Coordination Strategies

Handbook

CHAPTER TWO

How Will I Know a "Model" Coordination Effort When I See One?

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The easiest way to recognize a model coordination effort is to remember the reasons that coordination is important—to provide the best possible services to clients and to make the most of the resources available to us. Therefore, a model coordination effort is one that contributes to an improvement in the quality and seamlessness of care and the effective utilization of human and fiscal resources.

The guidelines used to identify sites for inclusion in the handbook as model sites may also help users of the handbook compare their program's current level of coordination to other programs that serve a similar population and explore opportunities for improvement. The following criteria were used to determine whether or not the activities implemented by sites interviewed for inclusion in the handbook are models of effectiveness:

- **Does the coordination effort lead to improved outcomes for clients?** While this is the primary reason to pursue coordination, it may be difficult to measure actual outcomes. Sites selected for inclusion in the handbook used a variety of measures. Most of the sites experienced an increase in either the WIC or health center caseload, or both, as a result of implementing coordination activities. In addition, many sites were able to point to increased client and staff satisfaction and document clinical improvements in areas such as breastfeeding and immunization rates. Decreases in anemia and baby bottle tooth decay in client population also resulted from improved coordination efforts. Though some sites could not demonstrate these outcomes with hard data, virtually all the WIC and health center staffs believed that their clients were better served as a result of their partnership.

- **Does the coordination occur at many levels in the delivery of service, including the administrative, clinical, and client levels?** Model sites are those that institutionalize coordination policy and practice at each organizational level within their program. Sites that formalize their coordination strategies through memoranda of agreement, routinely used forms, and standard operating procedures have the best chance of institutionalizing their partnership at the administrative and program levels. Coordination efforts must not only exist on paper but be brought to life by staff in such a way that they are apparent to the client.

- **Does the site employ innovative approaches to coordination?** This criterion can apply to the development of a brand new approach, a variation on an existing approach, or the meaningful implementation of an approach that is known but never put into practice. Sites that meet this standard identify and use creative strategies to develop programs and manage staff in a coordinated fashion. They focus on the results they want to achieve and use problem-solving techniques to improve coordination with their partner agency.

- **Can the coordination be sustained over time?** Another indicator of a model coordination effort is the ability of the collaborating programs to sustain the effort. WIC programs and health centers were reviewed to determine if their coordination effort was implemented in a way that can be continued. Adequate financial and institutional supports must be in place so that clients do not suffer as a result of sporadic or short-term coordination.

- **Can the coordination strategy be implemented by other WIC programs and health centers?** This criterion assessed whether a site's funding mechanisms, administrative structures, and service delivery strategies are feasible enough to be implemented by other WIC programs and health centers. This is an important consideration for programs that may be able to coordinate their services at one service delivery site but also need to consider coordination at other sites.

- **Does the site provide culturally and linguistically appropriate care?** The most important aspect of service delivery is the extent to which it meets the needs of clients; client needs cannot be adequately met if the services are not culturally and linguistically appropriate. WIC programs and health centers were evaluated to see if by sharing knowledge, experience, and expertise among program staff that they were delivering culturally and linguistically appropriate care.

- **Does the site involve the community in its coordination of services?** To be effective, programs must be responsive to the populations served. Model sites recognize this as an important component in improving coordination and involving community members and clients in the design, implementation, and evaluation of service delivery.

There are as many different ways to improve coordination between programs that serve the same or similar populations as there are differences in the types and structures of WIC programs and primary health care services. The handbook includes a variety of

examples for readers to review and consider for adaptation. For example, these include a description of an independent WIC agency collaborating with a health center, an independent WIC agency providing services within a nearby health center, and a WIC agency sponsored by and integrated with a health center.

Many different types of primary health care settings are represented in the handbook, including migrant health centers, community health centers, Indian Health Service clinics, as well as health centers that are owned and operated by Indian tribes (referred to in the handbook as "tribal health systems"). Likewise, various types of WIC agencies are featured, from those sponsored by local health departments to those run by tribal organizations to those administered by private nonprofit organizations.

Using the criteria described previously, 12 sites were selected to be described in the handbook. There are, of course, many other WIC programs and health centers throughout the Nation that have exemplary coordination efforts in place. While a systematic approach was used when selecting sites, the handbook does not contain an exhaustive list of model coordination efforts. The process used to select these sites is described in Chapter Three.

In addition to the 12 sites described in the next chapter, the handbook includes a number of examples from sites around the country that have implemented coordination strategies in a few specific program areas. Chapter Four offers real-life examples of how WIC programs and health centers collaborate at the administrative, clinical, and community levels.

The handbook is designed to provide program staff with ideas and suggestions for improving coordination, remembering that no matter what the administrative relationships are between WIC and primary health care, coordination can help to provide better quality and seamless care to patients.