this collaboration project, a training was developed for new staff to help them learn about the value of collaboration and their role, level of involvement, and expectations for the project. This training was developed in response to high rates of staff turnover, which seemed to be ever present among both programs. For example, one of the Head Start intervention grantees, (CRT- Hartford and Middletown) experienced the bulk of the staff turnover during the project period. Higher than normal staff turnover was also experienced at one the WIC intervention sites (Hartford) and one of the comparison WIC sites (TVCCA) during the project.

### Survey as a Monitoring Tool

The liaison used the monthly survey responses to monitor local intervention site collaboration and provide accountability. She was able to identify best practices and any challenges the sites experienced. The state team planned quarterly meetings around themes, and provided time to troubleshoot barriers, work on solutions and celebrate successes.

Please see Appendix 4 for copy of the survey used in Connecticut, as well as details on the specific survey process, including the use of a numbering system to keep individual responses blinded from the evaluators. An updated shorter version of the survey can also be found in the Better Together toolkit.

*"I think the liaison is critical to the success of this collaboration because, being two entities, having that bridge is important. I think without that — with the challenges of staffing and time — the collaboration might have faded away."*

**MARLA HINZ**
*Unit Manager, Middletown Head Start*

### LOCAL LEVEL INTERVENTION ACTIVITIES

### Liaison Intervention/Collaboration Team Meetings

The liaison played a crucial role in initiating and facilitating collaboration between WIC and Head Start in the intervention sites. She was responsible for facilitating team building activities at the kick-off event. Following the kick-off event the liaison facilitated an initial collaboration meeting at each intervention site. At these meetings, she conducted an intake using the WIC and Head Start Better Together Collaboration Intake Form found in Appendix 8. The intake helped the liaison determine the ways in which each intervention community was already collaborating, identify potential areas for growth, and determine the collaboration team's priorities and expectations for the project. The liaison then used the information gathered during the intake to help each intervention site set two initial goals for the collaboration using the WIC and Head Start Better Together Collaboration Goal Setting Form found in Appendix 9.

Following the initial collaboration meeting the liaison met with each intervention site at a regular interval, monthly during the first year of the project and quarterly during the second year of the project, to monitor their progress, provide resources, help address barriers, and celebrate their successes. To ensure these meetings were a success the liaison provided assistance with scheduling, agenda development, note taking, and meeting facilitation.

In addition to the monthly/quarterly meetings the liaison provided phone, email, and in person follow-up as needed. Follow-up activities included attending collaboration events to take pictures and assist with outreach activities, review of recently developed collaboration materials such as referral forms and outreach materials, and communication about staffing changes. Other key liaison responsibilities included keeping track of contact information and staffing changes at WIC and Head Start and sharing information between intervention sites about best practices. Bridgeport, for example, was the first site to

*"I think it's important to have the MOU. We did not have one in place when we started this grant. It took a while to get one in place, but it was helpful. It expedited the referral system and helped us to designate who referrals would be sent to."*

**CATHY MURPHY, SITE MANAGER, WIC**

successfully develop a system for making and tracking referrals. The liaison shared their system with the other two intervention sites, who adopted the system as part of their collaboration.

Each quarter the liaison prepared a report summarizing the collaboration successes and challenges at each of the intervention sites. These reports included information about staff changes and provided details about each site's progress with local collaboration activities such as updating their MOUs, data sharing, referrals, co-location, and collaborative nutrition education and outreach.

### Local Memorandum of Understanding (MOU)

A local MOU is important to have in place for a successful collaboration, especially one that addresses participant data sharing to protect participant confidentiality. While all six of the WIC local agencies involved in the project already had a local MOU in place with their respective Head Start grantees, the intervention sites and comparison sites updated their MOU to outline the nature of the collaborative relationship between the two agencies. In addition, due to the delay of the execution of the state data sharing MOU, developed by WIC and HSSCO state staff, local MOUs were updated to provide parameters for sharing participant information between WIC and Head Start. These local MOUs stated that participant-specific information can be shared if a participant completes a release form.

Examples of local MOUs from this project have been included in Appendix 10.

## Results

### Agency Information Sharing Meetings

One of the key lessons from the pilot project in New Britain, CT was the need for basic training on the two programs. It proves pivotal that in the beginning of the collaboration process WIC and Head Start staff visit one another's agencies to share information about program services, eligibility requirements and the agency's application process as well as office locations, and staff contact information. This strategy ensures the staff at each agency has accurate information about the other program when making referrals, helps to clear up any misconceptions staff may have about WIC and Head Start, and fosters communication between the staff at both agencies.

Based on this information, the intervention sites were encouraged to hold initial agency sharing meetings in the first quarter of the project. As seen in Figure 12, this resulted in a 94% increase in Head Start staff visiting a WIC office in year 1 of the project. It also resulted in a 68% increase in WIC and Head Start intervention sites visiting one another's offices to share program information. There were no significant differences among comparison sites.

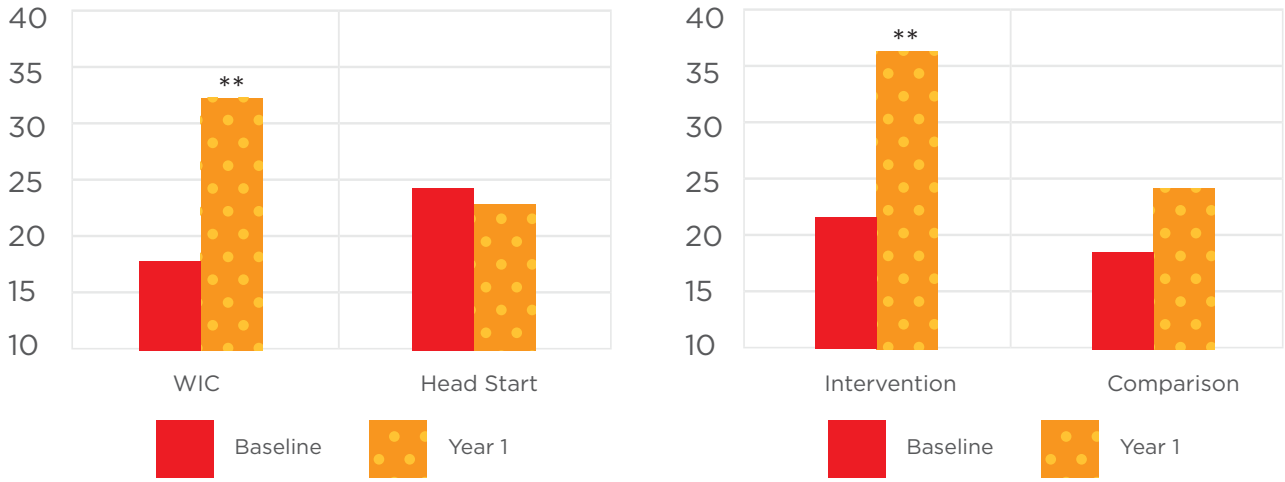
*"As a new program coordinator, I really enjoyed seeing the Head Start side of things. Especially with their dietician, because they provide a lot of new information that we got to be creative with, talk about, and get our families involved with. It was enjoyable."*

**MARISSA ST. JOHN**
*Program Coordinator, WIC*

Figure 12

## SURVEY FINDINGS: Agency Information Sharing Meetings

Total number of staff who said other program visited their site




* = statistically significant difference from baseline values. P<.05
** = statistically significant difference from baseline values. P<.01

*"Our meeting with Head Start at our June staff meeting was very helpful and informative. I learned a lot about the program requirements that I did not know before."*

