

Collaboration Rejuvenation: Keeping Relationships Energized and Strong

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Project ReNEW: Revitalizing Nutrition Education in the Connecticut WIC Program

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In Connecticut, we have a long history of identifying small pots of money, doing some wonderful assessment work, implementing a small project, and then still having a long list of unmet needs. This project, Project ReNEW, was funded through a WIC Special Projects Grant and, when that RFP was released with the focus on revitalizing nutrition education, we really jumped on it. It took us two tries to actually get the funding, but we were pleased to be able to launch a comprehensive initiative.

I would like to talk about the background of the project, what we actually did, and then show you one of the products, a CD-ROM on customer service. In terms of the need for the project, the findings of the qualitative assessments that had been done over the years were reviewed. In addition, there were changes in the health and social services environment in the State, community health and nutrition issues, as well as a high child attrition rate.

Local staff needs were looked at first. Things that staff liked about their work included seeing positive results with clients, helping others in need, and the variety and fast pace of their work. The thing that they liked least was the WIC certification process, a very labor-intensive process driven by reams of regulation; dealing with difficult clients; and having too little time with clients.

The recommendations for improvement include more and better training, including training all staff on basic nutrition issues. We had taken a few stabs at that over the years, but it had been more than 5 years since we had provided nutrition training for all staff levels, and they were very interested in improved communications and language issues.

The things that WIC participants most appreciated were the money saved through the program, the information and educational services, and friendly, respectful staff. Some of the things that they wanted to change included specific food selections and amounts, which comes up on every list of participant needs, but which was beyond the scope of this project. Attitude problems with stores and staff was also an issue, as was limited hours of operation.

Medicaid managed care had a huge impact on our clients' lives, as did welfare reform of course, and the increasing diversity of our population in Connecticut was another dimension of the changes in the social services environment in the State. Other things that were on our plate were unresponsive iron deficiency among nonanemic children in Hartford, an increasing number of children who were overweight or at risk for overweight, and low breastfeeding duration rates. These are all things that we tried to address through this project.

The project goals were to improve WIC nutrition staff competencies and to improve the quality of interaction between WIC staff and WIC participants in the community. One of the needs that I mentioned earlier was that staff felt they had too little time. We couldn't give them more time, but we wanted to help them have a better quality interaction and perhaps have more job satisfaction because of their enhanced skills. It was very important to USDA that we could sustain the effort, not only in Connecticut, but in other States. We developed both core and elective curricula. We updated and standardized nutrition education materials. We expanded our local agency performance and nutrition care guidelines and produced a customer service CD-ROM to address sustainability.

Initially, we were going to create CD-ROMs for all of the core curricula, but the cost and the time involved in that effort soon became clear, and so we decided to do the customer service component. Finally, we had an ambitious evaluation plan. We had many partners, but our local WIC programs obviously were key partners in this effort.



Key Project Partners

- Local WIC Programs
- UConn School of Medicine: CT Area Health Education Center (AHEC) Program
- UConn Department of Nutritional Sciences: Family Nutrition and EFNEP Programs
- Hispanic Health Council, Inc.
- CT Food Stamp Nutrition Education
- CT Team Nutrition - UConn and State Department of Education



We developed the core curricula for all local staff, customer service, cultural competence, and breastfeeding; and then the elective curricula, as we called it, which had a whole host of offerings.



It was a 3-year project, with a 6-month no-cost extension. So the project technically ended at the end of March of this year.

In the staff development sessions, there were modules that included a leader’s guide and participant workbooks. Case scenarios were developed with input from local staff, and there were exercises designed to build skills. All of our materials, the core modules and the educational materials, will be on the WIC Works website hopefully by the end of this calendar year. We will also be handing the customer service CD-ROM over to WIC Works since they are interested in making it available online.

With customer service, I wanted to go over some of the key principles that we incorporated in the curricula. Challenging situations are common in the WIC Program, and require sophisticated customer service skills. This means effective communication and conflict resolution are very important, as is team building.

Cultural competence and globalization continue to increase the diversity of WIC participants, meaning that local agencies need help to continue to adopt programming approaches that are sensitive and client-centered. One of our goals for the implementation of the training was to minimize the amount of time that folks had to travel, so we did everything on a regional basis. It was important to our local agencies was that all staff be together at the same time for the training so they would all hear the same message. This was one of our very important goals, and we achieved it quite well.

