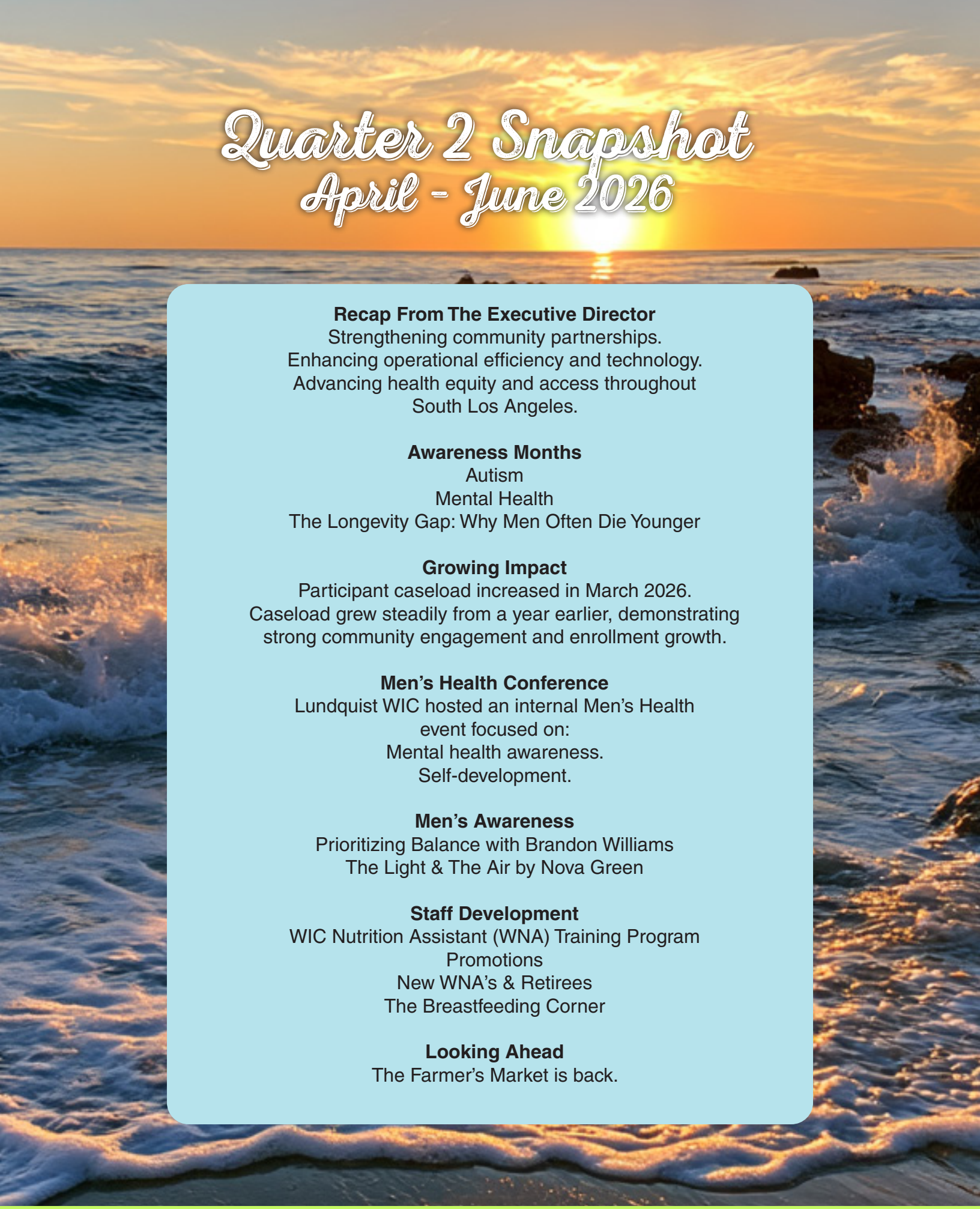

CALIFORNIA
WIC
WOMEN, INFANTS & CHILDREN
THE LUNDQUIST INSTITUTE
LUNDQUIST WIC
April - June 2026
QUARTERLY
What's Inside:
Caseload Numbers
Awareness Months
WNA Training Program
Men's Health Conference



Quarter 2 Snapshot
April - June 2026

Recap From The Executive Director
Strengthening community partnerships.
Enhancing operational efficiency and technology.
Advancing health equity and access throughout South Los Angeles.

Awareness Months
Autism
Mental Health
The Longevity Gap: Why Men Often Die Younger

Growing Impact
Participant caseload increased in March 2026.
Caseload grew steadily from a year earlier, demonstrating strong community engagement and enrollment growth.

Men's Health Conference
Lundquist WIC hosted an internal Men's Health event focused on:
Mental health awareness.
Self-development.

Men's Awareness
Prioritizing Balance with Brandon Williams
The Light & The Air by Nova Green

Staff Development
WIC Nutrition Assistant (WNA) Training Program
Promotions
New WNA's & Retirees
The Breastfeeding Corner

Looking Ahead
The Farmer's Market is back.

Q2 RECAP

From The Executive Director

Dear Lundquist WIC Team,

As we move into the summer season, I want to take a moment to reflect on the incredible work being done across our organization and to express my sincere appreciation for each of you.

Every day, our staff members provide critical nutrition, breastfeeding, health education, referral, and support services to tens of thousands of women, infants, children, and families throughout South Los Angeles. Behind every participant served is a team member who listened, educated, encouraged, solved problems, and helped a family access the resources they need to live healthier lives.

Our success is not measured solely by caseload numbers, appointments completed, or reports submitted. It is measured by the trust our communities place in us, the relationships we build with families, and the lasting impact we have on the health and well-being of future generations.

Over the past several months, we have celebrated many accomplishments together. We have continued to grow our participant enrollment, expand community partnerships, strengthen our operations, advance technology improvements, enhance participant access, and successfully navigate numerous programmatic and organizational changes. These achievements are a direct reflection of your dedication, professionalism, resilience, and commitment to excellence.

We have also continued to receive recognition for the quality of our services. Whether through our breastfeeding support, health equity initiatives, community outreach efforts, participant-centered services, or operational excellence, Lundquist WIC continues to be recognized as a leader within California's WIC program. These accomplishments belong to all of you.

June also provides us with an opportunity to celebrate and recognize the diversity of the communities we serve and the staff who make our mission possible. Our strength comes from the different experiences, cultures, perspectives, languages, and talents that each of you brings to the organization every day. By embracing diversity, fostering inclusion, and treating one another with respect, we create a workplace that reflects the communities we proudly serve.