**WIC JULY 2015**

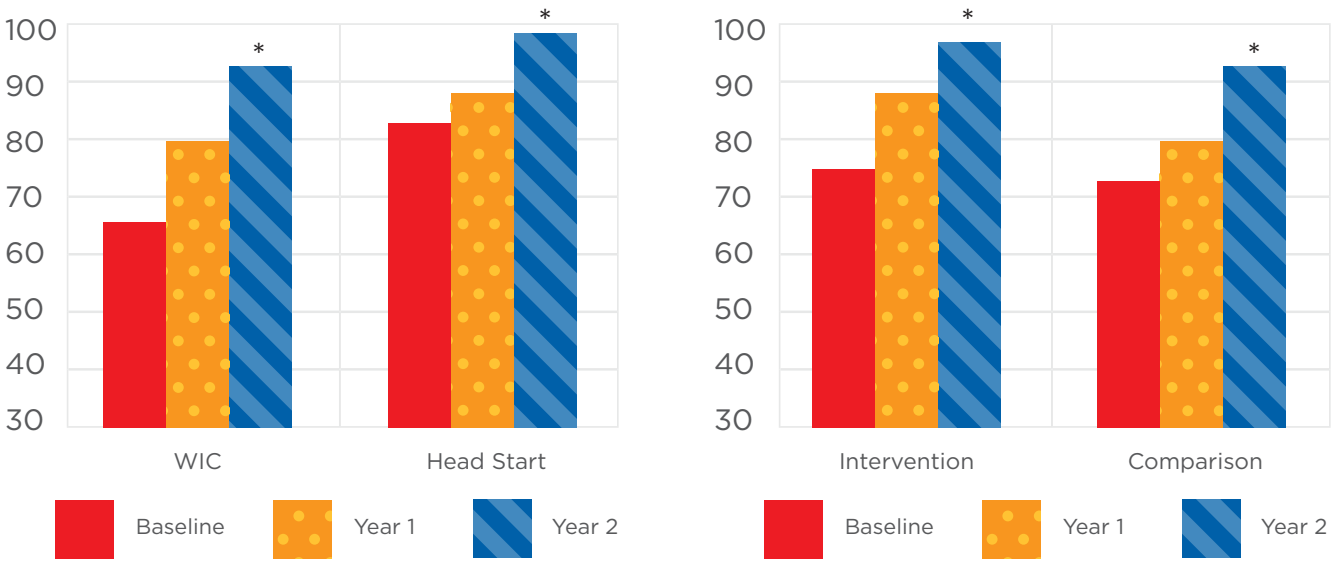
### Data Sharing

As a result of this project, both the intervention and comparison sites developed or improved their system for sharing participant specific information. Participant specific information included demographic data, clinical measurements of height, weight, hematocrit/hemoglobin, and other pertinent medical data. When asked if their program has a system (such as an information release form) for sharing participant-specific data, the majority of respondents said yes, and this increased over time, with both programs and with intervention and comparison sites. At baseline, Head Start staff reported higher levels of having a system in place, but WIC had comparable numbers by the end of year 2 (Figure 13).

Figure 13

## SURVEY FINDINGS: Data Sharing

Percent who said they have a system for sharing participant specific data




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

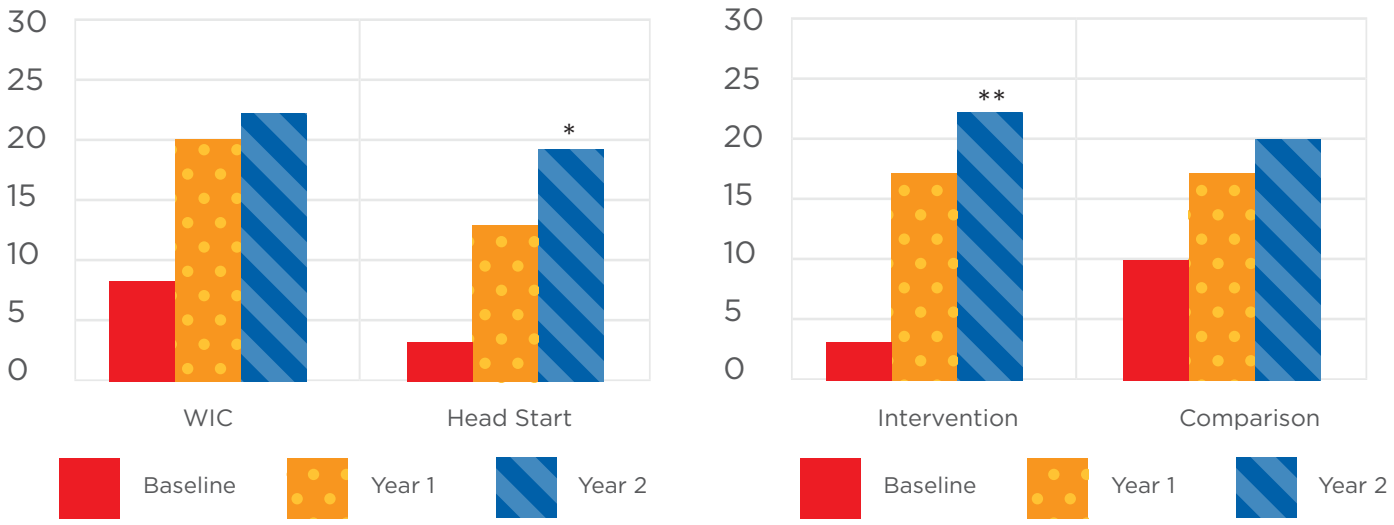
## Results

Creating a system for sharing participant specific information resulted in an increase of data sharing between agencies. As seen in Figure 14, when asked if staff shared participant-specific data with the other program, Head Start staff reported a significant increase over time. There was also a significant increase in data sharing among intervention sites but not comparison sites. This increase in data sharing helped make data collection less repetitive, eased the burden for families to produce anthropometric data during program enrollment, and allowed staff to check for co-enrollment.

Figure 14

### SURVEY FINDINGS: Data Sharing

Total number of staff who shared participant specific data




* = statistically significant difference from baseline values. P<.05.

** = statistically significant difference from baseline values. P<.01.

Prior to the project implementation, Connecticut WIC certification policies and procedures addressed the participant release of confidential information at two points. First, a general statement found on the WIC Participant Rights and Responsibilities Form (Appendix 11), which read, "Information collected about you may be used for program evaluation or shared with other programs organizations to coordinate health services." Second, a more specific notification found on the WIC Medical Referral and Certification Form (Applicant/Participant Authorization) (Appendix 12). On this form, there is a place to write in Head Start as health care provider/organization to which participant-specific information will be shared. At Head Start, the participant information release form was found in the enrollment packet.

Using these existing WIC and Head Start forms, policies and procedures in absence of the overarching state level data sharing MOU enabled both intervention and comparison sites to initiate and track referrals and document follow-up. The local MOUs allowed for sharing of this data between programs (with informed consent and ensuring confidentiality).

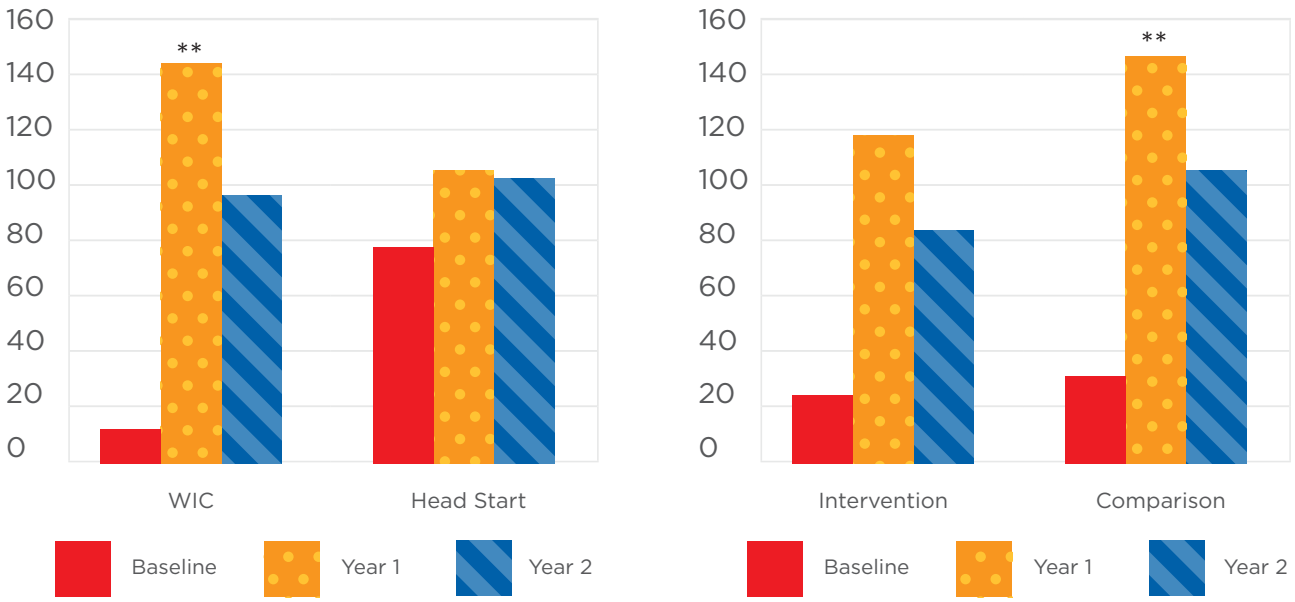
### Coordinated Interagency Referrals

In Connecticut, implementing a systematic way to handle interagency referrals was a basic strategy employed by all six communities (intervention and comparison sites). Establishing a formal system increased referrals between WIC and Head Start. As seen in Figure 15, there was a statistically significant increase in the average number of referrals WIC made to Head Start from baseline to year 1. Even though there were large increases in the average number of referrals made between intervention sites, it was not a statistically significant difference. There was, however, a statistically significant increase in the average number of referrals made among the comparison sites.