Since CDC identified breastfeeding as one of the four cornerstones to prevent chronic disease, it was very important to get that word out, and we felt that WIC staff needed to be knowledgeable, comfortable, and equipped to promote and support breastfeeding.

Regarding the elective curriculum, we worked closely with the Department of Nutritional Sciences at the University of Connecticut to offer some experiential learning opportunities. Our educational materials consist of a series of seven pamphlets. We had to hold up production of the materials because the new Dietary Guidance System was announced and we knew the new Pyramid was coming, and thought it was important to include those serving sizes.

Before discussing some selections from the CD-ROM, I want to touch on the project evaluation. We had a very extensive evaluation component and worked with an outside evaluator from the University of Medicine and Dentistry of New Jersey (UMDNJ). Unfortunately, we were not able to show any significant changes in either participant satisfaction or staff knowledge or attitude as a result of the project which, of course, is disappointing. We were, however, very pleased to find that overall the baseline customer service satisfaction was very high among the participants.

The CD-ROM is intended to be self-paced and used by an individual staff person, or possibly in small groups. A copy will be sent to each State agency early in 2006.

FSNE and WIC Collaborate on Television Series

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I am with the New Mexico State University (NMSU) Cooperative Extension, and I am really glad to be able to be here with you today. I have been at NMSU for about 11 years and this is a project that we have been working on for about 4 or 5 years. What I am going to present covers several different projects. It is a collaborative television effort between Food Stamp Nutrition Education, WIC, and the third partner to be added, a faith-based organization that has its own television station. This has been a very interesting partnership, and what I hope to do in this session today is not provide so much detail about what we have done, but encourage you all to think outside the box.

I have been working in media now for most of the time that I have been at NMSU, but I didn't have any training in it. We are lucky to have an Agricultural Communications Department that is excellent, and I just learned on the run. There is always more you can learn, but the thing that I have discovered is that if you look and find different partners, there are things that you can do to make media development a lot easier and a lot less expensive. I hope to share some of those tricks with you and get you thinking about some ideas that you would like to implement in your own State.

So, why do we want to do something on television that includes Food Stamp Nutrition Education and WIC? Well, WIC and Food Stamp Nutrition Education certainly are good, but we know that alone they are not enough. We can't possibly compete with all the marketing and media messages out there with a little half-hour session, and if we are really lucky we may get an hour maybe in Food Stamp Nutrition Education.

What are some of our challenges? Time is really short. Staff time is really short, and hopefully they are not short in the way that they deal with their participants, but we don't have a lot of staff to be doing a lot of multisession programming. We have so many messages that we try to feature--how on earth can we get those across effectively in just a

few face-to-face sessions? Our audience is really squirmy because, as you know, you have moms with kids of various ages, you have people who are working two or three jobs who are having trouble staying awake, and you have people who are hungry. It is a challenging place to try to do nutrition education so television seems like it might be a nice alternative.

Television programs can air at different times, which is really valuable. If you think of a breastfeeding mom, when will she be watching TV? Probably in the middle of the night when everyone else is asleep except for her and the baby. You can air shows more than one time, so it doesn't have to be like all of the television sitcoms where you see a new one every week. You can get a lot of repetitiveness, and we know that that repetition is very effective in teaching. We can also try to counteract some of the food marketing messages that we hear, but this is challenging. I know that we are never going to be able to do that entirely, but I think that if we can take the plunge and say, "Look, we can do this, too," it shows people that those aren't the only messages out there. We don't have to pay a lot of money to do it and it doesn't have to be super fancy. One of the funny things I have found is that people really like folksy programs; things that look real and that they can identify with. It doesn't have to be perfectly produced. Also, TV is perceived as fun. TV can be a fun medium to get people interested in learning.

What are some of the barriers to using television? Obviously, it is expensive. Normally, it is about \$1,000 per minute for production, and that is on the cheaper end. When we work with our Agricultural Communications Department in NMSU that is about what we get charged, and that is pretty cheap when you think about it. This means that a 30-minute program costs about \$30,000. Production is very time-consuming, and I warn people ahead of time about this. Create something much simpler than you think you want to do, because it is going to become more complex no matter what happens.