As we continue through the summer months, I encourage you to take pride in the important work you do. While the day-to-day demands of our jobs can sometimes make it difficult to see the broader impact, please remember that every certification completed, every participant educated, every breastfeeding mother supported, every referral made, and every problem solved contributes to healthier families and stronger communities.

Thank you for your hard work, your compassion, your professionalism, and your unwavering commitment to our mission to educate and empower families to live healthier lives.

Together, we are making a difference.

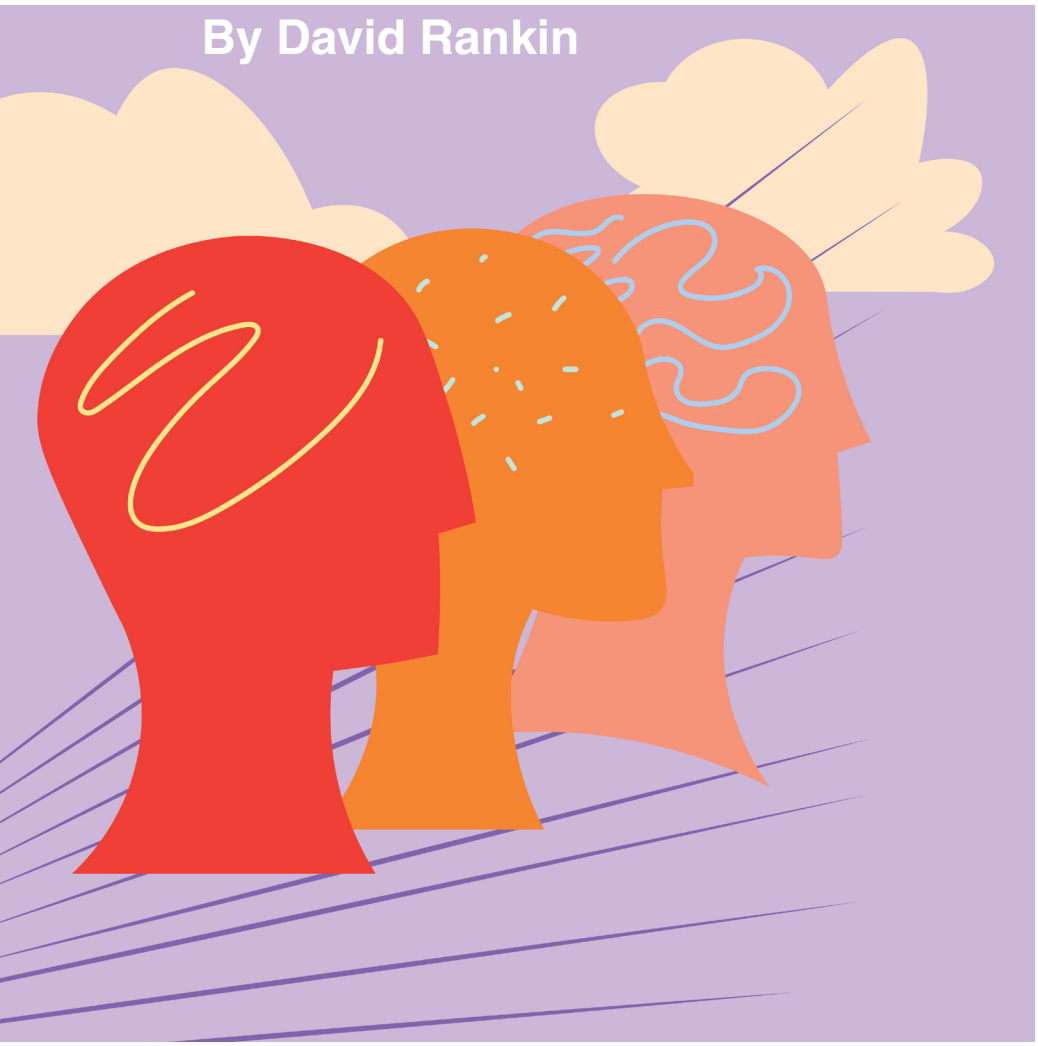
With gratitude,

Marisela

APRIL

Autism Acceptance Month

By David Rankin



When I was a high school teacher in Philadelphia, I routinely had students with autism, and what I found was that they existed on many different levels. Many times I did not know of their place on the spectrum until I was told by them, and other times they would have a 1-to-1 to help them through their day. We had Individual Education Plans for these students, but most of the time an autism diagnosis was not included in their IEP due to privacy, so it was up to me to read every situation and move forward from there.

What I found was that they were just like anyone else, they just lived in the world a little differently than you or I. One of my students, when she first started in my class, would routinely lie under her desk wrapped in her favorite blanket, an item that was never far from her reach. She exhibited ticks and would sometimes become very frustrated. Another teacher came to me one day in frustration about this student and asked how I handled her, telling me she was lying under the desk in her room too. I told this teacher that I never said anything and the student would eventually sit back in her seat and begin her work when she was ready, because this is what would happen. I never treated her differently and we were able to build a rapport, and even able to joke with each other quite a bit. Her artwork, though a bit rudimentary at first, began to grow and become more complicated and intricate as time passed. She also began to grasp the various parts of my technical and traditional teachings, as much of what my class revolved around was a combination of real paint and pencil and digital art and design. Then one day I noticed something…

Her artwork, though a bit rudimentary at first, began to grow and become more complicated and intricate as time passed.

Her blanket was gone.

She stopped bringing it to class. She made friends. She became a bigger part of our art critiques, and most of all, she was a part of our group.

Another student in my class had a 1-to-1 handler through his first 3 years with me. When he graduated from high school, he became what we referred to as a Super Senior, which I had on some occasions. What this

meant was he would spend an additional year in school with me. When I first had him in my class he was very close to non-verbal. Over time and by keeping the same expectations that I held with all of my students, he developed very much as a young artist.
By the end of his tenure with me, he had lost his handler and would come to class on his own.

I did have to reinvent the way I assigned his projects, as he learned differently than others, but I found that when I modified my teaching to something that worked for him but still held those expectations, he thrived. I will never forget coming to school in the middle of the summer to check on something and finding a letter he had written. In it he told me all he had done over the summer, and most importantly of all, the letter was hand written by him. I still have the letter to this day and think of him, hoping that he is doing well as a young 20-something.

I found that when I modified my teaching to something that worked for him but still held those expectations, he thrived.

I have determined that we can all learn from one another, no matter the circumstances. In my time teaching, I learned patience, understanding and that having fun and laughing can be some of the best medicine anyone could have. At our sites, we encounter so many people that learn from us. It is wonderful to know that we can always learn from someone else as well, finding a sense of pride in doing so.