Figure 15

## SURVEY FINDINGS: Referrals

Average Number of Referrals




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

Systematically addressing the referral process had a significant impact on the perception of staff in regard to their responsibility to make interagency referrals. As seen in Figure 16, there was a statistically significant increase in the percentage of staff who said that referring participants to the collaborating program was part of their job duties. While, the vast majority of WIC staff already viewed referrals as part of their job at the beginning of the project, there was a statistically significant increase in the percentage Head Start staff that viewed this as their job from baseline to year 2.

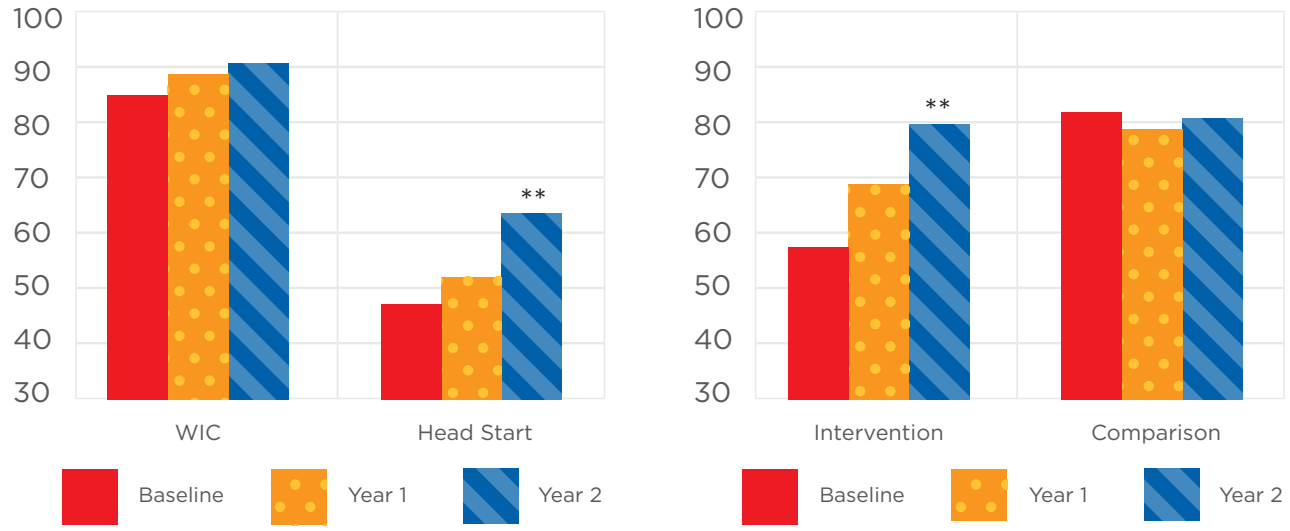
*"I called WIC to schedule an appointment for the client and informed them the child was up to date in his immunization. I also sent them a copy of their physical as per parents' request, in order to facilitate the time management in collection data for parent due to their work schedule."*

**HEAD START STAFF,** *July 2015*

Figure 16

## SURVEY FINDINGS: Referrals

Referring families is part of job duties




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

Inter-agency referrals are an effective way to increase initial and continued participation in both WIC and Head Start. The collaborative inter-agency referral process developed through the WIC and Head Start Better Together Project is an active process and goes above and beyond simply giving a family an informational program flyer. While It was originally our intent to triage high risk families the staff at WIC and Head Start expressed a desire to refer all eligible families rather than make targeted referrals. The actions or steps involved in the referral process include: protection of participant confidentiality, identification of families and children not enrolled collaborating agency's program, tracking of referrals made between agencies, and ongoing referral follow-up.

> *"My [Family Service Workers] (FSW) are referring to WIC regularly and the collaboration definitely made my FSW more aware of getting participants on WIC."*
>
> **HEAD START STAFF,** *December 2015*

### Protection of Participant Confidentiality

Sharing participant specific information between agencies was central to the referral process. Therefore, agencies must understand the steps involved in sharing participant information confidentially, and in compliance with their agency's regulations.

Consistent amongst all three intervention sites was the development and use of a joint (WIC and Head Start) form (Appendix 13) to share participant specific information confidentially between agencies in the absence of a state level data sharing MOU. This form was the first step in the establishment of a collaborative referral process. The liaison assisted program staff in each intervention community to update or develop appropriate referral forms.

### Identification of Families and Children not Co-enrolled

Before sites began the referral process it was necessary to identify what families were not co-enrolled. The sites used a variety of ways to identify which families attending Head Start were not enrolled in WIC:

## Results

1 Asking about WIC participation at enrollment: The Head Start enrollment staff asked families if they are participating in WIC when they applied for Head Start and then referred families that are not currently enrolled.

2 Sharing enrollment list with WIC: WIC staff compared the Head Start enrollment list with their participant list and identified which families are not actively participating in WIC or are not enrolled in WIC.

3 Parent Survey: Head Start Staff administered a survey to Head Start parents about their WIC participation. The WIC and Head Start Better Together Project toolkit includes a survey template for Head Start sites to use. (Appendix 14)

To identify WIC families to refer to Head Start, WIC staff asked families if they were in need of childcare during their appointment. To systemize the identification of families in need of childcare the intervention sites built this question into their certification appointment.

Once WIC and Head Start identified families not co-enrolled they used the inter-agency referral form to share the necessary contact and medical information of the family with their counterparts at WIC or Head Start. The staff at the agency receiving the referral then contacted the family being referred to schedule a certification or enrollment appointment.

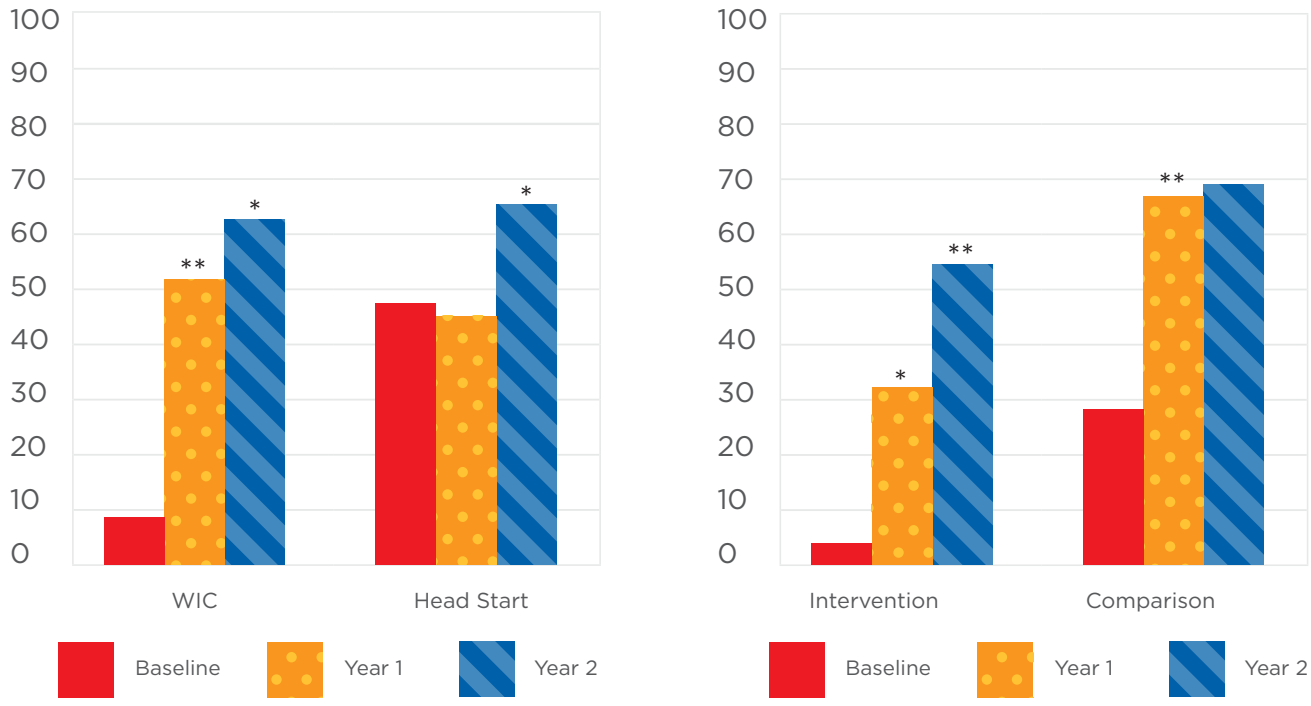
### Referral Tracking and Follow-Up

Tracking referrals was critical to timely follow-up and success of the collaboration. As seen in Figure 17, the percent of staff from both WIC and Head who said they were tracking referrals to the collaborating program increased. For WIC staff, increases were statistically significant from baseline to year 1, and from year 1 to year 2. For Head Start staff, the increase was found to be statistically significant between year 1 and year 2.