After you complete production, you need to decide where you are going to air it. You have to find a station that will air it for you, and it can cost money to secure some air time. It is challenging to get the space and times that you want. Finally, targeting your audience may be tricky. How do you know that the people you are trying to reach, the food stamp-eligible population, is actually watching the show? You don't necessarily.

I want to quickly tell you about our project partners. I work with NMSU Cooperative Extension, and we receive funding from FNS for the Food Stamp Nutrition Education Program. We work through our Food Stamp Program in our State office which goes through the NM Human Services Department, Income Support Division. Extension also partners with WIC. The farmers' markets in New Mexico are another collaborator that joined in on the third phase of the project, and then, of course, the television station.

This television station is located in Albuquerque. The signal reaches 900,000 people, which may not seem like a lot to those of you who live in large metropolitan areas but, in New Mexico, that is a large portion of our population. In fact, the signal actually reaches into parts of Colorado and Arizona.

If you are familiar with television, this is one of the things that I want to stick with people today. There are things called noncommercial education stations. Those are normally thought of as public stations. The thing that people don't realize is that many of those stations are actually religious, and the reason I make that point is that religious stations have an obligation to do some educational programming. They can't only broadcast religious programming. For example, the programming that this station does, according to their description, is devotional, educational, and family entertainment. So they will have a lot of programs that are primarily Christian. They also do some Catholic masses in Spanish, which are very popular. They have some family entertainment, which I think is quite interesting because it includes shows like "Hogan's Heroes" that seem to be very popular, and then educational programming as well. This shows that they are working with other organizations. They also do some things with Home Depot which provides assistance with home improvement tasks. The other thing that is interesting is that they also now have a sister commercial station. So we were able to start airing there as well. I will tell you more about the whole noncommercial education station thing, but keep that in mind and look into it in your area to see what stations and options are out there.

I want to go over the contract in some detail because it is pretty amazing what we were able to get. First, we got studio time and staff from the television station. That was to produce and edit. Those of you who have done television or video work before, if you are linear editing and you decide after the 30 minutes are all put together that you want to change something in minute three, you have to go back and do all of those edits all over again. But if it is nonlinear, it is very easy to make changes, and this TV station's editing systems use the more modern equipment. The station told us that our program would air twice a week for a year, and if you think about it that is pretty good coverage. They also taped a brief PSA that advertised our program which they broadcast a couple of times a day as specified in the contract.

After the programs have been aired on the channel, we get to keep all of the edited programs. That is really unusual. If you work with a commercial station this is going to cost you more or else you are not going to be able to keep them. We even get to keep the raw footage which is nice, because this means that we can put together videos using the footage that might be a little different, a little shorter, for a different audience. How much do you think this might cost? Remember, we are considering half an hour of a program times 52 weeks. We actually paid an incredible \$200 a week. I hope that is an incentive to continue on with the idea that you have been dreaming of.

In the three years that we have been working with KAZQ, we have done three different types of programs. The first was "Long Live La Familia," which many of you may be familiar with. It is a soap opera that deals with nutrition issues. Originally, we created it for use by our educators in their classes, so it is not a stand-alone video. We have received so many requests to make it stand alone that we did that with KAZQ, and it was a wonderful opportunity. It is a bilingual video. I did half of the episodes in English, half in Spanish, and we aired them in both languages on the television show. That lasted for a whole year.

Then we did the “WIC Healthy Families,” and this current year we have just finished “VIGA” which includes 10 episodes. “VIGA” stands for “Vegetables In Great Abundance.” I visited five different farmers’ markets, and shot two videos at each market. One of the main purposes of these videos was to encourage use of the WIC farmers’ market vouchers. Each video also included studio segments where I made a recipe from the items I had bought at the market.

“Long Live La Familia” was simple in some ways because we already had most of the video. We were just adding in segments to make it stand alone. That included food preparation, some discussion activities, and I was the only person in the studio, so it was pretty easy and not as time-consuming. It was easier for me to direct myself.

“WIC Healthy Families” had an extensive brainstorming period where the WIC folks talked with staff and participants about what types of things they would like to see. All the episodes were entirely new footage. They were modeling healthy parent-child interaction; and putting children on screen is really challenging. The production was very complex. Each of the four shows was an entirely different format, and there was different talent each time. For this project, four shows was a lot for a year. The four shows covered physical activity, cooking, making baby food, and breastfeeding.

