

# Coordination Strategies

---

*Handbook*

## CHAPTER THREE

Twelve Model Sites



# CHAPTER THREE

## Twelve Model Sites

---

This section of the handbook provides details on how 12 WIC programs and primary health care agencies work together. The table on page 20 displays the administrative and service setting characteristics of the 12 sites featured in this chapter, along with a map showing the location of each site.

Each of the summaries in this chapter begins with a description of the background information on the WIC program and the health center. The main part of each site summary is dedicated to a description of the ways in which the two programs coordinate with one another. The coordination program areas are organized by policy and administrative issues;

those related to the delivery of clinical, educational, nutritional, or social services; and efforts to reach out to or involve the community in the collaboration. In the last part of each summary, the opinions and perceptions of program staff are shared. If, after reading about a site, you have questions, please feel free to call the contact people listed for the site.



One way to use this information is to read the site summaries that are most similar to your WIC program or health center. For example, you could read about WIC programs that are coordinating with community health centers in rural areas. Or, you could review the summaries that describe health centers that sponsor local WIC programs and those that serve over 30,000 patients each year. We do urge you, however, to read information from sites that are not like yours, as you may gain additional insights into possible coordination strategies.

## Process Used to Collect Information and Identify Model Sites

When developing the handbook, careful thought was given to the design and operational issues critical to the development of an informative, engaging resource that could be easily and effectively used by busy WIC and health care providers. To this end, Health Systems Research, Inc. (HSR), developed a process and mobilized resources that would allow us to produce a handbook that is not only informative but also motivational and empowering. This process included:

- the organization of a Reactor Panel of experts with hands-on experience in WIC and health services delivery to provide input on the design and content of the handbook;
- the involvement of an experienced social marketing firm to ensure that the handbook is appealing and easy to use;
- consultation with an expert in cultural competence to ensure that the handbook is relevant and sensitive to the needs of special population groups;
- the pretesting of the handbook to gather information on design features, organization of the material, and motivational impact; and
- the development of a readiness assessment tool to help staff translate their enthusiasm into action.

The issues of how to identify WIC sites that may be coordinated with health care centers and how to select from this group those sites with model coordination efforts were particularly challenging. The processes used to effectively manage these issues are described below.

**Identifying an Initial Pool of Sites.** HSR sent letters describing the project and soliciting suggestions for the initial pool of sites to each State WIC director, State primary care associations, the National Association of Community and Migrant Health Centers, and IHS and tribal health centers. In addition, each of the project's sponsoring Federal partners used the resources of their agencies to provide information about potential sites. The project Reactor Panel also identified WIC sites engaged in coordination activities with health agencies. Using a database of all the CHC/MHCs in the country, additional sites were identified that are collocated or coordinated with a WIC program. Ultimately, 135 sites were chosen that reflected an appropriate mix of CHCs, C/MHCs, MHCs, and IHS programs engaged in some form of coordination.

**Conducting Brief Interviews With WIC Staff.** Using a short interview guide, project staff conducted interviews with WIC representatives from the 135 sites to assess the nature and extent of their coordination activities with health services agencies. Data from these interviews were reviewed and, using agency characteristics and selection criteria developed in conjunction with Food and Nutrition Service (FNS) and the Reactor Panel, the number of sites with promising coordination efforts in place was reduced to 56 agencies.

**Conducting Indepth Interviews With WIC and Partner Agency Representatives.** Project staff completed indepth interviews with both representatives from 46 of the 56 sites using a protocol developed by staff with input from the Reactor Panel and the FNS project officer.

**Selecting Sites to Be Featured in Detail in the Handbook.** Data from these interviews were reviewed and assessed for examples of model coordination practices. The criteria were again applied, and 12 of these sites were selected to be included in the handbook as model examples of effective coordination.