Figure 17

## SURVEY FINDINGS: Referrals

Percent who said they track referrals




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

*"Accountability affects referrals. We established a referral form for Head Start to use but it took a long time to get the process going. Partly because we needed somebody to commit to saying 'this is going to happen,' and then hold people accountable to doing it."*

**SARAH FELLER**
*Program Nutritionist, WIC*

The intervention sites had steady increases in the percent of staff who said they tracked referrals, with statistically significant findings between baseline and year 1, and again between year 1 and year 2. The comparison group also had statistically significant increases in referral tracking between baseline and year 1.

The project liaison provided the interventions sites with a referral tracking form (Appendix 15) to record when referrals were made and the outcome of each referral. This sheet was particularly useful when WIC and Head Start collaboration teams met monthly to discuss the outcome of each referral. During the monthly meeting the sites used the form to determine if the families were enrolled in the program to which they were referred. If a family was not enrolled after a referral was made, then the appropriate outreach or follow-up was conducted.

*"Building roles into the referral process from the beginning — understanding who is responsible for follow up, for getting up-to-date contact information, for listing anthropometric data — is critical. The more we systematize this, the easier it gets."*

**KATE CALLAHAN**
*Project Liaison, University of Saint Joseph*

## COLLABORATIVE NUTRITION EDUCATION AND OUTREACH

### Consistent Nutrition Messaging

The staff at each intervention and control site worked together to deliver consistent nutrition messaging to families co-enrolled in the program throughout the duration of the project. They shared nutrition education materials, monthly menus, and collaborated to establish quarterly nutrition topics to share in family newsletters and on bulletin boards. Collaborating to provide consistent nutrition messaging was an opportunity to reinforce important messaging about breastfeeding, juice consumption, and fruit and vegetable intake.

As seen in Figure 18, WIC staff reported a statistically significant increase in Head Start staff sharing menus with WIC between baseline and year 1. It was also found that Head Start staff reported statistically significant increases in WIC staff sharing menus with Head Start between baseline and year 1. There were statistically significant increases in staff for both intervention and comparison sites reporting that the other program shared menus with their staff, both groups had statistically significant differences between baseline and year 1 (Figure 18).

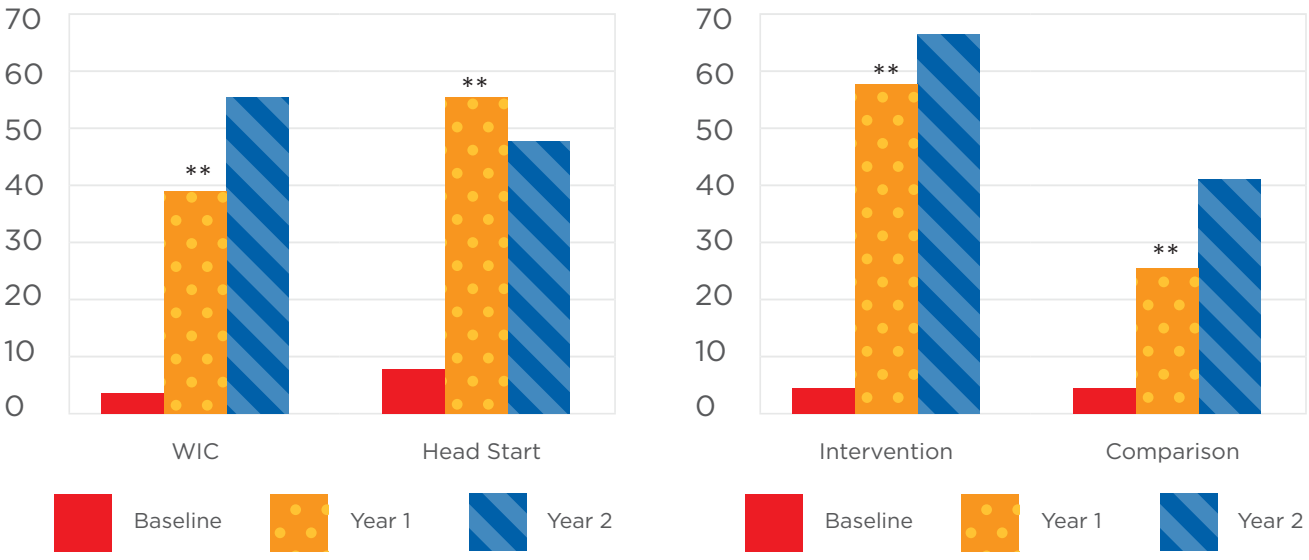
*"Work on nutrition themes, right from the outset. We were able to learn early on that Head Start was willing to join their themes with our themes, so we were pitching the same message and getting more bang for the buck."*

**RONA MAROTTA**
*Coordinator, Stamford WIC*

Figure 18

## SURVEY FINDINGS: Consistent Nutrition Messaging

Percent who said the Head Start menu was shared




* = statistically significant difference from baseline values. P<.05

** = statistically significant difference from baseline values. P<.01

## Results

As Figure 19 shows, there were also statistically significant increases of Head Start staff reporting they shared nutrition education materials with WIC staff between baseline and year 2. Statistically significant differences were also found among the intervention sites reporting they shared nutrition education materials with the other program, from baseline to year 1, and from baseline to year 2.

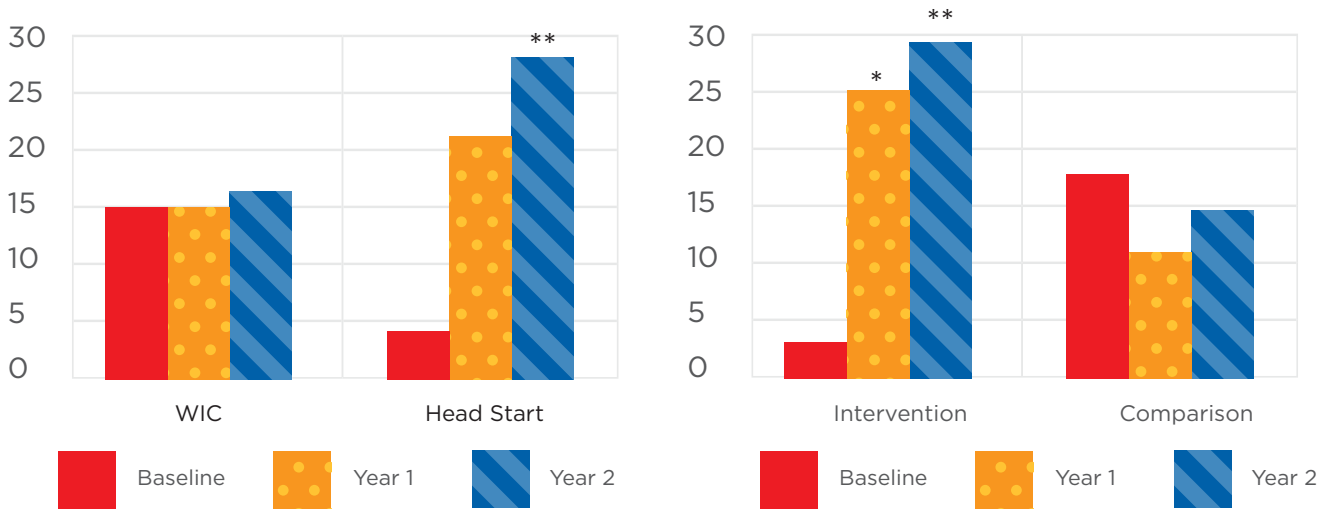
*Staff visited the school and formed relationships with teachers by sitting in and sharing lunch and breakfast together. We gained a couple participant back when staff set up a table at pick-up time."*

**WIC STAFF,** *October 2015*

Figure 19

### SURVEY FINDINGS: Consistent Nutrition Messaging

Percent who said they shared nutrition education materials




* = statistically significant difference from baseline values. P<.05.

