

City of Dallas WIC Clinic

Summer Feeding Program

Medical Model



BACKGROUND The City of Dallas WIC Program participated in a pilot Summer Feeding Program in the summer of 2016. Similar to the medical model used in hospitals, the Summer Feeding Program offers reimbursable meals to children under 18 who visit a participating WIC clinic for any reason. Last summer, the City of Dallas WIC Program served 8,375 meals in 7 out of its 19 clinics. This was the second year Texas WIC clinics participated, and the first year that Dallas utilized this program.

THE BEGINNING STAGES The Summer Feeding Program in Dallas was led by Ana Torres, RDN/LD. She and her team started preparing for the pilot program 8 weeks before the beginning of summer, hiring temporary, contract workers and partnering with the North Texas Food Bank. In order to familiarize WIC leadership with the program, North Texas Food Bank trained WIC supervisors in serving protocol and logistics. Once the program began, supervisors and staff members were thrilled to see it in action.

At a glance...

- 7 out of the 19 clinics in Dallas participated in 2016
- 8,375 meals served in summer 2016

This past summer, the City of Dallas WIC Program was an open-restricted site, which meant that while the program was not publicly advertised, children enrolled in WIC and children who happened to visit the clinic for any reason, could receive a reimbursable meal. An open-restricted model was used to control attendance, as space at the clinics was limited. At most sites, the program ran from 10 AM to 12 PM.

Want More Information?

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WHAT MAKES WIC UNIQUE At WIC, it is very important to have a safe and appropriate menu for young children, ranging from 2 to 5 years old, in order to prevent choking. Thus, the WIC menu is unique as many feeding sites do not offer suitable food for young children. Mothers can bring their young and older children without

worrying about who can eat and who cannot. Children can also eat anywhere on the premises, making the program flexible. While the parent is responsible for supervising the child while eating, WIC staff members engage children and parents alike, informing them of the many ways they can participate in the program. For example, parents can locate other feeding sites via text to find the closest location near them. WIC staff members also pass out fliers with other resources, including feeding site locations.



PROGRAM SUCCESSES After overseeing the program, Ms. Torres mentions that the pre-packaged meals (delivered in coolers) helped streamline the process, as no meal preparation was required and the food was still nutritious. In fact, this past summer, over 96% of children liked or loved the meal they received. Additionally, it was less messy; the meals were organized and separated into different packages.

PROGRAM CHALLENGES Ms. Torres cites awareness as one of the challenges with the Summer Feeding Program. Many parents did not know that this service was offered. In fact, approximately 2/3 of Texas parents were not aware of this program. Therefore, Ms. Torres suggests that better marketing and signage are needed to increase knowledge about the program—and how easy it is to participate. Another challenge was the uniqueness of each site. The level of participation varied depending on the size and location of the clinic. Additionally, the hours of operation varied; some clinics had more traffic after 12 PM, for example. Food waste was also a hurdle. To account for this, Ms. Torres and her team served low numbers at first in order to estimate how many meals were actually needed each day. The City of Dallas WIC Clinics tracked meals served by using a link called link2feed, through which they checked the temperature of the food, logged in hours, and counted meals served and meals not served. Using this link, staff members were better able to account for the number of meals needed each day.

“It takes a village to raise a child. It also takes a village to fight hunger and feed a child.”

**Ana Torres,
RDN/LD**

LOOKING FORWARD Next summer, Ms. Torres hopes to engage more of the clinic supervisors and staff in regards to logistics, food tastings, and training. To increase awareness, Ms. Torres plans to include inserts about the program in the benefit packets that are handed out in March. She would also like to expand the 1-week menu to a 2-week menu, including hot meals. Additionally, for next summer, Torres and her team want to have more time to plan—as early as January. Further, to engage more of the community, Torres is hoping to start a paid internship program that focuses on the Summer Feeding Program.

When asked why this program is so important, Torres said that “It takes a village to raise a child. It also takes a village to fight hunger and feed a child.” Additionally, she said that “food is comfort for the soul.” After just one summer, the City of Dallas WIC Program experienced tremendous success, and Ms. Torres is looking forward to improving this program each year. In addition to Dallas, other Texas cities are participating in the Summer Feeding Program, including Austin, San Antonio, Amarillo, Houston, and Laredo.

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CHILDREN AT RISK is a research and advocacy organization promoting the wellbeing of children in Texas. We are reaching out to hospitals across the state encouraging and supporting their efforts to adopt and implement the Medical Model. As part of our outreach efforts, we are developing a series of case studies featuring the best practices of hospitals implementing the Medical Model across the United States. These case studies will serve as a reference and guide for hospitals interested in using the Medical Model.

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