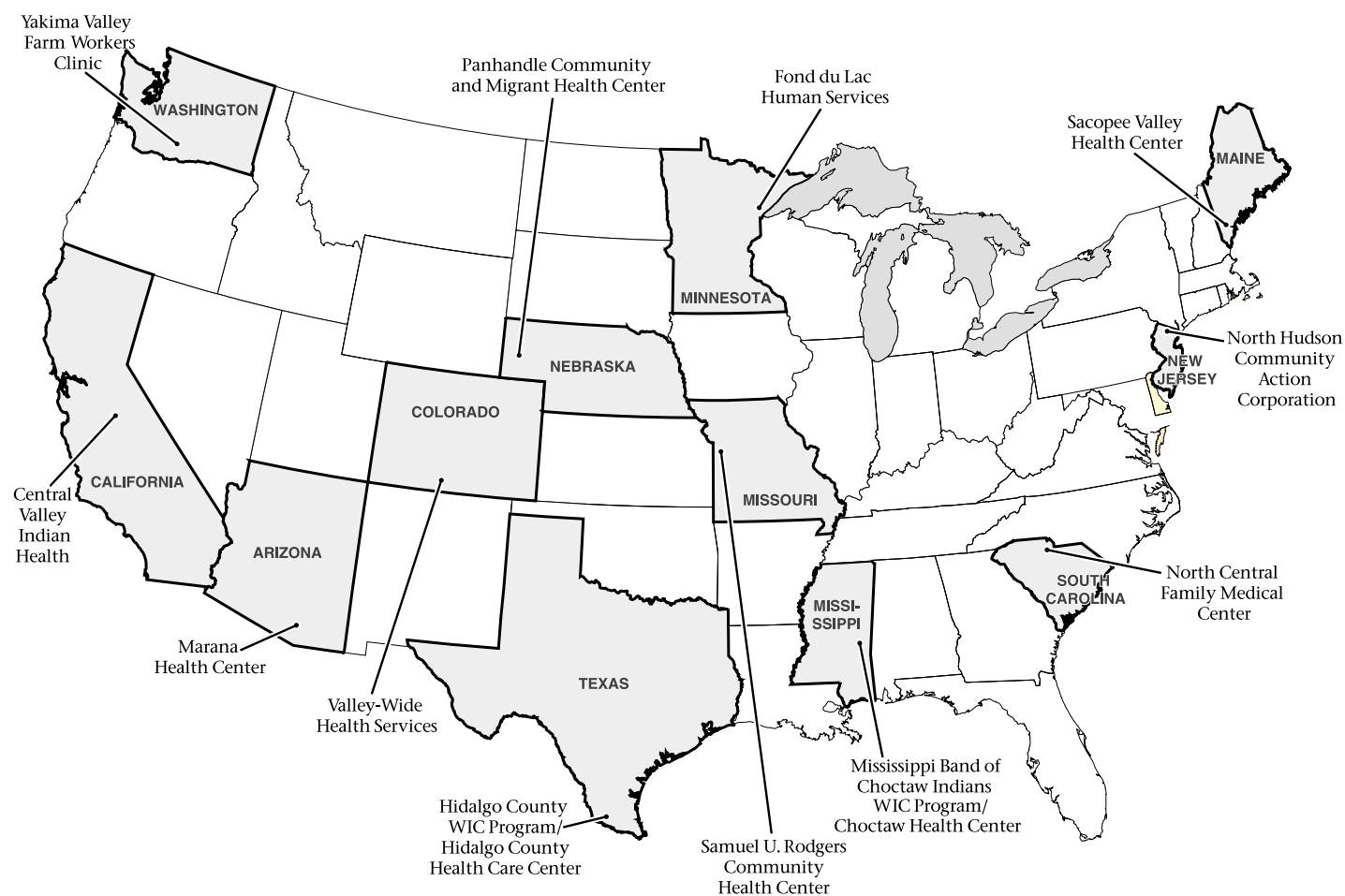
**Selecting Coordination Examples in Specific Program Areas.** In addition, information gathered from the indepth interviews was reviewed to identify examples of effective coordination in specific program areas, such as outreach and patient record keeping.

The methodology used to select sites for inclusion in the handbook was thoughtfully developed and rigorously followed. It allowed us to initially cast a broad net, gathering a large number and variety of sites and to then engage in a step-by-step, criteria-driven process to identify the sites with coordination activities in place that could be tailored and replicated by other programs.



# Model Site Characteristics

WIC Agency/Health Center	Type of WIC Agency	Type of Health Center	State	Coordination Type	Service Area	Page #
Sacoee Valley Health Center	Private, nonprofit agency	CHC	ME	Integrated	Rural	21
North Hudson Community Action Corporation	Community Action Program	CHC	NJ	Integrated	Urban	25
Mississippi Band of Choctaw Indians WIC Program/ Choctaw Health Center	WIC Indian Tribal Organization	THS	MS	Collocated	Rural	29
North Central Family Medical Center	Private, nonprofit agency	CHC	SC	Integrated	Suburban	35
Fond du Lac Human Services	Private, nonprofit agency	THS	MN	Integrated	Rural	41
Hidalgo County WIC Program/ Hidalgo County Health Care Corporation	Local health department	C/MHC	TX	Collocated	Small City	45
Samuel U. Rodgers Community Health Center	Private, nonprofit agency	CHC	MO	Integrated	Urban	51
Panhandle Community and Migrant Health Center	Community Action Program	C/MHC	NE	Integrated	Rural	55
Valley-Wide Health Services	Private, nonprofit agency	C/MHC	CO	Integrated	Rural, Frontier	61
Marana Health Center	Private, nonprofit agency	C/MHC	AZ	Integrated	Rural	67
Central Valley Indian Health	Private, nonprofit agency	THS	CA	Integrated	Urban, Rural	71
Yakima Valley Farm Workers Clinic	Private, nonprofit agency	C/MHC	WA	Integrated	Small City, Rural	77



## Site Profile

### Agency:

CHC (WIC sponsoring agency)

### Geographic Area:

Four-county, rural area

### Population Served:

4,200 patients a year,  
mostly White

### WIC Program:

372 participants; two staff

### Policy/ Administration:

Jointly funded staff;  
joint data collection

### Clinical Coordination:

Referrals; coordinated  
appointments

### Outreach:

Health fairs; PSAs; schools

### Special Initiatives:

Teen Reach Program



## Sacopee Valley Health Center

Porter, Maine

### I. Background Information

The Sacopee Valley Health Center is located in rural southwestern Maine, in the town of Porter, 6 miles from Maine's southwest border with New Hampshire. The health center offers a variety of services, including health care, social services, nutritional counseling, mental health, and substance abuse services to the residents of 12 towns in 4 counties and 2 States. The health center's 35 staff provide services to 4,200 individuals each year, the majority of whom are White.

The health center sponsors the WIC program, which is fully integrated into the health center as part of its social services department.

### II. Coordination

In 1975, a group of concerned community members recognized the need for expanded medical services in the Sacopee Valley area. As a result, a steering committee was formed to pursue funding for a rural community health center. With the contribution of an old farm house to use as the health center, the idea was on its way to becoming a reality, and the health center opened its doors in 1976.

The Sacopee Valley Health Center has taken a number of steps to increase coordination between the health center and the WIC program. These initiatives have been grouped into policy and administrative activities, activities involving the delivery of clinical services, and efforts that aim to inform community members of the services available at the health center.



## A. Policy and Administration

There are several joint policies between the health center and WIC that facilitate coordination, including the sharing of staff and program data. Both programs routinely share the patient assistant programmer/fee discounter, receptionist, WIC assistant, nutritionist, and WIC director. These positions are jointly funded and are accounted for by a division in the percentage of time staff spend working in each program.