Our biggest challenge was our breastfeeding video. The WIC people were so excited to be able to show moms breastfeeding. We did a facilitated discussion, and then we ended up with this horrible controversy. Due to the Janet Jackson Super Bowl situation, the station said that they couldn’t air the video in that format. They wanted to make it look fuzzy so you couldn’t see any breasts, and of course WIC didn’t want to air the programs that way because it sent the wrong message. What we ended up doing was getting the original footage and airing it on a local access station. So it wasn’t perfect, but WIC still has the video.

I encourage you to take this dream home with you. Check into people who can help you in your community and other FNS providers. This is something that is really a lot of fun. Don’t bite off more than you chew, but don’t be afraid to try it. Thanks very much.

Start by Eating Right: Promoting Healthy Eating in Young Children Through Partnerships With Head Start and Other Community Agencies

Angineeki S. Jones, MPA, Program Manager, Share Our Strength, Washington, DC

Today I will talk to you about Share Our Strength’s Operation Frontline Program and how we use collaboration to provide our nutrition education. I will use our most recent partnership with the Head Start centers in Massachusetts, New York, and Illinois as an example. I also want to share some of our best practices for successful partnerships and offer reasons why you should partner with community-based nutrition education programs such as Operation Frontline.

Promoting Healthy Eating in Young Children through Partnerships with Head Start and Other Community Agencies



About Share Our Strength's Operation Frontline Program

Share Our Strength's Operation Frontline is a national cooking-based nutrition education program that mobilizes volunteer chefs and nutritionist to teach low income families basic skills in cooking, nutrition, food budgeting and food safety.

About the Head Start Partnership

In 2004 Share Our Strength and Operation Frontline programs in New York, Illinois, and Massachusetts partnered with Head Start to hold 23 Operation Frontline nutrition classes reaching over 200 Head Start parents. After taking Operation Frontline's six-week classes, 97% of parents reported that they are making food safer for their children, 92% report improvement in cooking skills, and the majority of parents reported that they learned something new about infants and toddlers. This project was made possible by support from the Pritzker Early Childhood Foundation.

We all know that food and our experience with food as children has an effect on how we relate to food as adults. With Operation Frontline, we believe that we are creating fun food memories for the hundreds of people that participate in our program every year. Operation Frontline is a cooking-based nutrition education program that uses volunteer chefs and nutritionists to teach the classes. The focus is on people that are at risk of hunger, and we try to emphasize cooking skills, nutrition, food safety, and food budgeting. Participants learn to cook delicious, healthy, inexpensive meals in this class.

Since the program was established in 1993, we have held over 2,000 classes with over 32,000 participants. It is a very interactive approach to nutrition education because the volunteer chefs make the nutrition classes come alive. The low-cost recipes are the focus of the lessons. Each participant fully participates in the cooking process and then gets a bag of groceries to take home to practice those recipes at home. Each adult participant goes through a grocery store tour, to practice their food budgeting skills, and learn how to select fresh produce and meats.

In 2004, with the support of the Pritzker Early Childhood Foundation, we developed partnerships with Head Start programs in Massachusetts, Illinois, and New York in hopes of having a greater impact on more young children in these States. In the Head Start classes, we used the combination of the adult curriculum entitled "Eating Right," and the early childhood addendum, "Start By Eating Right." The latter has tips for feeding young kids. The goal is to teach the parents of young children the skills that they need so that they can pass these habits onto their children. We don't focus on teaching these small kids about nutrition, but hope that the parents will be able to influence their children.

During the initiative, Share Our Strength established five new partnerships in six cities and strengthened an existing partnership in an additional city. In these six cities we taught 23 classes, serving 200 participants; 97 percent of our participants reported that they are making food safer for their children, 92 percent of parents report improvement in cooking

skills, and a good majority of the parents reported that they learned something new about infants and toddlers after completing the Operation Frontline program.

We attribute our success to our collaborative operating model. There are essentially four components to the collaboration. Share Our Strength is the national organization that created Operation Frontline. We partner with organizations that run Operation Frontline locally in 14 different States. Those partners hold the classes at community-based organizations, and the volunteer chefs and nutritionists teach our classes. For example, Share Our Strength in the District of Columbia partners with the Capital Area Food Bank that operates the program. Capital Area Food Bank then goes to a parent-childhood center that hosts the Operation Frontline class.