MAY

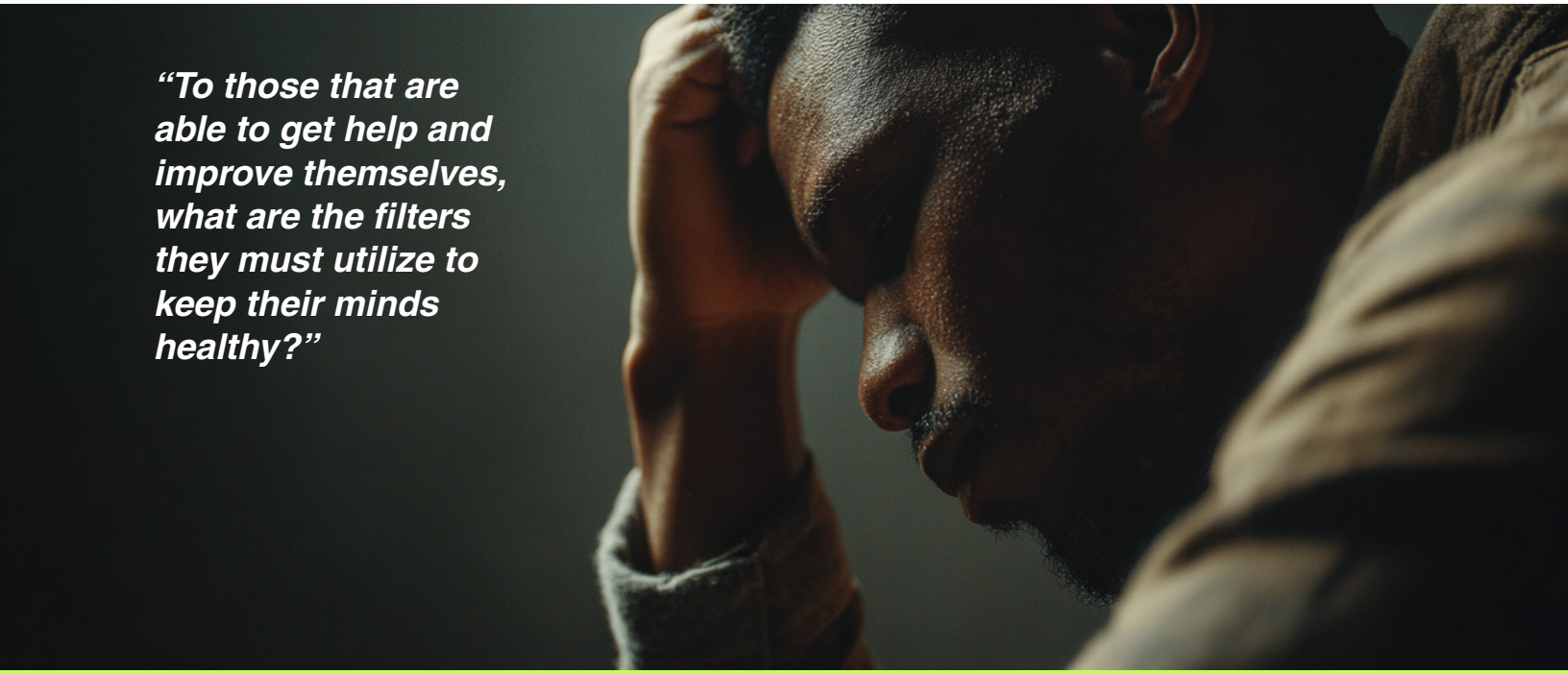
MENTAL HEALTH AWARENESS

How does a person keep their mind fit? How do they fight their own demons and succeed? Is it solely up to them or are they able to find help?
Is medicine a cure, a bandaid, or a method of calming a very busy brain?

These are the questions we must ask ourselves every day. The health of the mind is so important, but it is an invisible structure with no immediate results for the outside world to quantify. When a person lifts weights consistently, they are able to see a difference in their physique, many times with larger and denser muscular structure. Another person who runs marathons might be leaner and thinner with vast cardiovascular headroom, seemingly never tiring. The person who is keeping their mind healthy might not show immediate evidence of improvement, but it may be revealed through longer awareness in life, and a happier, more fulfilled outlook.
Many people bear tremendous mental weight, whether it is from trauma, loss, PTSD or substance abuse, and many hide this from others. To see a person on the streets who has a distinctive mental health issue is one thing: they have gone past the edge of sanity and it is apparent to all. But the "normal" person who may smile outwardly but be in extreme pain on the inside, how do we determine what kind of help they need?

It takes a lot to ask for help. Here at WIC, we are on the front lines of helping others, but there are many of us who need help ourselves. It is not wrong to ask for it. It cannot be looked at as a stigma, a scarlet letter. To those that are able to get help and improve themselves, what are the filters they must utilize to keep their minds healthy? Many of us limit social media now, as it can be costly to those who see a skewed version of the world: the influencer who has the "perfect" life or the friend who is always in the best attire with the best makeup. These are not always true, as everyone can attest to having struggles, but our mind sees the influencer as having something that we want and it is a constant struggle to keep up, so to speak.

Many have found meditation to calm the mind. Others work toward improving themselves whether through reading or learning new skills. Others believe in a mind-body connection and develop themselves through physical means. Still others go back to school or learn a new trade. These are all important factors and combined with healthy
diet choices, can lead to long-term improvements.



"To those that are able to get help and improve themselves, what are the filters they must utilize to keep their minds healthy?"

MEN'S HEALTH MONTH

The Longevity Gap: Why Men Often Die Younger

By Julius Terencio

It is a well-documented phenomenon across nearly every culture: women generally outlive men. While men are often perceived as the "stronger" sex due to physical stature and muscle mass, biological and behavioral data suggest a different story. In the race for longevity, men frequently face a distinct disadvantage that begins in the womb and continues throughout their lives.

Understanding this gap isn't just about statistics; it's about identifying the unique risks men face and finding ways to bridge the divide to live longer, healthier lives.

Professions like construction, mining, firefighting, and military combat account for a disproportionately high number of male accidental deaths.

The Numbers: Men vs. Women (2024–2026 Data)

Recent global and national reports continue to show a significant "death gap" between the sexes.

Sources: CDC, Worldometer 2026 projections, Harvard Health.

Core Causes of the Longevity Gap

The reasons men die earlier are rarely tied to a single factor. Instead, it is a complex cocktail of biology, psychology, and social norms.