Though the health center and the WIC program do not have integrated data systems, they do have access to each other's data and can generate joint reports. For example, clinic administrators used joint program data to determine the prenatal utilization rates of their clients.



## B. Clinical and Social Services

The health center and the WIC program coordinate a number of clinical and social service activities. Screening and assessment procedures are coordinated between the health center and WIC, so that repeat screenings are not required by WIC staff. Also, the social services manager for the health center can determine WIC eligibility based on Medicaid status and the WIC assistant can screen participants for Medicaid eligibility, making these screening and referral activities more efficient.

Because transportation is a significant barrier to service utilization, coordinating appointments for clients is a priority. Although the WIC clinic and the health center have separate appointment staff, both programs work hard to ensure that clients receive all of their needed services in one visit.

Referrals between programs have been a major part of this coordination effort. The staff of both programs are trained in making all the appropriate and necessary referrals. Referrals are generally made to WIC by health center staff if women are pregnant, low income, or have an underweight child or a child with special needs. In addition, all prenatal patients see the health center nutritionist and are screened for WIC at that time. Clients are referred to the health center by WIC if they do not have a provider or if they have a medical need.

Both programs routinely follow up with clients. A copy of the referral form is kept in the WIC record, and the original copy is forwarded to the medical provider and then filed in the medical record. If the WIC program or the health center staff do not receive the returned, completed slip from their collaborating partner, they follow up with the client and encourage them to seek services.



The Sacopee Valley Health Center also sponsors joint staff training and development for health center and WIC staff. Both WIC and health center staff are involved in planning and implementing training sessions, which occur as needed. These sessions cover an array of topics, including cultural diversity, domestic violence, customer service, confidentiality issues, stress reduction, and nutrition-related issues.



## C. Outreach and Community-based Activities

The Sacopee Valley Health Center and WIC collaborate with other organizations and programs throughout the community. Sacopee Valley staff conduct a wide variety of outreach activities, including health fairs, public service announcements, and health education programs in schools. Sacopee Valley staff also provide WIC and health services in Head Start centers, nursery schools, and at area churches.

One of the health center's major outreach success stories is a health education and support program for pregnant and parenting adolescents called the Teen Reach Program. Teen Reach provides education and organizes support groups for young parents on topics such as nutrition, safety, infant care, stress management, and decision-making. Both health center and WIC staff conduct outreach with teenagers in area schools and let them know about this special service. The Teen Reach Program has been instrumental in prompting teen parents to obtain services for themselves and their children.

## III. Perceived Effectiveness of Collaboration

The coordination effort between WIC and the health center has been extremely effective in reaching its goal of providing comprehensive, quality health services to the community. Although there has not been any documented increase in the number of health center clients, staff members are confident that the coordination effort has made a difference in the level of participation of existing clients, especially adolescents as a result of the Teen Reach Program. In fact, the social services manager for the health center has observed increased breastfeeding rates among teen mothers.

Staff from both the health center and WIC have expressed overall satisfaction with the coordination initiative. Both have said that the working relationships have been enhanced, and from a client's perspective, there has been an increase in visibility and scope of services. Clients have been very pleased with services as well. They feel privileged to have the two services collocated and really appreciate having a multitude of services under one roof.

Sacopee Valley staff believe that coordination between the health center and the WIC program is facilitated by the fact that the WIC clinic is sponsored by the health center, and

together they operate as one agency. Also, the social services manager, who counsels health center patients in need of various services, acts as the liaison between the health center and WIC and supervises the WIC director, fostering intra-agency communication and collaboration.

The Sacopee Valley Health Center's coordination effort is an excellent model of "one-stop shopping" which could easily be replicated, especially in rural areas where transportation is a problem for many clients. Their referral process, outreach efforts, and Medicaid enrollment efforts are exceptional. The Sacopee Valley Health Center staff urge other agencies that want to better serve their clients to develop a good relationship with each other and be aware of all services in the community.

## IV. Contact Information

### Gwen Scott

WIC Program Director  
Sacopee Valley Health Center  
70 Main Street  
Porter, ME 04047  
Tel: (207) 625-8126  
Fax: (207) 625-7820

### Marty Braga

Social Services Manager  
Sacopee Valley Health Center  
70 Main Street  
Porter, ME 04047  
Tel: (207) 625-8126  
Fax: (207) 625-7820



Sacopee Valley Health Center, Porter Maine

## Site Profile

### Agency:

CAP (WIC sponsoring agency)

### Geographic Area:

Urban, outside New York City

### Population Served:

36,000 patients, mostly  
Hispanic

### WIC Program:

11,000 participants; 30 staff

### Policy/ Administration:

Coordinated budgeting;  
Shared staff

### Clinical Coordination:

Joint patient nutrition  
education plans; joint  
protocols

### Outreach:

Hospitals; health fairs;  
direct mail

### Special Initiatives:

Mobile health center



## North Hudson Community Action Corporation

West New York, New Jersey

### I. Background Information

Located in West New York, New Jersey, the North Hudson Community Action Corporation (NHCAC) provides a full menu of health and social services at three different locations to the residents of 10 New Jersey municipalities. NHCAC provides services in the following areas: health, mental health, substance abuse, nutrition education, emergency food and shelter, immigration and naturalization, Head Start, child care, job placement, tenant and landlord relations, energy conservation, and home repair. More than 150 staff provide services to approximately 36,000 patients each year.

The agency serves a densely populated, low-income area outside New York City where many Hispanic families live. In fact, the area constitutes one of the greatest concentrations of Hispanics in the country. This area is lagging behind other areas of the state in terms of economic recovery. Substance abuse, employment problems—such as low wages and insufficient job training—and violence are counted among clients' biggest concerns about their community.

NHCAC sponsors the local WIC program, which is fully integrated into the health center and functions as its own department. The WIC program is located at NHCAC's main site in West New York.