** = statistically significant difference from baseline values. P<.01.

## Results

### Collaborative Outreach and Nutrition Education Events

The staff at each intervention site worked collaboratively on nutrition education and outreach activities and events with the goals of increasing visibility for both WIC and Head Start, providing program information to families, recruiting new participants and retaining existing participants for both programs, and continuing consistent nutrition messaging.

Figures 20 and 21, outline the types of nutrition education and outreach the sites conducted.

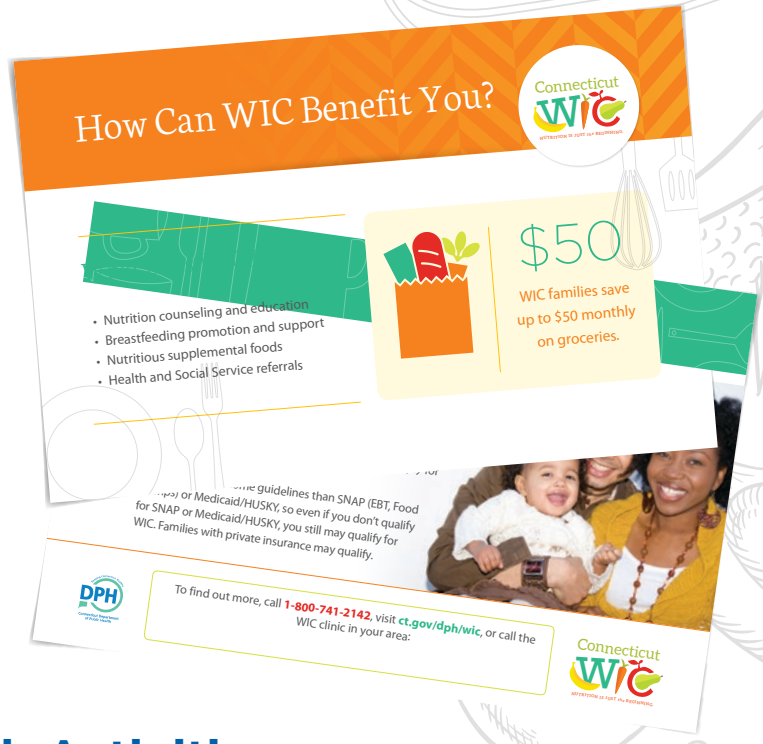



Figure 20

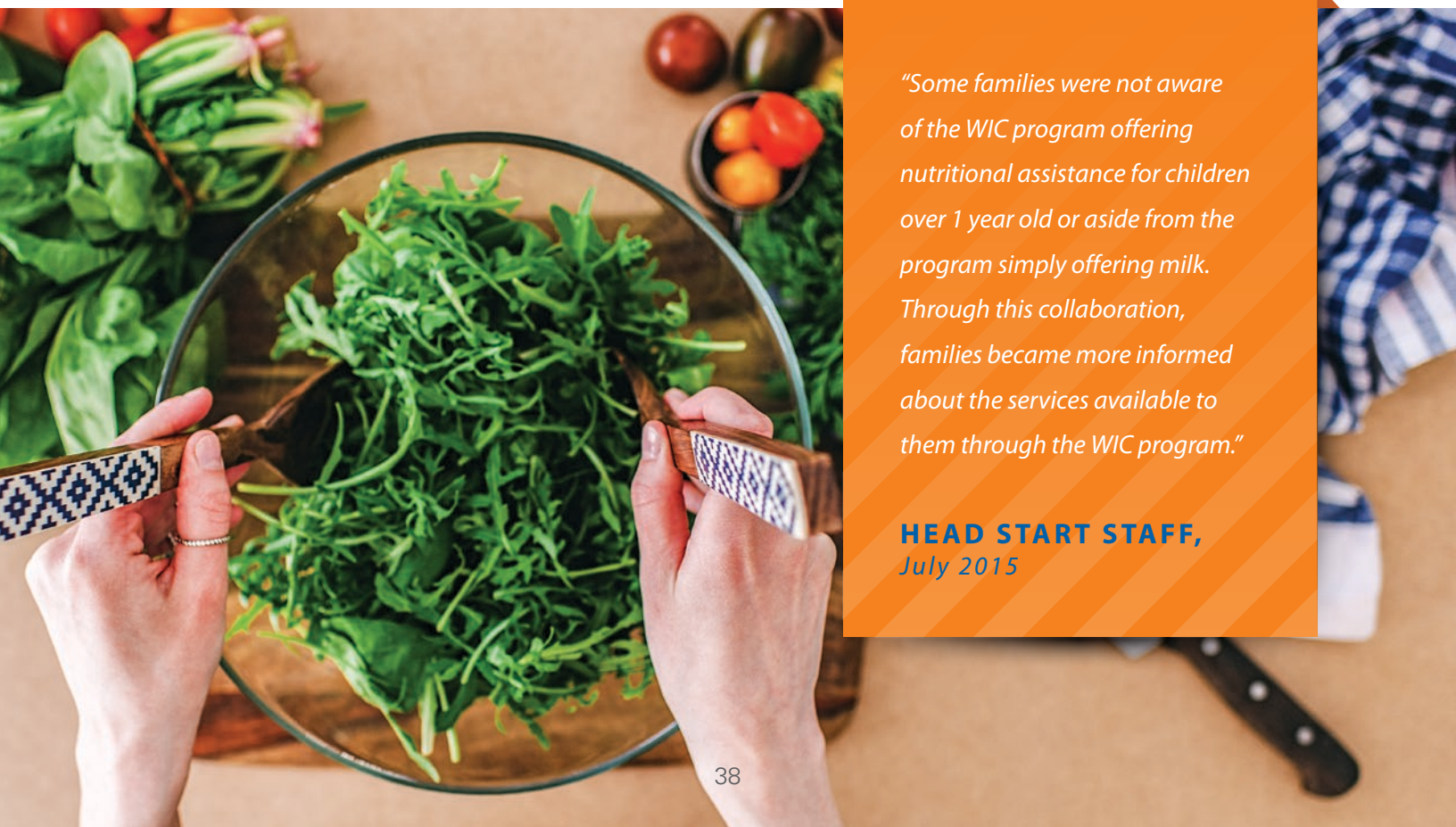
## Outreach Activities

| OUTREACH EVENTS | DESCRIPTION |
|---|---|
| **PARENT ADVISORY MEETINGS** | WIC staff can attended Head Start Parent Advisory meetings to present about the WIC food package and provide nutrition education. Topics addressed included picky eating, healthy snacking, and healthy cooking. |
| **OUTREACH TABLE AT WIC OR HEAD START** | WIC and Head Start set up a recruitment tables in one another's waiting rooms or entrances to recruit new participants. |
| **HEALTH FAIRS AND FAMILY FITNESS DAYS** | WIC and Head Start co-hosted community health fairs with fun activities for children and families. This was a great opportunity to collaborate with other community partners to conduct health screenings and provide information about community services. |
| **BULLETIN BOARDS AND PROGRAM FLYERS** | WIC and Head Start installed bulletin boards and placed program flyers in one another's waiting rooms and hallways to educate families. |
| **BREASTFEEDING MESSAGING OR CELEBRATIONS** | WIC and Head Start worked together on World Breastfeeding Week events by planning a joint event or byHead Start encouraging families to attend an event at WIC. WIC staff also shared information about WIC breastfeeding trainings or invite Head Start staff to attend. |

Figure 21

# Nutrition Education Activities

| NUTRITION EDUCATION EVENTS AND ACTIVITIES | DESCRIPTION |
|---|---|
| CLASSROOM VISITS | WIC staff visited Head Start during meal times to eat with the children and provide nutrition education. |
| COOKING DEMONSTRATION | WIC staff visited Head Start during family events to assist with Head Start cooking demonstrations for recipes that include foods from the WIC food package. |
| FARMERS MARKETS | WIC and Head Start co-hosted a farmers' market at Head Start to educate families about the WIC farmers' market nutrition program and promote the consumption of fruits and vegetables. |
| NATIONAL NUTRITION MONTH | WIC and Head Start teamed up to promote national nutrition month. Events included nutrition workshops, cooking demonstrations, and cooking classes. |



*"Some families were not aware of the WIC program offering nutritional assistance for children over 1 year old or aside from the program simply offering milk. Through this collaboration, families became more informed about the services available to them through the WIC program."*

**HEAD START STAFF,**
*July 2015*

## Results

### Co-location

The co-location of services, meaning the designation of a place at Head Start where WIC staff can see WIC participants, proved to be a useful collaboration activity to recruit and retain WIC families. During the formative research conducted in 2012, participants identified barriers to participation which included difficulty with having to bring children in person to WIC appointments. The pilot project focused on co-location as one of their main priorities and the programs in New Britain continue to sustain the co-location to this day.