The national office provides the curricula, the guidelines for successful implementation, volunteer management tools, training, technical assistance, access to the network of Share Our Strength volunteers, and ongoing program evaluation services. The local partners have full-time staff that run the Operation Frontline program. The staff are dedicated to recruiting volunteers, and they have connections to the local community agencies where the classes are located. They are the primary managers of the program. The local community-based organizations recruit the participants, provide space for the classes, assist with implementing the program at the site, and provide funding and other resources, for example, travel services or babysitting services for the parents.

Promoting Healthy Eating in Young Children through Partnerships with Head Start and Other Community Agencies

Operation Frontline's Collaborative Model



We attribute the success of Operation Frontline to its collaborative model, in which local Operation Frontline programs work with community-based agencies and volunteer chefs and nutritionists to bring the nutrition classes to the local community. During our partnership with Head Start, we identified several practices for collaboration, that made the partnership a success.

Best Practices for A Successful Partnership

- 1. Have shared vision and mutual goals.**
- 2. Understand and respect one another's organizational structure.**
- 3. Communicate the value of your contributions.**
- 4. Understand your partner's contributions.**
- 5. Gain buy-in on all levels.**
- 6. Invest time and resources needed to successfully implement the project.**
- 7. Nurture and sustain the relationship.**

During our partnership initiative with Head Start, we learned a number of best practices for successful partnerships. The first is that you must have a shared vision and mutual goals. When you go into a partnership with an organization, just ask yourself what makes sense and who shares the same vision for nutrition education that you do. With Operation Frontline and Head Start, it was a perfect match because both Head Start and Share Our Strength are in the business of giving children a healthy start and supporting the family.

The second best practice is that you must have an understanding and respect for that organization and knowing what the structure is. You want to know who you need to talk to in that organization. Who is responsible for the nutrition programming? Who is already there

that I know can be a champion of this partnership? That all may seem like common sense but, before we went into this partnership, our staff was trained on the Head Start structure by Head Start staff who taught us the best approach to partnering so we could go into it with the knowledge.

The third best practice is to have valuable contributions. I know we all believe that we have valuable contributions, but the other organization must perceive your contribution as valuable and you have to believe that their contribution as valuable, or else the partnership will be unbalanced. You want to make sure that all parties feel like they are contributors to the partnership in order to sustain it.

The fourth best practice is that you have to work really hard to gain buy-in on several different levels. With the Head Start program, the successful local managers went to region managers as well as regional nutrition educators. After gaining buy-in there, they went to the Head Start centers, built a rapport with the staff, and attended policy meetings to build a rapport with the parents. There are often many different layers in the organization that you can rely on.

The fifth best practice is to invest the time it takes to implement the project. Often, we have a very lofty idea of what we want to accomplish. We devoted a full-time staff to implement the Operation Frontline program on the ground. You may not be able to devote a full-time person to your project, but at least you need someone who can spend a good portion of their time seeing the project through.

The last best practice is to nurture the relationship. There are many ways to do this. It can be something as simple as unexpected phone calls, to working on projects that are related to the partnership, to putting each other on your correspondence list.

In conclusion, we have learned from Head Start that they value community-based programs like Operation Frontline because they attract participants to the idea of learning nutrition and learning cooking. These classes also allow Head Start centers to deliver nutrition education services in a different way. During our project, Operation Frontline was not the only nutrition education services that the Head Start center provided, but this was a unique way to add to those services.

We can all leverage our resources. Share Our Strength has resources with our chef networks and our food bank partners, and corporate partners, and you have resources to bring to the table as well.

Collaboration enhances the quality of the learning experience. The more people you have around the table with many interesting ideas, the more you can do to enhance the learning experience. The bottom line is that, whether or not our goals are to improve nutrition education among children or to end hunger in America, we are probably more effective at reaching those goals if we work with each other.

Collaboration - A Key to Enhanced Nutrition Services: A County Case Study

Bonnie L. Broderick, MPH, RD, Senior Health Care Program Manager, Nutrition and Wellness, Santa Clara County Public Health Department, San Jose, CA

Good afternoon. I am from Santa Clara County in California. The focus of my presentation is on county-level strategies that we have employed in Santa Clara County to maximize efficiencies and avoid duplication of efforts of the sister Food and Nutrition Service (FNS) programs. Although the focus of the presentation is on how we are working together, just as we don't want to work in silos, we don't live in silos. Some of the work that I will present and some of the activities that we are doing reach a broader proportion of the community, not just the FNS population--that is how we are going to make the community-level changes that will start to reverse this obesity epidemic.