### II. Coordination

NHCAC has been the sponsor of the WIC program for more than 20 years. However, when WIC was initiated, services at NHCAC were limited. In 1994, NHCAC received a grant to establish a federally qualified health center. In 1997, NHCAC received Section 330 funding to support the health center. After the health center was started, the

medical staff and the WIC program began to coordinate the provision of prenatal care and nutrition education in an effort to improve birth outcomes.



## A. Policy and Administration

NHCAC's health center and WIC program have fiscal and staffing coordination policies in place, as well as joint planning activities. For the most part, the WIC program and the health center manage their budgets independently. However, the budget is coordinated in certain areas to achieve specific goals, such as providing joint outreach activities and maintaining the mobile health center.

NHCAC's health center and WIC program coordinate many of their service planning activities to ensure that resources are being utilized efficiently. A team of case managers, comprised of representatives from WIC and the health center, meets regularly to discuss patients and to determine appropriate interventions. This team is responsible for coordinating health, nutritional, and social services. In addition to joint planning activities, some clerical and nutrition staff at NHCAC are shared to provide backup when the caseload for one of the programs becomes especially heavy.

NHCAC also sponsors joint training for health center and WIC staff. Both WIC and health center staff assume leadership roles in planning and implementing these quarterly training sessions, which focus on topics such as nutrition, dental hygiene, and breastfeeding promotion.

Finally, WIC and health center staff regularly attend each other's staff meetings as well as participate in other conferences and activities outside their agency. For example, staff from both clinical services and the WIC program participate in the Perinatal Consortium, a State program that examines available services for women and children and makes service delivery recommendations to the State and local health departments.



## B. Clinical and Educational Coordination

Because WIC and the health center share a common registration area, it is relatively easy to coordinate appointments for patients so that they can receive all of the services they need in one visit. NHCAC's appointment scheduling system also facilitates this process. At any time, clinical and WIC staff can go into the system to determine appointments that have already been made for a patient. Having access to this information allows them to schedule other appointments accordingly.

WIC and health center staff follow the same clinical, nutritional, and educational protocols for serving patients. For example, NHCAC staff share protocols for breastfeeding. While some of these protocols were developed independently and later

shared, the NHCAC nutrition protocols were developed jointly by WIC and health center staff. They also collaborated to develop individualized nutrition education plans for clients.

NHCAC takes pride in providing culturally competent nutrition education for their predominantly Hispanic clientele. One way they do this is by hiring community residents who understand the language and cultural issues. Many health center and WIC staff are bicultural and speak a variety of languages, including Spanish, Arabic, and Italian. To supplement the languages spoken by staff, agency personnel use the AT&T language line.

NHCAC staff have received cultural competency training, and some have also received special training on the dietary needs and preferences of Hispanic clients. Measures are also taken to ensure that educational materials are written at the 4th grade reading level and use a lot of symbols and pictures. NHCAC then pretests these educational materials with clients to make sure they are appropriate.



## C. Outreach and Community-based Initiatives

WIC and the health center have a strong commitment to working with other health services in the community. NHCAC staff visit local health departments and area hospital maternity wards to enroll eligible infants in the WIC program. WIC staff provide lactation consultation to new mothers in the hospital.

Health center and WIC staff plan, organize, and conduct outreach together. One of the best examples of their coordinated outreach is their mobile health center. This “portable health center” provides WIC certification and assessments, as well as pregnancy testing, blood pressure, diabetes, and cholesterol screenings, and referrals to NHCAC for needed health and social services. While the mobile health center is the most visible presence in the community, WIC and health center staff routinely conduct outreach in post offices, libraries, grocery stores, and at health fairs. NHCAC also has the support of local mayors, who work with WIC and the health center to send literature to public housing residents.

## III. Perceived Effectiveness of Collaboration

The coordination effort has been extremely effective in providing access to health care for area residents, increasing immunization rates for WIC participants, getting pregnant women into prenatal care in their first trimester, and decreasing the number of low birth-weight babies and those who die before they reach 1 year of age. NHCAC has also realized some cost savings by having the health center conduct all of the blood work and most of the height and weight measurements for WIC participants and by sharing the cost of supplies between the health center and WIC.

Staff and clients are delighted with the effort. NHCAC's WIC coordinator believes that the coordination effort has helped to inform community residents where they can obtain the care they need, has provided those needed services, and has served as a source of information for patients about other available services in the community. The collaboration allows them to provide better care to the patients they serve. Based on the results of weekly surveys conducted by the health center, the "one-stop shopping" concept is one that the patients definitely appreciate. Staff also believe that the collocation of WIC and medical services has played a large role in advancing the coordination effort.

While the effort is running smoothly, there were some initial challenges. Some staff resisted the idea of collaborating for fear that they would lose important and unique facets of their programs. Several practices helped to overcome that challenge, including an open dialogue between WIC and health center staff about how to best serve patients, joint training between WIC and health center staff, and shared protocols in the treatment and handling of patients.