Based on the success of the co-location in New Britain, two of the intervention sites, Hartford and Middletown, prioritized co-location for their collaboration efforts. However, due to factors beyond local agency control e.g. implementation of a new WIC management information system, (CT-WIC) and transition to eWIC card for benefit issuance, establishment of a co-located WIC site in Hartford was put on hold. Then, in March 2017, Hartford WIC began to co-locate services at the Ritter Head Start Center. The co-located site operated one to two times per month and on average maintained a caseload of 13 participants over the first year. This level of participation for this co-location is similar to what occurred in the early stages of the New Britain co-location during the pilot.

Middletown's efforts did not yield a successful co-location, primarily due to the relative proximity of the WIC local agency to the Head Start program, and the feedback that participants wanted to receive services at the WIC local agency only. One comparison site (TVCCA) expressed interest in establishing a co-location and will explore this in FY 2018/FY 2019.


*"I think the colocation is great. It's going to be so beneficial to both agencies; to really service those moms who may have dropped off the program and really meet them where they are."*

**COURTNEY ROSSIGNOL,** *Nutritionist, Hartford WIC*

## Results

### Collaboration Scale Outcomes

In addition to significant changes in the systems and activities of collaboration at our intervention and control sites, there was an increase in the overall level of collaboration among both intervention and comparison sites, and WIC and Head Start (Figure 22). This change over time lends support for the idea that staff are interested and able to collaborate, even when given limited support.

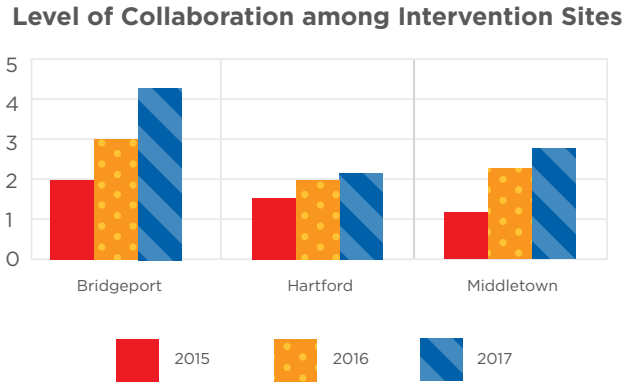
Staff from both programs and from the intervention and comparison sites all said their level of collaboration increased. There were steady increases at every time point. Bridgeport showed the largest gains, followed by Hartford and Middletown.

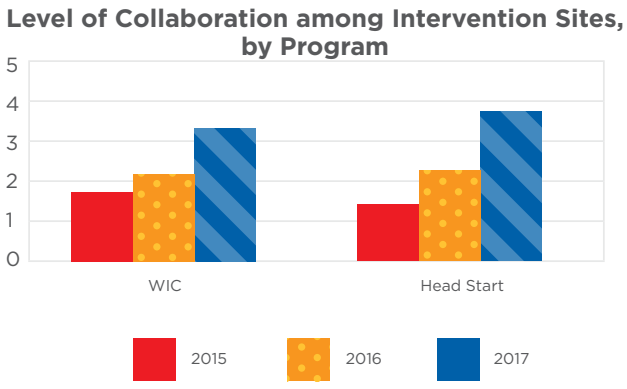
Steady increases for both WIC and Head Start programs can be noted in Figure 22. For the intervention sites, the levels of collaboration and increases over time were very similar between the two programs. Head Start staff reported a slightly larger increase over time compared to WIC staff.

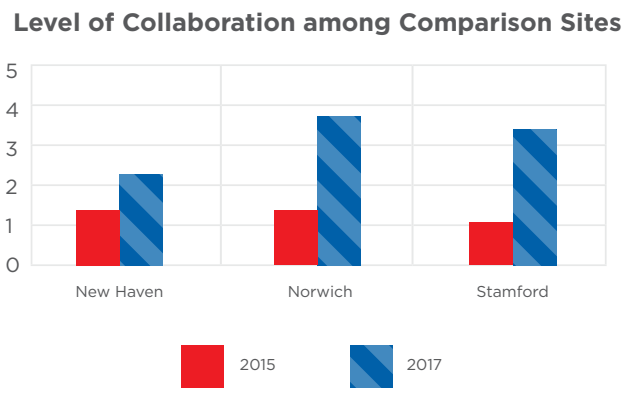
Even among the comparison sites that did not have the benefit of the project liaison, there were increases over time. The increases in collaboration were stronger among the Head Start staff compared to more subtle increases reported by WIC staff.

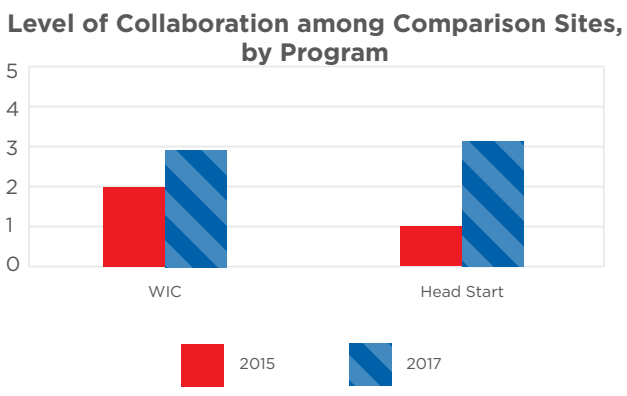
As a result of this systems change approach, the level of collaboration will hopefully increase and be sustained over time as both WIC and Head Start staff continue to work better together.

## Figure 22 Level of Collaboration Between Programs



# Overall Project Challenges, Lessons Learned, And Recommendations

While many collaboration strategies have been successfully implemented, these successes have not come without challenges. Once identified, these challenges were instrumental in the development and refinement of toolkit materials, defined lessons learned and led to key recommendations.

### WIC and Head Start Administrative Differences

Differences between the WIC and Head Start Program administration at the federal, state and to lesser extent local levels could become a barrier to collaboration. In most cases, WIC local agencies receive either federal (United States Department of Agriculture, Food and Nutrition Services USDA/FNS) or a combination of federal and state funding via a State agency. The State agency is responsible for oversight of its local agency contractors. Local agency contractors provide WIC services and benefits directly to participants. The WIC administrative structure allows for more direct State agency control over local operations. However, Head Start, is a Federal to local grant program. The HSSCO is not responsible for funding or oversight for Head Start grantees. Local grantees are monitored by federal staff. Consequently, the HSSCO has less administrative control over local grantees which can impact accountability and collaboration efforts. While this issue did not impact the Connecticut team to a great extent, the project team identified several strategies in the Better Together Project Toolkit materials to reduce any barriers that may be experienced due to differences in administrative structure of WIC and Head Start.

### MIS and eWIC Rollout

From February-June 2016, the Connecticut WIC Program implemented a new Management Information System (MIS) (CT-WIC) and transitioned to electronic benefits transfer (eWIC) statewide. Even though this was a five month timeframe, local agencies were engaged in planning and preparation for the new system a year before the roll-out. As part of the planning and preparation activities, designated local agency staff, termed "super users" were required to work in conjunction with State agency staff on the CT-WIC/eWIC project. This required time away from the local WIC office attending meetings to discuss and review system requirements, working as part of a readiness team on various tasks which included; training and education, policies and business processes, communication and marketing, and technology. In addition, as part of the transition to the new system, agencies were required to close for a week for training on the new system, which meant in the preceding weeks they had to see more participants in order to compensate for the office closures.

Two of the intervention sites; Hartford and Middletown were also a part of the pilot phase of CT-WIC/ eWIC rollout. As pilot sites, these agencies were the first to use the new system as the bugs were being identified and corrected. Staff from these sites were

## Overall Project Challenges, Lessons Learned, And Recommendations

tasked with documenting and reporting any issues they encountered with the system, which required additional time.