Biological Vulnerability: The Double-X Advantage: Females have two X chromosomes. If one has a genetic defect, the other can often compensate. Men (XY) lack this "back-up," making them more susceptible to certain genetic diseases.

Estrogen in women helps lower "bad" cholesterol (LDL) and raise "good" cholesterol (HDL), offering a natural layer of protection against heart disease that testosterone does not provide.

Hormonal Factors: Estrogen in women helps lower "bad" cholesterol (LDL) and raise "good" cholesterol (HDL), offering a natural layer of protection against heart disease that testosterone does not provide.

Behavioral Risks & "The Frontal Lobe" Gap: The frontal lobe of the brain—responsible for judgment and impulse control—tends to develop more slowly in males. This contributes to higher rates of accidental deaths, such as those from reckless driving or substance abuse.

Occupational Hazards: Men still dominate high-risk industries. Professions like construction, mining, firefighting, and military combat account for a disproportionately high number of male accidental deaths.

Healthcare Avoidance: Social conditioning often encourages men to "tough it out." Statistically, men are significantly less likely to visit a doctor for regular check-ups or seek help for mental health issues compared to women.

Suicide and Violence: While women are more likely to be diagnosed with depression, men are more likely to die by suicide, often using more lethal means. Men also represent the vast majority of homicide victims globally.

Tips for Closing the Gap

The "longevity gap" is not a fixed destiny. Much of the disparity is driven by lifestyle choices and social habits that can be changed.

Prioritize Preventive Care: Don't wait for something to "break." Schedule annual physicals and screenings for blood pressure, cholesterol, and prostate health. Early detection is the ultimate life-saver.

Redefine Strength: Real strength includes seeking help for mental health. Addressing stress, anxiety, and depression reduces the risk of heart disease and self-harm.

Moderate High-Risk Habits: Reducing alcohol consumption and quitting smoking are the two most impactful ways to lower the risk of cancer and respiratory failure instantly.

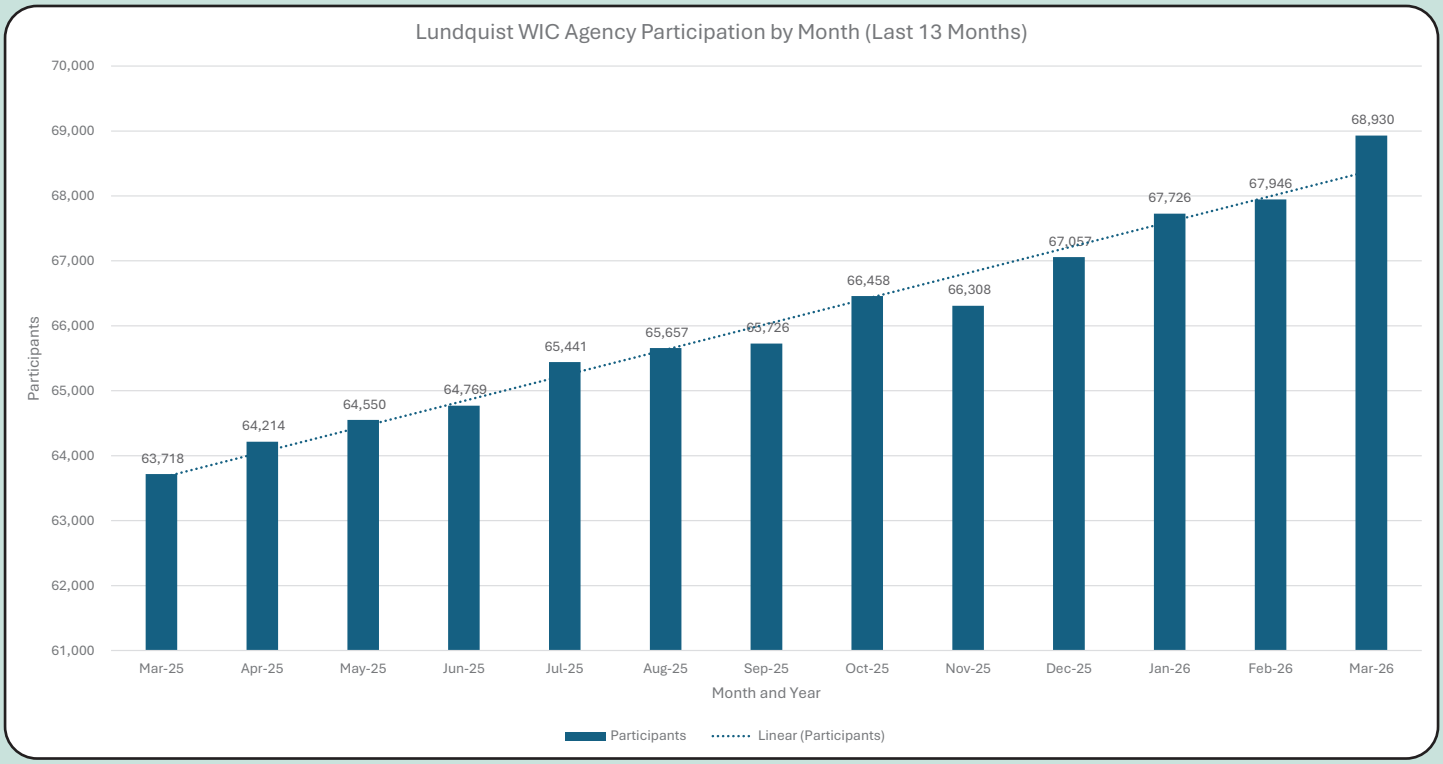
Build a Social Network: Studies show that social isolation is a major killer. Cultivate close friendships and community ties; having people to talk to reduces stress and strengthens the immune system.

Watch the "Silent Killers": Heart disease is the #1 killer of men. Focusing on a diet low in processed sugars and high in healthy fats, combined with 150 minutes of moderate exercise a week, can drastically shift the odds in your favor.

Metric	Men	Women
Global Life Expectancy (2026)	~71.2 Years	~76.4 Years
U.S. Life Expectancy (CDC 2024)	75.8 Years	81.4 Years
Death from Heart Disease	50% more likely	Baseline
Workplace Fatalities	~9 per 100k workers	~1 per 100k workers

Caseload

For the second quarter of 2026, our participant caseload is up past the 68,000 watermark! We are quickly on our way to 69,000 and can look forward to breaking the 70,000 barrier when we head into the third quarter. Can we do even better? You bet we can!



The Breastfeeding Corner

Happy Family

Carlos Golvan and Digna Sanches just graduated from the BFPC program. Here they are, with little Carla, showing off their new Motif Medical backpack! Great job Mayra, the Breastfeeding Unit, and everyone else involved in their breastfeeding journey.