## IV. Contact Information

### Maureen Luckett-Tuvey

WIC Director  
North Hudson Community Action Corp.  
5301 Broadway  
West New York, NY 07093-2622  
Tel: (201) 866-6383  
Fax: (201) 866-2495

### Michael A. Leggiero

President/CEO  
North Hudson Community Action Corp.  
5301 Broadway  
West New York, NY 07093-2622  
Tel: (201) 866-2388  
Fax: (201) 330-3803



North Hudson Community Action Corporation, West New York, New Jersey

## Site Profile

### Agency:

Tribal Health System/WIC  
Indian Tribal Organization

### Geographic Area:

Rural, checkerboard Indian  
reservation

### Population Served:

8,000 Choctaw Indians

### WIC Program:

800 participants; six staff

### Policy/ Administration:

Joint staff meetings; MOA;  
Joint data collection and  
analysis

### Clinical Coordination:

Formal referral process; joint  
clinical and educational protocols

### Outreach:

Health fairs; childbirth classes

### Special Initiatives:

Paraprofessional home  
visitors



## Mississippi Band of Choctaw Indians WIC Program/Choctaw Health Center

---

### Philadelphia, Mississippi

### I. Background Information

The Choctaw Health Center (CHC), located near the small town of Philadelphia, Mississippi, is a self-governed tribal health center that has been operating since 1975. CHC serves the 8,000 tribal members of the Mississippi Band of Choctaw Indians (MBCI) living on or near the tribe's checkerboard reservation in a rural, 10-county area in the eastern central region of the State. The health center has a 30-bed inpatient facility, emergency room services, and an emergency medical services team, as well as community health services, dental health, behavioral health, outpatient services, and a Women's Wellness Center. Seventy-three percent of the clientele are full-blooded Choctaw.

The CHC opened the free standing Women's Wellness Center (WWC) in January 1992 to provide comprehensive, preventive care for Choctaw women, non-Indian spouses of Choctaw men, and children up to age 6. The center was created to better meet the needs of pregnant women who receive fragmented care from tribal/IHS, State-funded, and private providers; a study conducted by the tribe had shown that many high-risk women received fewer than four prenatal care visits. In October 1992, the WWC received a 5-year Maternal and Child Health Bureau (MCHB)-funded Community Integrated Service System grant to assist in its effort to develop a "one-stop shopping" approach for Choctaw mothers and infants; a home visiting program for pregnant and post-partum women and their children; and a coordinated referral system between providers located on and off the reservation.

The MBCI WIC Program is an Indian Tribal Organization (ITO) that was started in the mid-1970s and was originally housed in the CHC nutrition department. Today, the program has become its own department and has a caseload of roughly 800 Choctaw women and children.

Because the reservation is geographically diffuse and transportation is a significant barrier for many families, the MBCI WIC staff travel to seven different sites on the reservation every other month to issue vouchers. These satellite sites are located in tribal community centers throughout the reservation, one of which is a 2-hour drive from the primary WIC office at the CHC. Because it outgrew its space in the clinic, the WIC office is now located in a double-wide trailer behind the Women's Wellness Center. The six-member MBCI WIC staff consists of the WIC director, a nutritionist, an administrative assistant, two clerks, and a clerical supervisor.

## II. Coordination

The CHC Women's Wellness Center and the MBCI WIC Program work closely together coordinating at the policy, administrative, clinical, and community levels.



### A. Policy and Administration

The programs have forged a formal collaborative relationship with Choctaw early childhood programs that serve the same population as WIC and the CHC. In addition, WIC and CHC share staff and other resources, coordinate appointments between WIC and the medical staff, use an integrated patient medical record, hold joint staff meetings and trainings, and use one another's data to improve service delivery.

The MBCI WIC Program, the CHC, and the Choctaw Early Childhood Education Program (CECEP), which administers the Head Start Program and day care centers, entered into a three-way Memorandum of Agreement (MOA). The agreement was created to promote coordination and communication about health and nutrition services at the agency level, reduce duplication of effort, improve quality of care, and provide the community with information. Staff from all related programs meet on an annual basis to discuss the roles and responsibilities of each program. The agreement specifically mentions anemia, obesity, diabetes, substance abuse (including Fetal Alcohol Syndrome), AIDS education, physical disabilities, developmental delays, immunizations, and mental and physical conditions related to poor diets, as areas of mutual interest to the three agencies.

The programs have also agreed to carry out a variety of other activities. For example, the WIC program has agreed to conduct nutrition assessments annually for the CECEP; send a representative to serve on the CECEP Health Advisory Board and inter-departmental committees; share its program data, while safeguarding participant confidentiality; and share coverage for the evening Wellness Center Clinic. The CHC has agreed to provide health screenings for WIC and CECEP clients; share information concerning IHS legislation and regulations that may affect WIC and CECEP; provide data on live births, infant mortality, and low birth-weight infants; and participate in



collaborative planning and evaluation activities. The CECEP program has committed to sharing educational materials and strategies and to developing joint staff training for nutrition educators from CHC and WIC. The MOA is updated annually to include additional areas of collaboration.

The CHC and the MBCI WIC Program share responsibility for collecting medical data needed for WIC certification. The CHC staff take clinical measurements for all WIC clients and process the results in their lab. The programs also share staff and operating costs, housekeeping, and computer support expenses.

WIC and Women's Wellness Center appointments are often coordinated so that patients can receive services from both programs on the same day. Prenatal care appointments, postpartum appointments at 2 and 8 weeks after delivery, and well-child visits are coordinated with WIC. After clients see the medical staff, they attend their WIC appointments. WIC staff use the medical information put in patients' charts by CHC staff to determine eligibility for the program.

The CHC and WIC staff meet on an ad-hoc basis to discuss medically or nutritionally complex or high-risk clients. The use of a single, integrated medical chart enables WIC and CHC staff to read their colleagues' notes and treatment plans. Staff from the WIC program and from the CHC also have access to each other's data as stipulated in the MOA. Both programs have used this data to apply for grant funding, assess service utilization, make changes in service delivery, and increase coordination related to special initiatives. For example:

- Both agencies used their data to determine that a lack of transportation was the greatest barrier for many clients who needed maternal and child health services. As a result, the CHC applied for, and received, funds for a vehicle and paraprofessional home visitors.
- The WIC program used service utilization data to modify its voucher issuance schedule in remote areas of the reservation and to eliminate one of the poorly attended satellite sites.
- The CHC used WIC data to identify families that live in areas where the water is not fluoridated. Because baby bottle tooth decay is pervasive on the reservation, these children were targeted for dental outreach.