In the weeks following "go-live"/roll-out the staff were busy getting acclimated to the new system and more time was spent to educate participants on the use of the eWIC card. The additional time requirements for the planning, preparation and implementation of the new MIS and eWIC impacted the ability of some of the WIC local agencies to follow up on referrals and connect with Head Start staff, potentially limited their ability to fully collaborate during this timeframe.

### State Level MOU Execution

At the state level, execution of the data sharing MOU took longer than anticipated, for reasons outlined in the results section. In summary, due to the complexity of drafting a document that involved multiple parties that satisfied the legal requirements of certain entities, it took significant time to finalize the agreement. Ideally, it would be best to have a formal data sharing MOU or agreement in place before beginning any collaboration efforts in the interest of consistency and efficiency. This did not occur in Connecticut. The MOU was executed in February 2018, one year after the intervention was completed. Based on the experience in Connecticut, the project team would recommend a two-pronged approach to ensure that lack of a state level data sharing MOU has minimal impact on local collaboration efforts. While state efforts proceed, it is suggested to use existing WIC and Head Start regulations, policies and procedures, so local staff can share participant data confidentially. For example, i.e. current WIC Participant Rights and Responsibilities statements or similar document for Head Start. Essentially, the existing federal confidentiality guidelines can be used in conjunction with whatever the state or locality uses for participant consent, until a MOU is executed.

In Connecticut, because of the team's work on the concept paper, focus groups, pilot project and the strong state partnership, between WIC and HSSCO, the collaboration project proceeded, while awaiting final execution of the formal MOU. The liaison provided support for all of the intervention sites to develop or update their existing local level MOU. Project trainings included details on how to appropriately share participant data and maintain compliance within both WIC and Head Start regulations.

### Communication

Maintaining regular communication between WIC and Head Start was challenging but proved to be a key lesson learned in this project. Throughout the project period, local WIC and Head Start staff were expected to meet monthly initially, then at least quarterly, to discuss upcoming projects and events, follow-up on referrals made between the agencies, and set new goals. Since these meetings were part of the collaboration strategies, this structure, helped build and sustain the relationship between WIC and Head Start and maintain the collaboration as an agency priority.

In order to ensure success when considering replication of this collaboration in other states, regions or local areas, at the onset of the project, attention to developing a time frame and structure for meetings with each program

is recommended. Other critical components to ensure smooth communication between programs include outlining a list of relevant contact persons, roles and responsibilities, agreeing to an accountability plan for tasks of the collaboration and formalizing a succession plan to minimize impact of staff turnover.

The Getting Started Information Sheet, found in the Better Together Toolkit, includes a chart of key staff members at WIC and Head Start to help identify a main contact at the collaborating agency and other key staff members that should be involved in the partnership.

### Referral Feedback Loop

Throughout the duration of the project, it was evident that local agencies struggled with following up on referrals once they had been made. Many of the sites were aware of this issue and were determined to continue to work on it in the future. To assist with this challenge the liaison facilitated discussion about the logistics of the referrals process, development of a feedback loop and tracking system. The WIC and Head Start Better Together Toolkit provided a tracking form for recording inter-agency referrals. This form can be used to track what referrals were made and to record the outcome of each referral (Appendix 15). This sheet may be particularly useful when meeting with a collaborating agency to determine if the family was enrolled in the program to which they were referred.

### Staff Shortages and Turnover

Staff shortages at both WIC and Head Start made it difficult for the staff at both agencies to allocate the time necessary to carry out collaboration activities and stay in constant communication with their counterparts at WIC and Head Start. Staff turnover created a need for ongoing staff training about the collaboration intervention so that new staff members could be informed and effectively participate in the project.

It also proved crucial for the agencies to communicate issues of staffing with one another so there is a clear understanding of why there may be a delay in communication or a lack of follow-through. This open communication prevents frustration and helps maintain a strong relationship.

Several strategies were implemented to improve communication between WIC and Head Start including exchanging contact information (phone numbers and emails) of all staff involved in collaboration activities, maintaining an up-to-date contact list, committing to regularly scheduled monthly collaboration meeting, and designating a point of contact for specific collaboration activities, such as referral follow-up, event planning, and nutrition education.

### Head Start Site Changes

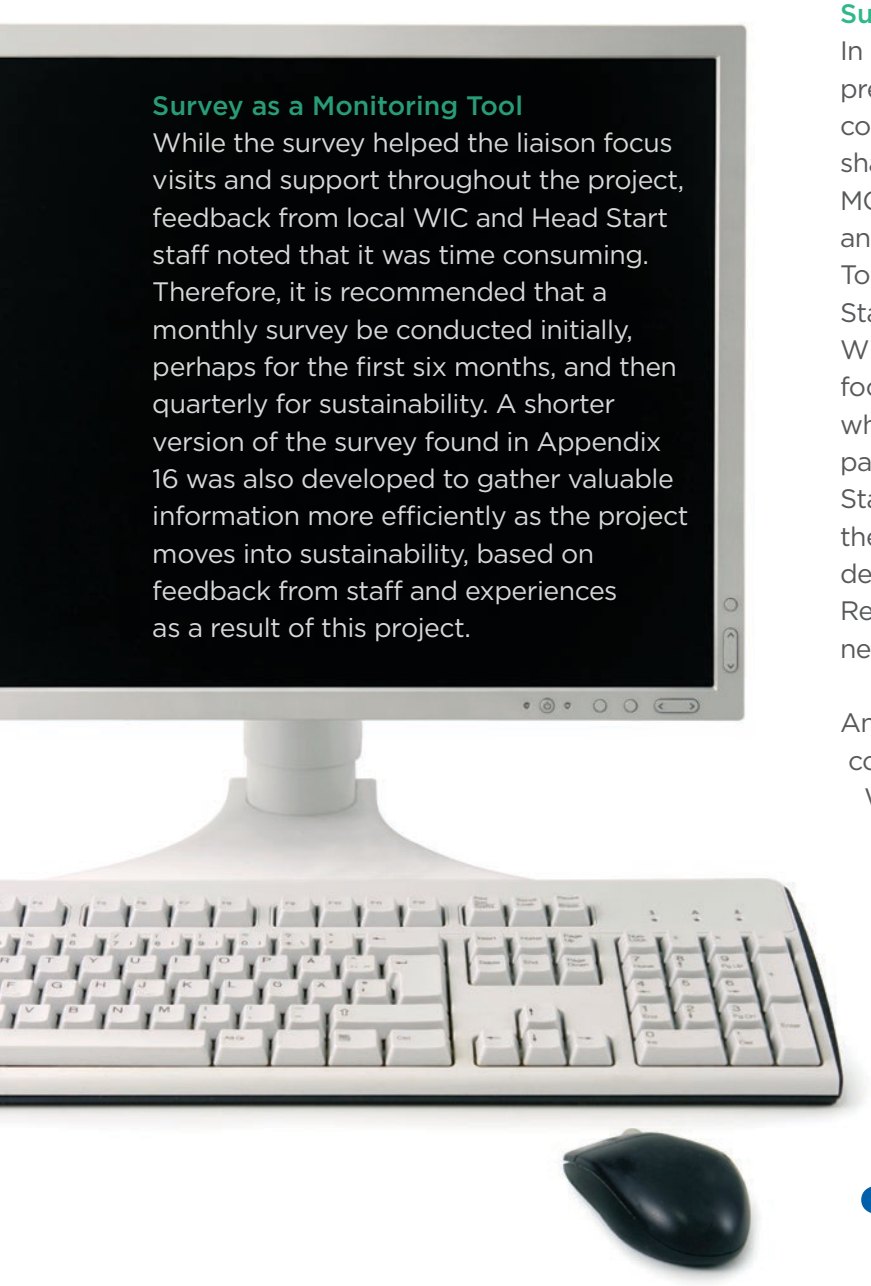
Another barrier to collaboration was the relocation and conversion of Head Start sites. Two of the interventions sites experienced significant changes in the Head Start location(s). Some were converted to Early Head Start sites during the project period. This presented challenges because the intervention focuses on three and four year olds. Early Head Start focuses on pregnant women, infants and children up to two years of age. Some strategies for addressing this barrier involved expanding the scope of the collaboration to include other sites in the city or selecting new locations in which to focus the intervention.

## Overall Project Challenges, Lessons Learned, And Recommendations

Valuable information was documented from the collaboration project that can be used when scaling up the collaboration statewide or among other states. First, it is important to establish a method for identifying families that are not co-enrolled in both programs early on in the collaboration. Next, it is crucial to develop training on collaboration for new staff members so they are informed about the collaboration activities as part of the on-boarding process. The recruitment and enrollment staff at Head Start should be part of the local collaboration team to ensure referral follow-up. Collaborative outreach and recruitment events have proven to be the most effective way to recruit new families for both programs.