Motif Medical

Speaking of Motif Medical: the support group raffle prizes for the last quarter were these durable, well-designed backpacks. Thank you Motif Medical for your donations!

www.motifmedical.com

Breastfeeding Support Group Highlights

MEN'S HEALTH EVENT

PHOTOGRAPHY BY NOVA GREEN

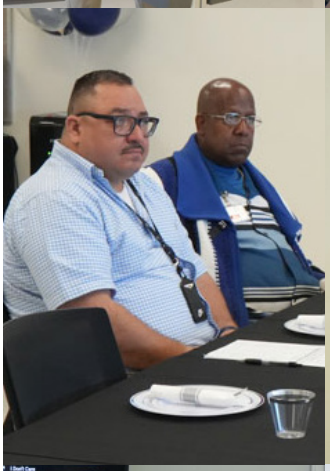
In early June, the men of Lundquist WIC gathered at the main office for a seminar to honor the work we do in an agency that is literally named, "Women, Infants and Children."

This gathering was a way for us to celebrate Men's Health Month. Through the presentations provided by our speakers we learned how to grow as individuals and to break the stereotypes associated with our gender.

The event was led by our Master of Ceremonies Josenoe Vargas, providing guidance, a Connection Before Content that had us moving around in a group Q & A, and a valuable self-development resource guide. David Rankin gave an introductory speech and later led a Men's Health Discussion, while Cristian Giron and Marlon Zelaya highlighted the day with their keynote speech regarding mental health. Our presentations were punctuated by Nancy Avila, Gigi Dela Haza and our fearless leader Marisela Montoya, all giving great speeches to honor us.

The men of Lundquist WIC are strong yet caring people, who value family and the betterment of others. We view our time in this establishment as one where we can make a difference in the lives of Los Angeles families, strengthening the bonds we share as citizens in this great melting pot of a city.

To say that we would not be here wihout the women in our lives is an understatment. The passion we have as contributors to WIC and to the lives of our families is a constant attestment to the loyalty we have for our better half.




EXIT


WIC
2026


WIC
2026

Preparing for a Program Management Visit (PMV)

Building a Culture of Continuous Excellence

A Program Management Visit (PMV) is more than a compliance review; it is an opportunity to demonstrate the outstanding work we do every day to serve WIC families. Successful PMVs are not the result of last-minute preparation; they reflect a culture of continuous quality improvement, strong documentation, and a shared commitment to excellence.

Preparation Begins Long Before the PMV

The best preparation starts months before reviewers arrive. Every policy followed, every participant served, and every document completed contributes to the overall success of the visit. When daily operations consistently align with federal, state, and local requirements, PMV preparation becomes a matter of organization rather than crisis management.

One of the most effective ways to prepare is by maintaining organized documentation throughout the year. Waiting until the weeks before a PMV often creates unnecessary stress and increases the likelihood of overlooking important information.

Key areas to review include

Participant records for accuracy, completeness, and timely documentation.

Nutrition education and breastfeeding documentation.

Income eligibility, residency, and identity verification.

High-risk referrals and appropriate follow-up. Appointment scheduling and participant access.

WIC card issuance, security, inventory, and replacement procedures.

Equipment maintenance and calibration records.

Civil Rights compliance, required postings, and participant notifications.

Staff training records and competency documentation.

Organize Documentation Early

Each department should routinely review

Policies and procedures

Quality Improvement (CQI) activities

Corrective action documentation
Staff training logs

Inventory records

Emergency preparedness plans

Vendor and equipment records

Having documentation readily available demonstrates effective management and strong internal controls.

Conduct Internal Mock Reviews

Performing internal audits or PMV readiness observations allows teams to identify opportunities for improvement before the official review. These practice reviews help staff become familiar with reviewer expectations while reinforcing program requirements.

Mock reviews should focus on

Participant file accuracy

Observation of certifications

WIC card management

Inventory controls

Documentation consistency

Policy compliance

Correcting small issues early prevents larger findings later.

Engage the Entire Team

PMV preparation is everyone's responsibility. While leadership coordinates the overall process, every employee contributes to a successful review.

Staff should:

Review current policies and procedures.

Ask questions when guidance is unclear.

Ensure documentation is completed accurately and promptly.

Maintain participant-centered customer service.

Keep workspaces organized and professional.

Report concerns early so they can be addressed proactively.

When everyone understands their role, preparation becomes a collaborative effort rather than an individual task.

Focus on Participant-Centered Care

Reviewers look beyond paperwork. They observe how participants are welcomed, how services are delivered, and whether staff create a respectful, supportive environment.

Every interaction should demonstrate our commitment to:

Respect and professionalism

Cultural humility

Trauma-informed care

Participant dignity

Equitable access to services

Excellent customer service

Participants should leave every appointment feeling heard, supported, and empowered.

View Findings as Opportunities

Even high-performing agencies may receive recommendations for improvement. Findings should not be viewed as failures but as opportunities to strengthen systems, improve processes, and enhance participant care.

Organizations committed to continuous quality improvement embrace feedback, implement corrective actions promptly, and use lessons learned to improve future performance.

Excellence Is a Daily Practice

A successful PMV is not achieved in the weeks leading up to the visit; it is earned through consistent excellence every day. By maintaining accurate documentation, following established procedures, supporting one another, and keeping participants at the center of our work, we ensure we are always prepared.

At the end of the day, the true measure of PMV success is not simply passing a review. It is demonstrating that every member of our team is committed to providing safe, equitable, high-quality services that improve the health and well-being of the families we serve

MEN'S AWARENESS

Prioritizing Balance

By Brandon Williams

We recently sat down with the one and only Brandon Williams to find his take on staying healthy both mentally and physically, and how this reflects his journey with Lundquist WIC. Enjoy his interview!

"As a man working in the public health sector, how has your perspective on your own physical and mental health evolved since you began your career at WIC?"

Working in the public health sector, especially at WIC, has changed the way I view both my physical and mental health. Early on, I mostly thought about health in terms of avoiding illness and staying productive. Over time, working closely with staff, participating in trainings, and observing interactions at WIC sites helped me understand that health is deeply connected to stress, access to resources, emotional well-being, and community support.

Professionally, I have become more aware of the importance of preventive care and consistency in healthy habits. For example, seeing WNAs educate participants about nutrition, child development, and wellness encouraged me to reflect on my own lifestyle choices as well. I became more intentional about maintaining a balanced diet and making time for regular medical checkups instead of waiting until something felt wrong.