Santa Clara County is in central California, in the Bay area also known as Silicon Valley. We have 1.7 million people in our community, and a lot of diversity but it is really a blended community. The history of Santa Clara County is a history rich in agriculture, but then along came technology and Silicon Valley. Now, we have a lot of industry and business in the northern part of our county, and still have a lot of agriculture in the southern part of our county. Our two largest populations are Hispanics and Latinos. About 60 percent of the low-income community are Latinos and about 12 percent are Vietnamese. We have the very wealthy and then people who don't have a lot. We are trying to look at the folks and the businesses that do have a lot of money and resources and how can they provide support for our nutrition education programs to serve the community.

We have 351 public schools and 33 different school districts. When we talk about program implementation, keep that in mind. This probably adds some headaches for us, but there are a lot of diverse things we can do. We have 76,000 students who are eligible for free or reduced-priced school breakfasts.

The focus today is going to be on the three core FNS programs in our county. We have the WIC program, the USDA Cooperative Extension--EFNEP, and the Nutrition Network. Each of these programs has strengths that they bring to the table. We operationalize our activities in a slightly different manner to extend the services, the reach, and the impact in the community.

We use both the social ecological model and the spectrum of prevention. Again, having several nutrition programs that have State counterparts, we are the counterpart for the State. We have one part of our State network that asks us to do things in a social ecological model, and WIC has us using the spectrum of prevention. They are similar models in terms of looking at how I make change in the community, working with the individual through policy levels, and recognizing that, to change the community, we can't just keep focusing on the individual. If the community that an individual lives in is obesigenic and toxic it is not going to work to just work with the individual. So we look at and model our practices and we utilize a model during our program design.

I want to explain some of the strategies that were implemented at various levels of the model. There are five different levels. The first level is the level of the individual, and that is a core level, and then we have the interpersonal, the institutional, the community, and the social structure policy level.

I managed the nutritional wellness unit for the Public Health Department. Right now we have five different funding streams. I am very aware and cognizant of the different requirements within the funding streams, and we are looking at ways that we can be aware of that and still make the changes in the community that we need. We utilize county general funds, grant funding, and others to expand and enhance our services.

I am going to focus now at the individual level--this is the core level in the spectrum of prevention. This is a level where a lot of our activities and services occur in WIC and in EFNEP, which is managed by Cooperative Extension in our State, in our county, and also by Network. We are working on skills, knowledge, and attitude to get behavior change and trying to work with individuals so they change their behavior to have better eating practices as well as physical activity, and hopefully utilize food stamps.

We have a large number of classes, and our WIC program staff are very busy. People who know and love WIC know how busy you can be just meeting your caseload and the day-to-day activities within WIC. We also have many wonderful programs and projects the State WIC program has developed that we are trying to integrate, implement, and move forward. Our WIC team is very busy on a day-to-day basis and, at the Network team level, we have them help support and develop some of the classes that are then utilized by the WIC teams. That is one of the ways that our WIC and Network team work. The classes of course have to fit Network. It is fruits and vegetables and food stamps. The WIC staff develop the other classes and continue to implement them.

We also have a wide range of classes in the community with farmers' markets, at the flea markets, and at various neighborhood groups. We are working right now on National Health Week and getting ready to work with all of our clients. All of the community will be participating in that event, and we look at what each of our partners can bring. Cooperative Extension has carved a niche for themselves in our community as being the leaders in food demonstrations, cooking, and budgeting. We also have community-based organizations (CBOs), and in the schools, so our Network team stays away from that.

We will work with other agencies that want nutrition and physical activity classes and that are also interested in taking a few steps in trying to change their organization or set policy in their organization to really make a difference. So, we divide and conquer, figuring out which organization is ready for what, which agency wants to do what, and that is how we move forward and share our community-based organizations, schools, and churches. There much work to be done in the community at the individual level. Again, we can't do it all. We have just a few staff, so we have to work with our partners to get the classes out there and to get the one-on-one taken care of in a creative way.