## B. Clinical and Educational Coordination

The agencies work in tandem to ensure high standards of care, identify patients who need additional services, and deliver effective and consistent nutrition education to the community. To reach these goals, the agencies developed a variety of joint protocols, instituted a formal referral process between the agencies, created a system to identify children in need of additional immunizations, and collaborated to develop culturally appropriate nutrition education messages and curricula.

The CHC Women's Wellness Center began to coordinate with the WIC program before the center even opened its doors. As soon as the tribal leadership approved the creation of the new program, the CHC's nutrition department and community health services department and the WIC program jointly developed the clinical, educational, and nutritional protocols to be used by the Women's Wellness Center.

The CHC and MBCI WIC Program have developed a formalized system of referrals between the agencies. If clients have an appointment with one service, the staff either walk them next door or give them a referral slip to ensure that the client is seen by the partnering agency. WIC staff also review CHC's appointment book and highlight patients that are overdue for their WIC appointments in an effort to get them back in for services. The CHC also has an online referral system, and with it, can make referrals to many departments within the CHC. All referrals are documented in the computer system.

In light of the high incidence of baby bottle tooth decay among Choctaw children, the CHC is particularly systematic about referrals between the WIC program and the dental health department. The dental staff receive help from the WIC program in identifying children in need of dental services, since it is much easier to prevent baby bottle tooth decay than to treat it. Dental referrals are automatically made for WIC clients at their certification appointment, as well as on a case-by-base basis. If WIC does not receive its copy of the triple copy dental referral form in the appropriate time period, WIC staff contact the dental department and the client to ensure that the child has an appointment to receive a dental checkup.

The CHC also works closely with WIC to ensure that Choctaw children are fully immunized. The health center uses its computer system to identify individuals who are "deficient" on their immunization schedule. Using the list generated by the health center, WIC staff flag their clients' record in their computer system. WIC then sends a letter to the parents of all of these children informing them that their child has fallen behind on immunizations and encouraging them to bring their child to the health center for shots. Due in part to this effort, the health center has had a 90 percent immunization rate for the last 3 to 4 years.

Nutrition education is provided in a culturally appropriate manner as all WIC staff are Native American, and most speak the tribal language. Since Choctaw is not historically a written language, the current written Choctaw cannot be read well by most members. Thus, all nutrition education materials are provided in English. The WIC director uses a computer program to ensure all educational materials are written between the 5th and 6th grade reading levels. Also, Choctaw WIC staff and members of a patient education committee review nutrition education materials to determine whether clients will be able to understand them.



## C. Coordinated Outreach Activities

The CHC and the MBCI WIC Program combine their outreach resources, using mass media, community, and one-on-one peer outreach to ensure that all Choctaw families are aware of their services. Each year the WIC program writes announcements for the reservation's television station, which are read aloud by the anchor. WIC information is also included in the tribe's resource guide published by the tribal public affairs office. The WIC and CHC staff write articles together for area newspapers, and all CHC brochures and posters feature information about WIC services.

WIC and the CHC jointly participate in health fairs and prenatal and childbirth classes conducted in child care centers, high schools, and other community locations. The WIC program and the Women's Wellness Center also utilize paraprofessional home visitors. These paraprofessionals are Choctaw women who have received training in maternal and child health and have learned how to conduct outreach and to follow up on missed appointments.

The home visitors act as patient advocates and provide transportation services for pregnant women through 8 weeks postpartum to ensure they can keep all of their medical appointments. For example, if WIC provides services to a pregnant woman who is not currently receiving prenatal care, WIC notifies the home visitors, who in turn call or visit the woman to encourage her to come to CHC for prenatal care. The same procedures are followed if a client misses her WIC appointment.

## III. Perceived Effectiveness of Collaboration

WIC and the Women's Wellness Center administrators report that because the center is a new program, it was relatively easy to put coordination efforts in place. For the most part, coordination efforts have proceeded smoothly. Choctaw women and children are pleased with the new arrangement and particularly value the "one-stop shopping" approach. Officials say that WIC has been able to "catch" children who are not in the system and refer them to health services. Perhaps, most importantly, clinical outcomes have improved.

## IV. Contact Information

### Bea Carson

Director  
MBCI WIC Program  
P.O. Box 6010  
Philadelphia, MS 39350  
Tel: (601) 389-6337  
Fax: (601) 650-1860

### Jamie Hilyer, RN, BSN

Director  
Women's Wellness Center  
Choctaw Health Center  
Route 7, Box R-50  
Philadelphia, MS 39350  
Tel: (601) 389-6215  
Fax: (601) 656-5091

## Site Profile

### Agency:

CHC (WIC sponsoring agency)

### Geographic Area:

Small city and rural, three-county area

### Population Served:

6,300 patients a year, about half Black and half White

### WIC Program:

1,150 participants; 5 staff

### Policy/ Administration:

Jointly funded staff; Quality Improvement Committee

### Clinical Coordination:

Medicaid eligibility worker; jointly developed clinical protocols

### Outreach:

Health fairs; visiting newborns in hospital

### Special Initiatives:

Clinical measures studies



## North Central Family Medical Center

---

Rock Hill, South Carolina

### I. Background Information

The North Central Family Medical Center is appropriately named as it is located in the north-central region of South Carolina and serves residents of the York, Lancaster, and Chester tricounty area. North Central's 34 staff members provide primary health care, nutrition education, screening and treatment of sexually transmitted diseases, family planning, and OB/GYN services to its roughly 6,300 patients. Located 20 miles from Charlotte, North Carolina, the health center serves a unique mix of residents. The majority of its clients live in the small city of Rock Hill, but many others live in the more rural reaches of the area. The medical center's caseload is equally divided between White and Black clients, almost all of whom speak English.