Professionally, I have become more aware of the importance of preventive care and consistency in healthy habits.

My perspective on mental health has evolved even more. As an African American man, mental health has not always been openly discussed. Working at WIC exposed me to the emotional challenges many families face, including financial stress, postpartum depression, anxiety, and burnout. Seeing those realities firsthand made me realize the importance of acknowledging stress in my own life and not viewing mental health as separate from physical health.

I have learned that taking care of myself—whether through rest, exercise, spending time with family, or simply disconnecting when needed—is essential to maintaining both my physical and mental well-being.

"Men's Health Month often focuses on overcoming the 'tough it out' mentality. What is one piece of health advice you once ignored but now prioritize, and how do you share that lesson with the families you serve?"

One piece of advice I used to ignore was the importance of slowing down and paying attention to stress before it affects your physical health. Earlier in my career, I thought pushing through exhaustion and stress was simply part of being responsible and dependable. Over time, I realized that chronic stress impacts sleep, energy levels, mental health, and even relationships at home and work.

Now, I prioritize balance, regular checkups, adequate rest, and finding healthy ways to manage stress. When speaking with family members, friends, or fathers, I try to normalize conversations about mental health and self-care. I remind them that taking care of themselves is not selfish—it allows them to be more present and supportive for their children and families.

"WIC is often perceived as a program centered on women and children. How do you see your role as a man in the office helping to model healthy behaviors and nutritional awareness

for the fathers and male caregivers who walk through our doors?"

This question is a little more challenging for me to answer because my role is primarily behind the scenes rather than participant-facing. However, I see my role as helping sites provide the tools and resources they need to support participants, such as pamphlets, flyers, books, breast pumps, office supplies, etc. and organized waiting areas. By ensuring that staff have the resources necessary to serve families effectively, I contribute to creating a welcoming and supportive environment for all participants, including fathers and male caregivers.

"In your experience, what is the most common health-related question or concern you hear from fathers in the WIC program, and how do you use your professional knowledge to empower them?"

While I do not directly engage with participants, as a father myself, I believe one of the most common concerns fathers have is whether their child is eating enough and developing healthy habits. Many fathers want reassurance that they are doing the right thing, especially when it comes to picky eating, growth, and nutrition.

I would empower them by providing practical, realistic guidance rather than overwhelming them with information. I would explain normal child development stages, healthy portion expectations, and strategies for encouraging balanced eating habits at home. Fathers often respond well when they feel informed rather than judged, so creating a supportive and respectful conversation is key—particularly if I were serving in a WNA role.

"What do you believe is the biggest barrier preventing men from seeking preventative healthcare, and how can organizations like WIC continue to create an environment that feels inclusive and supportive of men's wellness?"

I believe one of the biggest barriers is the long-standing mindset that men should "push through" challenges or only seek help when something becomes serious. Many men were raised to view vulnerability as a weakness, which can make preventative healthcare feel unnecessary or uncomfortable. Time constraints, financial concerns, and limited access to healthcare can also be significant barriers.

Organizations like WIC can help by continuing to create welcoming environments where fathers and male caregivers feel acknowledged and included. Simple actions such as speaking directly to fathers during appointments, including men in educational materials, and promoting conversations about mental and physical health without stigma can make a difference. When men feel respected and engaged, they are more likely to participate in preventative care for themselves and their families.

I believe one of the most common concerns fathers have is whether their child is eating enough and developing healthy habits.

"If you could give one universal health tip for men—something that balances both the demands of a career and family life—what would it be?"

My universal health tip would be to make your health part of your routine, not an afterthought. Small, consistent habits such as getting enough sleep, staying active, eating balanced meals, managing stress, and attending regular checkups can make a major difference over time.

As men, many of us focus on taking care of our responsibilities first, but maintaining our own health is part of taking care of our families and careers. When you prioritize your well-being, you are better equipped physically, mentally, and emotionally to support the people who depend on you.

The Light & The Air

By Nova Green

I am a fainter. I faint at the sight, description, or imagining of someone else's physical trauma or my own. I react to crowds. I can be socially awkward. People tell me I have a different way of speaking and thinking. The best compliment I ever received was, "You have a pretty brain."

I understand these things as part of being neurodivergent. I soak up energies, light and dark. It feels like a continuum.

I never imagined myself in health care. In Washington, D.C. I studied psychology, made music, worked in the service industry, and eventually moved back to California. I loved that world. I learned early on that "restaurant" comes from the word "restore," and I took that to heart. True service industry people see it as a calling. I find that there is a similar dynamic in nutrition counseling and in my current position.

I originally came to WIC for the children, for the way nutrition affects school and school affects life.

The clinical rotation for my dietetic internship quickly showed me my limits. On my first day, a man nearby was drowning in a wet cough, and I began to feel the aura that comes before fainting. Timing got me out of that one. Near the end of the rotation, my preceptor sent me in to see a pressure ulcer. I walked in slowly as the nurse cleaned the wound. I got about a foot from the bed, saw an abyss where flesh used to be, felt the aura, did a 180, and that is where my clinical ambition ended.

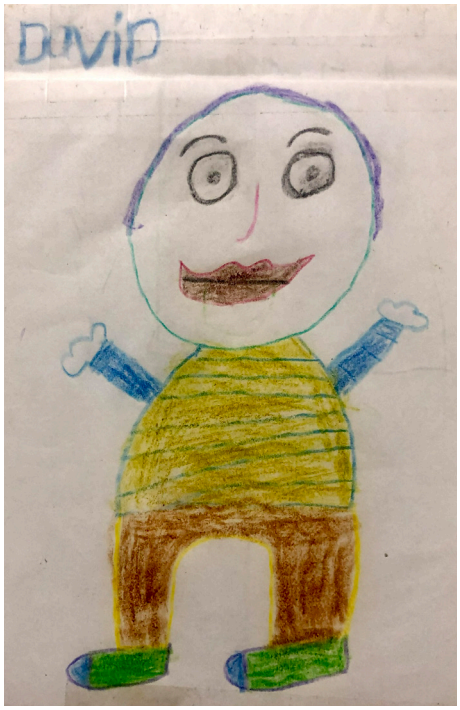
I originally came to WIC for the children, for the way nutrition affects school and school affects life. I became an advocate for the mothers when I saw all the things they experienced in pursuit of their families. Men are also part of the WIC community and part of that care. This is pivotal. This is WIC becoming more whole.

As a Nutritionist III, the same sensitivity that once felt like a liability has become part of how I work. It helps me notice patterns, contradictions, hesitations, tone, body language, and the space between what a family says and what a family may need. It helps me hear staff differently, too. I can often feel when counseling is becoming more than information, when it becomes connection.