Nutrition Network and WIC work with nutrition newsletters. Our WIC team didn't have time to develop the newsletters, so the Network team, in consultation with the WIC staff, designed a prototype, and then the WIC staff worked with the WIC clients on the needs assessment. The newsletters are in English and Spanish. The WIC staff do that part of the evaluation for us in terms of the beginning needs assessment, and then the Network team works on the content utilizing WIC focus materials and messages as well as Network materials and messages. We are not creating anything new, we are just shifting it into a different format. It can then go out to the WIC clients. Then, the Network team develops and designs the evaluation, the WIC staff gives the surveys to WIC clients, and back to the Network team for the analysis and determination of where we are going to go next with the newsletter.

Those two teams work very closely together. It helps that Network and WIC are both in the same unit and that some staff are colocated. We have seven WIC sites across the county, which is great for the clients. It is harder for the staff to work together on projects and activities. If we go to the farmers' market, WIC's role is educating the clients with the resources with the farmers' markets' time. We give out the vouchers. They give out the maps of where the farmers' markets are, and then the Network staff will be out at the farmers' markets actually manning them along with the Cooperative Extension EFNEP staff.

One more thing about the individual level—we have agreed on shared messages. There are so many things that we can say and do in the community, and there are a few core messages that we have agreed on across the agencies. One is fruits and vegetables, which is in part of our State SNAP. Another one is a breastfeeding promotion. Another one of is food stamps promotion and physical activity. We all work by funding streams and by conscious decision that those are the four messages that we are going to promote continuously.

The next level on the spectrum of prevention is working with others who influence and are seen as leaders by our target population, which is our FNS clients. We are looking at who it is in the community that our clients look to and can be influenced by in a kind of interpersonal level. That is the second level, and that again has a variety of activities and services on the interpersonal level to spread the word and get more people involved.

The second level up is the peer provider training. We do a lot of peer support training and train the trainer in various areas. We work hard in our community, do a lot of training, and our Network staff are the key staff that put together the trainings. If it is a training on food access and food resources in the community, the WIC staff will be there and talk about WIC and the value of the WIC program. EFNEP will be at the table saying what they do, and highlighting their programs and the resources and support they can provide. Network will be at the table talking about some of the programs and projects that we have, and then the community at large, teachers, CBOs, and administrators will also be at the table. They serve the communities that we also serve, and they can then take that information back and reinforce the messages that we are giving and reinforce it in their settings. We also have "Power Play" which is Network funded.

On the institutional organizational level, we look at practices and policies at an organizational level. If you have practices and policies at an organizational level, it is the rules that we all follow. I work for Public Health and we have a lot of rules. I work with the county and we have more rules. If you can reach people at the institutional level, you can reach a large number of individuals, and we do this at the work site. We use our work site as well as community-based work sites to start to change the norm. I will give you two examples of this.

One is workplace interventions related to physical activity and nutrition. It started with WIC and then with the Nutrition Network staff. The Network staff then took what we had learned with Fit WIC as well as what we have in terms of support from the Network, our State Network and their fitness challenge, and came up with a local fitness challenge. That was the Public Health Department staff tracking their fruit and vegetable intake and their physical activity. So again, the Network team came up with the tools in a little package, and it was going to last 6 weeks. We had the head of our Health Department, our director, and our health officer become the champions.

Then we fade back because now it is somebody else's project. Our Health Department took it on, the leadership of the Health Department has a fitness challenge and it got very competitive. They did it across the whole department and we were amazed at how many people participated and how much fun people had. Getting those little vignettes back from people about how fun it was and how much it changed their eating behaviors and physical activities was very inspiring for us. Of course, we had to do a formal evaluation. We did that so we could improve upon the second year, which we just finished, and we will move onto the third year next year. Our clients are seen in many places. They don't live in our little silo of nutrition.

We took that one step further. We have several leadership teams in our community, and one of them is the Steps leadership team for the CDC grant. They wanted to hear about the fitness challenge. We packaged the resources, did a 1-hour training, gave it to them, and then they were responsible for implementing it across the leadership team. They all competed, and then they took it back to their organizations. Then, the YMCA picked it up. Again, not our target population. They serve our population, but we are not doing anything at that point. It has got a life of its own and others are utilizing it. Four of our schools picked it up. The teen pregnancy program picked it up. Cooperative Extension picked it up and did a fitness challenge. Some of the faith-based groups picked it up, and then our board of supervisors picked it up and decided it is going to be county-wide program for all employees.