### Survey as a Monitoring Tool

While the survey helped the liaison focus visits and support throughout the project, feedback from local WIC and Head Start staff noted that it was time consuming. Therefore, it is recommended that a monthly survey be conducted initially, perhaps for the first six months, and then quarterly for sustainability. A shorter version of the survey found in Appendix 16 was also developed to gather valuable information more efficiently as the project moves into sustainability, based on feedback from staff and experiences as a result of this project.



### Accountability

During the project liaison's varied local agency interactions i.e. monthly meeting observations, survey feedback, and quarterly meeting facilitation, the theme of accountability emerged. The need for accountability was also echoed in the exit interviews. Based on this feedback, the project team developed its final toolkit materials to reinforce the need for accountability when implementing all of the project activities (interagency referral process, collaborative nutrition education and outreach, and co-location). The team developed tip sheets that can be used by either state or local WIC and Head Start staff when planning collaboration activities.

### Sustainability

In October 2017, the project team provided preliminary training to both intervention and comparison site staff on the pending data sharing MOU. The standardized data sharing MOU will be used as the WIC State agency staff and HSSCO facilitate expansion of the Better Together project to other areas in the state. Standardizing data sharing processes, allows WIC local agencies and Head Start grantees to focus on collaboration efforts with confidence while maintaining compliance and protecting participant confidentiality. All local WIC and Head Start programs will be encouraged to refer to the state level data sharing MOU in their locally developed MOUs. The WIC Participant Rights and Responsibilities Form will be updated with the new language once the MOU is executed.

Another strategy planned to sustain the collaboration moving forward is to use existing WIC State agency staff in a project liaison role. Currently, there are four Connecticut WIC Program Nutrition Unit staff that do not monitor the 12 local agencies for compliance. Each of these four staff act as local agency liaisons, and are available for technical assistance to assigned local agencies on

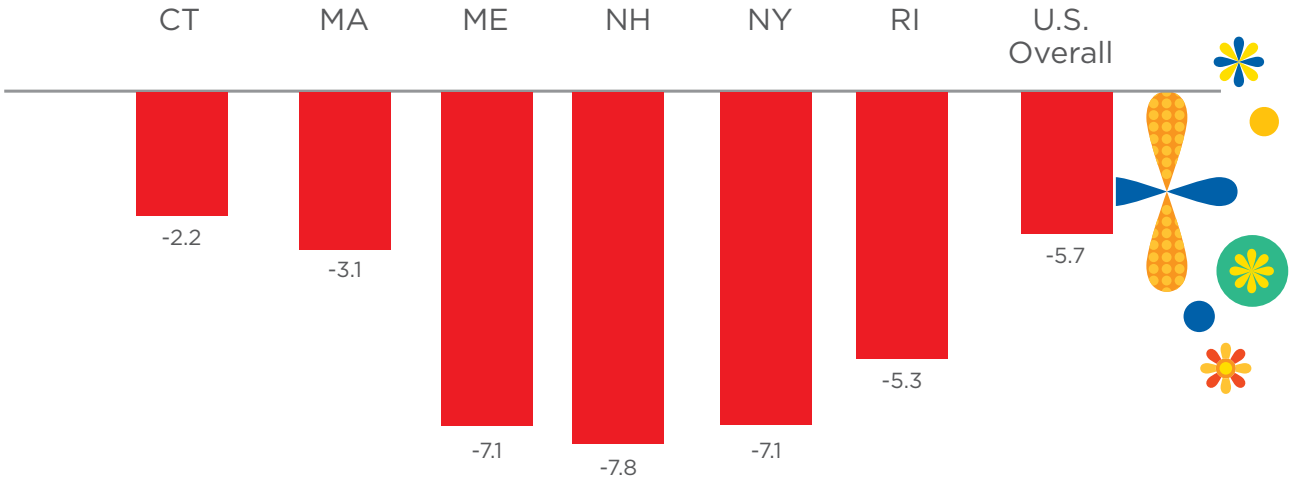
a routine basis. Local agency liaisons will begin to include the WIC and Head Start Better Together collaboration as part of their ongoing technical assistance visits at local agencies. The State agency plans to request up to $20,000 in FY 2018 Operational adjustment funding to sustain and expand the collaboration within the state. Mini-grants will be provided to our pilot, three intervention and three comparison WIC agencies to support ongoing collaborations. HSSCO also has budgeted funds to support grantees with their collaboration activities in its FY 2018 budget.

Due to the transition to the new MIS system during the project period, the project team was not able to access or evaluate retention data over time for individual participants. However, moving forward, the State agency will work with our IT and CT-WIC developers to be able provide WIC retention data for local agencies. This information coupled with access to Head Start co-enrollment data will help the State agency and HSSCO and local counterparts to assess the collaboration moving forward.

As Figure 23 shows, across the nation the percent of families participating in WIC has decreased, though Connecticut has seen below average participation loss. It is unknown if the lower than national average loss of participation in Connecticut is due to the WIC and Head Start Better Together project or another factor. More data collection is needed moving forward to find correlation between state participation in WIC and this specific project.

Figure 23

## Percent Change in Total WIC Participants May 2016-2017




### Feasibility

Although this project was implemented primarily in urban areas of Connecticut, the resources were developed with flexibility in mind and could be used to inform the replication of a WIC and Head Start collaboration in a variety of settings. State, regional or local stakeholders can use concepts and content from the toolkit as is, or may adapt to fit their unique environments, with consideration of their existing resources to implement a system of collaboration that meets their needs.

# Dissemination

A critical component of this project is the dissemination and sharing of resources that were developed as a result of the collaboration efforts in Connecticut, both locally and at the state level. Although tangible benefits have already been realized as a result of this project, the systems change approach will help the partnership between WIC and Head Start continue to thrive beyond the scope of this project. Having the ability to share what the project team learned from the collaboration, as well as general collaboration resources that other states, regional or local entities can use to establish similar partnerships in their areas is important.

### Website

A website was developed to host all materials from the Better Together collaboration project, including a toolkit with self-directed training videos and supporting tip sheet content that the team envisions can shape and reinforce the training module content. State and local resources are included, as well as background information about the project's evolution in Connecticut.

Examples of resources include, the WIC and Head Start Better Together logo and tagline, printable tip sheets, and self-directed training modules. The Better Together website will remain active after the project period and will act as a resource for others interested in beginning a collaboration of their own. It is the project team's hope that other states will benefit from the efforts in Connecticut and gain valuable instruction and information to orient them on establishing a collaboration.

### Better Together Toolkit

The on-line toolkit includes eight training modules that can be viewed as a self-directed training, or as a part of an in-person training on collaboration. The modules are divided into Project Background and Overview, State Level Collaboration and Local Level Collaboration. The tip sheets and video testimonials were developed to support the module content. The tip sheets were designed to guide specific initiatives, as others choose to prioritize certain areas of the collaboration. In addition, liaison forms, sample agendas and various other forms developed by intervention sites are also available and categorized by module.


To access the website please visit:
**https://www.wicheadstartbettertogether.org/**.

# Final Thoughts

Developing a system of collaboration between WIC and Head Start is feasible, but it requires patience, time and resources. The project team was encouraged by many of the challenges faced at both state and local levels of both programs during this Special Project grant experience, because it improved the final deliverables to share with the larger WIC and Head Start communities and provided a solid framework to continue the collaboration.

On January 31, 2018, a national webinar was held, "Coordinating Nutrition Services Across Programs: A Collaborative Agreement Including WIC, CACFP, OCC and OHS" that introduced a memorandum of understanding (MOU) between the Office of Head Start (OHS), Office of Child Care (OCC), Supplemental Nutrition and Safety Programs (SNAS), and Child Nutrition Programs (CNP). The Federal level MOU promotes and supports regional, state, and local efforts to improve program coordination and service delivery for children and families who are eligible for the Head Start Program, Child Care and Development Fund Program, Special Supplemental Nutrition Program for Women, Infants and Children, and the Child and Adult Care Food Program. The project team believes the WIC and Head Start Better Together project aligns with this federal level directive and hopes the work in Connecticut will help other states, regions or localities that wish to implement enhanced cooperation and leveraging of resources to improve the effectiveness and efficiency of services to shared participant groups.

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# Appendices

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