Sometimes I come across the file of a family I used to serve, and it brings back the families that stayed with me.

I remember one mother with a deep voice who spoke Spanish. She had this profound presence, like she was from another century. I would almost run to call her from the lobby. While I had to translate what she was saying, she would make this enchanting sound when she was in agreement that I knew well from my upbringing. I was so happy to fully understand her in those moments.

I did not see her for a while, and then one day her husband came in holding a diaper bag and wearing the baby boy, his seven-year-old daughter in tow. He told us the mother had died of a heart attack. He had been feeding the baby with the pumped breast milk she stored before she passed, and he came to WIC because it had finally run out. The staff took care of the father, and the daughter came to me for stickers, so I spent time with her. We cared for them.



There was a child, three and a half and still on formula. He seemed lethargic and zoned out. His mother and I did not have a strong rapport because she did not want to hear that formula might not be the whole answer. But the variables related to the child's intake persisted, so periodically, I would try a different way. The father began coming in. We talked. We connected the dots. Eventually, the family got him tested. The little boy had celiac disease.

Once they cut out wheat, he could eat the foods he had not tolerated before. He got off the formula. His speech took off. He became a firefly with words.

My infant and pediatric nutrition interventions are what I am most proud of. But the memory that is most fulfilling was in providing a safe space for children with autism. I learned to read the need they were expressing. They would explore my office and sometimes hang out close to me. Speaking in vibrations was a divine experience that I will be eternally grateful to them for.

Then there was the single mother with a severe learning disability and speech delay, and who I believe was also neurodivergent. You had to really listen to understand her. At first, I did not know how I was going to teach her about the factors contributing to her children being underweight. But she wanted them healthy, even if she could not put it into easy words. So we kept talking. I loved hearing her speak. I would get the good aura from her.

I was working on the last file for her last child, looking at the computer, when I started short-circuiting. It's different than shivering. It's lighter, like kinetic energy. She had been looking at me the whole time, but I could tell from a slight shift in her body position and a softening of her face that she knew I was becoming emotional. I said, "Yep, I don't think I can hold it."

As she kept looking at me, I started to tear up. I finished her file, and we hugged each other goodbye. Her daughter noticed that we were both emotional and, with the same face and spirit as her mother, came over and hugged the both of us.

But the participant who changed me most was an expectant mother who had been disfigured. Her injuries are too graphic to describe, but she would have been noticed by everyone. Leaving my office to call her, I caught a glimpse of her and was not prepared. I walked back into my office to calibrate. I identified where the light and the air were coming from. When the aura starts, those are the things I cling to, a direct stream of both.

That was the plan. I would cling to the light and the air and get through the session.

Then, as we talked, another reality took over. She became the center, not my reaction. I could see the person beneath the disfigurement. The more we spoke, the more I saw how beautiful she was.

But she informed me she was not keeping the baby.

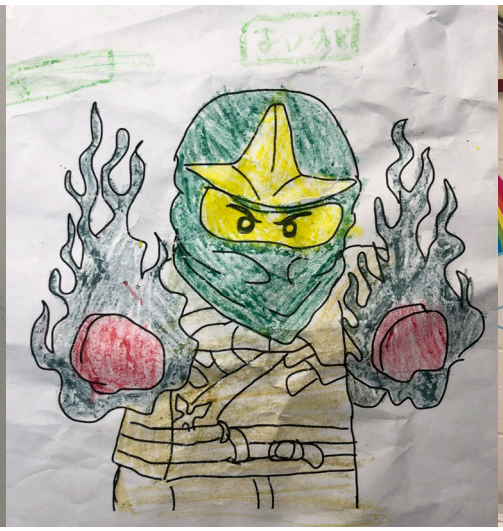
Close to delivery, she stopped coming in. For a long time, I thought I would never see her again. But a year or so into becoming a Nutritionist III, I was driving away from a site and saw her at a bus stop. I was so excited that I drove around a second time. As my eyes focused, I saw something moving around her like a butterfly.

It was her daughter.

Her daughter was bouncing around her, showing her things, loving her like she was the center of her universe, which she is.

My neurodivergence has not disappeared. But because I have learned mostly how to avoid fainting, it has changed shape. "If…then…" statements rule me. This is good for many things, including my current role as a Nutritionist III. I am no longer a counselor, but the work still requires pattern recognition: if something keeps showing up in files, then what is being missed? If staff are documenting something differently, then what needs to be clarified? If a family's issue keeps returning through different notes, then what is the deeper nutrition or systems pattern underneath? If counseling sounds technically correct but does not seem to reach the participant, then what needs to be translated, slowed down, repeated, or approached from another direction?

When I hear SNS staff counseling, I often feel the good aura. This is the one that starts as a purr on the right side of my head and emanates downward, posteriorly, depending on the strength of the stimuli. It happens when someone is experiencing something they love and are harmonious with.



When I think about all the incredible, unique, and spectacular people I met at the sites, I know I was someplace special. From the little boy who runs to open the door to my office while I am at lunch and yells, "We back!" to the children who see me and follow me when I would be calling another family, from the gifts to the drawings, I know I'm not imagining it.

At the Main Office, my vantage point has changed. That is for another day, but it is just as spectacular.

The WIC Nutritionist Training Program

Gigi Dela Haza

As we all know, WNA training is an extremely important step in our organization that most of us take. It is a rather daunting task, given the amount of work required, but ultimately it is very rewarding to be a part of this journey. We spoke with the Deputy Chief of Nutrition Education and Training, Gigi DeLaHaza, to get a better insight into the WNA training process here at Lundquist WIC. Here is our interview with Gigi. Enjoy!

You are the gateway for all new nutritionist assistants at the Lundquist WIC main office. Can you paint a picture of the scale of that responsibility? How many individuals go through your training annually, and how demanding is it to maintain a consistent standard across so many new hires?

As the Deputy Chief of Nutrition Education and Training, I oversee the implementation and quality of training for new staff. At Lundquist WIC, new hires within WIC Services are required to complete the WIC Nutrition Assistant (WNA) Certification Training. This is a major responsibility because each trainee must successfully complete the comprehensive certification process that meets state requirements.

Since January 2025, 16 trainees successfully completed the WNA training and earned certification. Additionally, four trainees are currently completing their final certification requirements, and eight more started training in May 2026. Maintaining consistency across multiple training groups requires a highly coordinated effort.