North Central started seeing patients in June 1992. At the request of the South Carolina Department of Health and Environmental Control, the health center absorbed the prenatal care program from the York County Health Department in the fall of 1993. Once the health center began caring for pregnant women in the county, it made sense to also provide WIC services on site. The center applied for and was awarded a State contract to provide WIC services.

The North Central local WIC agency has just one site at the health center. The WIC office operates full time and is located next to the perinatal department. Five staff—the director, a nutritionist, a nurse, and two clerks—serve roughly 1,150 clients each month. Like the health center, the WIC caseload is 48 percent White, 47 percent Black, and has a few Asian and Hispanic clients. WIC serves 90 percent of prenatal clients, 80 percent of postpartum clients, 100 percent of infants, and 60 percent of children served at the health center.

## II. Coordination

Since its inception, the WIC program has coordinated with the center on an administrative, operational, and clinical level. In addition to budgetary agreements, their procedures include appointment coordination, regular information sharing, joint training, and an integrated patient record.



### A. Policy and Administration

WIC's budget is managed separately from the center's clinical and operational budget. WIC pays the health center's rent based on the square footage used by the program.

The health center nutritionist provides clinical nutrition services for health center patients, as well as nutrition assessment and counseling for WIC participants. The nutritionist typically works about 2-1/2 days a week for the health center and 2-1/2 days for WIC, so the health center pays about 50 percent of her salary and the WIC program supports the other 50 percent of her time. The development of outreach materials is the only exception to this arrangement. To get "more bang for their buck," WIC, prenatal care, and the clinical department each pay one-third of the cost for joint outreach activities.

The health center has two waiting rooms—one for preventive care and one for sick patients. Typically, patients are seen first for prenatal care and well-child checkups and are then routed to the WIC program.

Because the nutritionist serves both health center and WIC clients, health center staff have access to her appointment book. Likewise, when conducting outreach at the community hospital, the WIC director will often call the health center to schedule an appointment for infants. An automated appointment system facilitates appointment-making for both primary health care and WIC services.

North Central has standing meetings so staff can share information and ideas. The health center is organized into four departments—medical, nursing, finance, and WIC. Weekly management meetings are held to ensure open lines of communication and provide a forum to discuss specific department concerns. The WIC director attends the management meetings and relates upcoming policy changes and activities to other managers, who in turn present updates on their departments. The WIC director also uses this meeting to review the previous month's utilization data and to discuss with her colleagues, for example, why program attendance may be decreasing and how they should work together to rectify the situation.

WIC and health center staff also meet on a regular basis through the Quality Improvement Committee—a forum to revisit clinical and educational protocols and procedures and to discuss high-risk or medically complex cases. One of the committee’s discussion topics is the ongoing “clinical measures study” conducted by the medical director. The study is a systematic chart review that is executed for a number of the health center’s programs, including WIC. The WIC program’s charts are reviewed biannually to determine if children received their immunizations on time, to check that these immunizations were not duplicated by the county health department, and to determine whether or not WIC staff noted the immunizations referral in the patients’ charts.

North Central provides general staff training on proper use of forms, treatment procedures, telephone etiquette, customer service, Medicaid guidelines, and new protocols. WIC personnel also receive WIC-specific training through the State and local WIC agency. The health center’s executive director and finance director attend the annual State WIC meeting to stay abreast of program changes that may affect their clinic’s operations. Likewise, WIC staff participate in health center annual meetings.

Because the health center and WIC have integrated medical records, medical and nutrition personnel have access to each other’s consultation notes. However, in order to comply with WIC’s State confidentiality and reporting requirements, North Central’s medical data and WIC data systems are maintained separately. Some aggregate WIC data are entered in the health center’s data system on a monthly basis so that administrators can generate joint reports of their utilization patterns.



## B. Clinical, Educational, and Social Service Coordination

The health center has also made an effort to coordinate with other programs and agencies in the community so that its clients have access to an array of services. A Medicaid eligibility worker from the Department of Social Services is stationed at North Central and regularly sees WIC and health center clients. The York County Health Department also provides a full-time, onsite caseworker to refer clients to housing, food, clothing, and substance abuse programs and services.

First-time patients at North Central are told to expect a 2- to 3-hour appointment, as they will visit the outstationed Medicaid eligibility worker, the health educator, the social worker, the physician, and the WIC program. Health center staff and WIC staff routinely refer clients back and forth. In fact, all health center patients under age 5 are automatically referred to WIC.

North Central and its WIC program have developed joint protocols for immunization, prenatal care, dental care, and the timing of child health visits. The WIC program follows State guidelines, of course, but the health center has worked to create a more stringent set of standards in many areas. The protocols are regularly reviewed at the monthly Quality Improvement Committee meetings attended by department heads, including the WIC director.



## C. Outreach and Other Community-based Initiatives

WIC staff are an integral part of the health center's outreach team. The WIC director spearheads outreach activities and participates in many others. In general, the health center uses a community-based approach to outreach by partnering with other community agencies and attending health fairs and other local events.

The local hospital in Rock Hill granted the WIC director hospital privileges to visit maternity patients and to use the hospital's records and computer system. Every morning, the WIC director goes to the hospital to enroll newborns in the program. The hospital staff take the clinical measurements needed for WIC certification, and the WIC director issues vouchers in the patients' hospital rooms. Anywhere between 2 and 15 clients are signed up each week through the hospital. Clients value this service, as transportation is a barrier to getting their infants signed up for WIC soon after they are born. Because mothers often forget to enroll their infants in Medicaid, the WIC director reminds new mothers to contact the Department of Social Services and provides them with the contact information.