So what you start at one place can have a much bigger reach than you even intend. We might have our vision for our client, but the need is much bigger than that. If somebody else will take it on and go with it, they then produce the materials and resources. We have done the technical assistance and the design. It can start to reverberate throughout the community and start to create change.

One more institutional organizational change that we thought we should take the lead on was coming up with nutrition and physical activity policies and breastfeeding policies. WIC came up with the breastfeeding policy, and it was the ideal place for it to come out of since it is one of our four messages. We looked at a lactation accommodation law in California that says you must have a place for all women to lactate which is not the bathroom. We have to get away from the bathroom as a place for feeding infants and preparing food. The State of California agrees and we decided we should again be a role model, show that we support our legislators as they support us, and put together a breastfeeding promotion policy. We have been very successful, and we have had very interesting partners. We have private industry asking for assistance. We have two very strong advocates on the City Council who have added it as a requirement in the building design of the new San Jose city hall. They said that is not enough. We are getting a new airport. We are going to put them out there, too.

You never know who is going to want your help, and if you have these tools in your pocket that you are using for your own programs, don't forget to get them out to others. You don't even know who else can take them and do a much better job than we are. We have found some interesting places that our work has gone to; and then we get media attention, the broad picture, and it is a good thing for all.

Going up the spectrum to the community level, we are again faced with the question of how do we continue to move out and start to make the change at a broader level. This is where we are probably going past our FNS funding in some ways until it can change, and we are doing the technical support, the education, and resource sharing. We make a point of not being left out of the high-level policy meetings and planning meetings and all of these wonderful initiatives are coming out in our community.

You can define community in many ways and it can be defined in any way that you want to design it in the spectrum of prevention. It is a large group of people who want to work together or do things together. You can say the community is the neighborhood. You can say the community is your Latino community within your county. You can say your community is the faith-based organizations.

I want to tell you just two things from this that I hope will be interesting. Two folks on this panel mentioned the psychology of eating, and it is not just the food you feed people, but it is the environment that you feed people in. It is the whole feeding relationship. How many of you are familiar with Ellyn Satter's feeding dynamics? She is a R.D., M.S.W. who has done years of work on the whole feeding relationship. It is the parent's responsibility to put out healthy food, a variety of healthy food, and then it is the infant's or child's responsibility to choose how much they want, when they want to eat it, etc. That is very simplified, but the point is that when we are giving these nutrition education messages like "Eat your fruits and vegetables," it is much more involved than that in terms of why people eat what they eat, where they eat what they eat, and how they eat. To have healthy eating behaviors for a lifetime, there is more work and research saying that you really need to look at feeding dynamics.

So, in our county, we decided that feeding dynamics was an area for which we needed high-level partnership so that we could start to shift the community norm to understand that there is a value not only in what you eat, but the whole feeding situation focusing on young children. We know that children's eating habits and behaviors begin very early in life. So we looked at the partners who work with young children and decided that we were going to institutionalize feeding dynamics, the concept as well as some education research materials.

The partners on this were pediatricians, the WIC program, and again EFNEP. We have a couple of child care coordinating councils, and again we wanted to work together to determine or to set up the norm of feeding dynamics.

We also looked at what else is important to do other than feeding people and came up with having mealtime as family time. It is a campaign that came out of this group working together, and the results include a core set of messages across the whole community that sees these children we are trying to serve. When they go to the pediatrician, they are going to get the message. When they go to WIC, they are going to get these core messages at various ages. It is very structured so that, as these children get seen, they get the same messages. We know that to change behavior you need to hear the same message many, many times—that is one of the reasons why we took this on.

I know that this may not ring for everybody as much as it is ringing for me in Santa Clara County, but you need to be at the community level. If you want to facilitate change, you need to be where the leadership is in your community. Your messages get into the hands of those folks who have a much broader reach and who have the money and resources to take those messages and disseminate them far and wide.

We have a couple of organizations in our community that have taken our messages and developed these beautiful, high-tech, slick curricula for all the schools in Santa Clara County; these curricula include month-by-month activities that the kids can do. Our contribution is to simply provide the resources, nutrition information, activity, and try to give them current research and information so that correct information gets to the children, and it is as we want them to have it.