The Lundquist WIC new staff training follows state requirements, ensuring that every trainee receives the same foundational knowledge and skill development. To support consistency, our training team includes lead staff who oversee specific training components. Through reviews of trainees assessments and trainer evaluations, we ensure that trainees demonstrate competency and readiness to provide high-quality services to WIC participants.

We use real-life WIC case scenarios, group discussions, poster sessions activities, and WIC WISE practice sessions to support trainees applying counseling skills in realistic scenarios.

WIC isn't just about nutritional metrics; it's about supporting families often facing significant stress. How does your training go beyond charts and guidelines to explicitly cultivate empathy and cultural humility in new nutritionist assistants?

The emphasis of our new staff training is on supporting WIC families. It goes beyond nutrition guidelines by incorporating practical activities that help staff develop effective communication skills, empathy, and cultural competence.

We use real-life WIC case scenarios, group discussions, poster sessions activities, and WIC WISE practice sessions to support trainees applying counseling skills in realistic scenarios. These activities encourage staff to consider the individual needs of each participant.

Through guided reflection and feedback, trainees learn to approach conversations with respect, active listening, and cultural awareness. Our goal is to prepare staff not only to provide nutrition education but also to create supportive participant-centered interactions that empower families to make informed decisions for their health and well-being.

No training program can be static. Can you describe the feedback loop you maintain? How do observations from the clinics, or feedback from experienced staff, directly influence and evolve the training syllabus for the next generation of assistants?

Continuous improvement is a critical component of our training. The training team collects feedback following each training section to assess what is working well and identify areas where improvement or

adjustment may be needed. This feedback helps us improve the training experience, address challenges, and ensure the approach meets the needs of the trainees.

The training team reviews each training session to identify what is working well and where adjustments may be needed. We make updates to learning methods, content application, and support strategies while ensuring we align with state training requirements. This process helps improve the training experience and prepare future staff for their roles.

The WIC program is modernizing, incorporating telehealth, digital tools, and new nutritional science. How do you lead your training team to keep pace with these advances, and how do you ensure new nutrition assistants are prepared for the future of WIC, not just its past?

The WIC program continues to evolve, and our training approach is updated to reflect those changes. We use the Learning Management System training to ensure staff receive current information and meet all required training components.

In addition, we create opportunities for trainees to apply what they learn through WIC case scenarios, observation activities at the WIC sites, and application-based activities that reflect

current method of service delivery. By combining online learning with hands-on activities, trainees gain confidence in supporting participants through in-person, video, and phone appointments.

As training leaders, we stay informed about program updates, policy changes, and best practices. The training team works collaboratively to incorporate any changes or updates into our training approach so that new staff are prepared to meet the needs of participants and adapt in a program that is constantly evolving.

For many, the position of a WIC Nutrition Assistant is a vital career launchpad. How does your training empower these individuals, not just to perform their tasks, but to view themselves as key professionals in the public health system?

Our training approach is designed to help staff recognize the important role they play within the public health system. We emphasize that their work extends beyond completing certifications or providing education. WIC staff help families navigate resources, support healthy behaviors, and build trusting relationships that can positively influence health outcomes.

A key component of our training is the support network established at each site. Every trainee is paired with a training buddy and receives support from their immediate supervisors and trainers throughout the certification process. By creating an environment that encourages learning, collaboration, and professional growth, we help staff build confidence in their skills and prepare them for future opportunities within WIC and the public health field.

CONGRATULATIONS ARE IN ORDER!

We are pleased to announce and congratulate Josenoe Vargas and Stephanie Bolanos as recipients of the California Nutrition Corps (CNC) Scholarship Fund cnc-scholarships. This is a wonderful accomplishment and a reflection of their dedication, hard work, and commitment to advancing their professional growth within the WIC program.

The California Nutrition Corps Scholarship Fund was established to support California WIC employees in advancing their education and careers in WIC. Its vision is to nurture talented and dedicated individuals who are essential to the continued success and strength of the WIC program. The scholarship recognizes the important role frontline WIC staff play in supporting families and communities and seeks to provide affordable, convenient, and achievable educational and professional training opportunities.

At Lundquist WIC, we strongly encourage and value educational pursuits and professional development. We believe that investing in our staff's growth not only strengthens individual career pathways but also enhances the quality of services we provide to our participants and communities. Supporting lifelong learning, leadership development, and advancement opportunities remains an important part of our organizational culture.

Please join me in congratulating Josenoe and Stephanie on this well-deserved recognition and achievement. We are proud of their accomplishments and excited to see their continued growth and contributions to WIC and the families we serve.

Promotions

Katerra Leak, Site Supervisor

Sharon Moore, Associate Deputy Director, Administration

Alejandra Arellano, Chief, Breastfeeding Services

Irene Salazar, WIC Assistant Site Supervisor

Victoria Valdez, Chief, Policy and Public Affairs

Frank Ortega, WIC Site Administrative Services Supervisor

Graduates

Anahi Amayo Ordaz, Master of Business Administration

Juliana Horvath Master of Science in Nutrition and Dietetics

Certified WIC Nutrition Assistants

Monica Mendoza, WIC Nutrition Assistant

Jacqueline Sanchez, Degreed Nutritionist

David Rankin, Communication Coordinator

New Hires

Carlos A. Virgen-Gomez, IT Support Technician II

CONTRIBUTORS

We would like to thank the following people who contributed to this edition of the Lundquist Wic Quarterly.

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Gigi Dela Haza

Nova Green

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Brandon Williams

If you would like to contribute to a future issue, please contact The Lundquist WIC Communications Coordinator, David Rankin: david.rankin@slahp.org

STAY TUNED FOR THE NEXT ISSUE OF THE *LUNDQUIST* WIC QUARTERLY!

Looking AHEAD

Farmer's Market

Our annual farmer's market is back! Our stupendous outreach team is attending three locations in the South Los Angeles area this summer. We are looking forward to another great year of serving our local communities.

Mondays, 9:00am to 12:00pm
South Gate Park Farmers Market
4855 Tweedy Blvd.
South Gate, CA 90280

Wednesdays, 11:00am to 2:00pm
Salt Lake Park Farmer's Market
3401 E. Florence Ave.
Huntington Park, CA 90255

Thursdays, 9:00am to 12:00pm
Central Avenue Farmer's Market
4301 South Central Ave.
Los Angeles, CA 90011

July 18 Super Saturday!

The Florence site will be hosting our next Super Saturday Event. The main purpose of this event is to obtain any missing anthropomorphic information from participants. There will be prize incentives for the little ones, because everyone likes a prize! Baby-To-Baby donated more than 800 backpacks to us, and we will also be providing back-to-school packages .