In addition to going to the hospital, North Central staff participate in many health fairs and other community events. WIC staff estimate that they attend about five to six health fairs each year in York County. WIC staff set up an exhibit at the "Best Chance" health fair, which is targeted to citizens 50 years of age and older, in order to conduct outreach with grandmothers of eligible WIC participants. Health center staff also attend the community college's youth program fair and the NAACP's "Youth Summit" held in the local park.

North Central has also made arrangements with the hospital, social services, and county health department to coordinate its outreach to area pediatricians.



### III. Perceived Effectiveness of Collaboration

Health center staff are pleased that they have been able to provide a comprehensive, “one-stop shopping” facility for county residents. The executive director commented that “if we didn’t have WIC, there would be a great void.” WIC staff attribute much of the success of their coordination to the leadership of the health center’s executive director. Staff at North Central have made valuable contacts in the community that are helpful not only for WIC but for the health center’s medical programs. Clients appreciate that they can receive prenatal care and well-child checkups at the same place where they pick up their WIC vouchers.

When asked what has facilitated coordination in their agency, health center staff believe that “communication is key.” They recommended that health center officials, beginning with the executive director, stress the importance of the WIC program to the health center. The WIC director recommended that other WIC programs that are housed within or sponsored by a health center should clearly express their needs to management, “even if it takes more than one trip to the executive director’s office” to be understood.

North Central’s administration believes that in order for a health center to have a vested interest in building its WIC program, it must hold the WIC contract with the State, as opposed to having another agency’s staff collocated a few days a week. Because there are considerable expenses involved in running a separate department such as WIC, a health center must be able to recover its costs. Officials believe that it would be difficult for a health center that had a WIC program on site but did not have the State contract to provide WIC services to break even on its expenditures.

Because there are two WIC sponsoring agencies in York County, North Central officials sometimes feel they are competing for clients, instead of collaborating to improve access and service delivery to county residents. Representatives from North Central reminded us that “not everyone can be in charge” and that to sincerely focus on the needs of the client, agencies must develop trust.

Health center officials also believe that it is more difficult for community health centers to administer WIC programs than it is for local health departments. Because health centers are not part of the State government infrastructure, they are hindered when transacting business with the State WIC Program. One example of how this affects the health center is that while local health departments receive their WIC funds up front, based on their WIC caseload, North Central must first provide services and is then later reimbursed.

To better coordinate WIC and primary health care services, North Central Family Medical Center staff suggest that health service programs first assess the needs of the community and then ask, “Is WIC already there?” If it is, then ask, “Is WIC meeting the needs of the population?” If it’s not, then find out if there are funds and space available to start a new program that does coordinate with primary care or forge new initiatives to promote coordination and collaboration.

## IV. Contact Information

### **Wilma Digby, LPN**

WIC Director

North Central Family Medical Center  
546 South Cherry Road

Rock Hill, SC 29731

Tel: (803) 325-7744 x240

Fax: (803) 325-1117

### **Ernest Brown, MPH**

Executive Director

North Central Family Medical Center  
546 South Cherry Road

Rock Hill, SC 29731

Tel: (803) 325-7744 x222

Fax: (803) 325-1117



North Central Family Medical Center, Rock Hill, South Carolina

## Site Profile

### Agencies:

Tribal Health System (WIC sponsoring agency)

### Geographic Area:

Northeastern portion of State, rural and urban

### Population Served:

6,300 patients a year, primarily Chippewa Indians

### WIC Program:

400 participants; 4 staff

### Policy/ Administration:

Memorandum of Understanding; integrated data system

### Clinical Coordination:

Coordinated Nutrition Education Plan

### Outreach:

Health fairs

### Special Initiatives:

Anemia Committee



## Fond du Lac Human Services

### Cloquet, Minnesota

## I. Background Information

Ambulatory medical services are provided by Fond du Lac Human Services at two sites: Min No Aya Win Human Services Center on the Fond du Lac Reservation and the Center of American Indian Resources in Duluth. “Min No Aya Win” is an Ojibwe collective expression of wellness, meaning “All of us are feeling good.” The Min No Aya Win Human Services Center, located on the Fond du Lac Reservation in northeastern Minnesota near the city of Cloquet, is a tribal health center dedicated to that mission of wellness. Approximately 1,700 Chippewa Indians live on the reservation. Min No Aya Win has a total of 161 employees, about 60 of whom are primarily responsible for providing health services to the more than 6,300 patients the center sees annually. Fond du Lac Human Services also administers health care services to an additional 1,700 Indians in Duluth.

The Fond du Lac WIC Program also has two locations: the Center of American Indian Resources in Duluth and the Human Services Center in Cloquet. Located in the city, the Duluth site serves Native American urban dwellers. The other WIC site is collocated with the rural Min No Aya Win Human Services Center on a part-time basis. Like the Human Services Center in Cloquet, the WIC program serves an almost exclusively Native American population in urban and rural southern St. Louis and Carlton Counties. In contrast with Fond du Lac Human Services, the Fond du Lac WIC Program has a small staff consisting of just four members: three nurses and one nutritionist, all of whom work part time. The total full-time equivalent is less than one.

## II. Coordination

The Human Services Center in Cloquet and the Fond du Lac WIC Program came together to try to increase health center and WIC program participation, as well as to try to better coordinate the care that patients were receiving.



## A. Policy and Administration

The two agencies share a fairly detailed memorandum of understanding that outlines several things, including:

- services that will be provided;
- goals and objectives of the programs;
- certifying guidelines for the WIC program; and
- local referral policy.

The health center and WIC program have a unified management structure, which allows them to coordinate their budgets for specific activities such as nutrition education. Fond du Lac Human Services and the WIC program also share a dietitian, two public health nurses, an LPN, and blood work equipment. The dietitian position is jointly funded between the health center and WIC.

Fond du Lac Human Services coordinates its medical and WIC activities in many areas. While patient records are not integrated, WIC and medical staff share height, weight, and hemoglobin measurements so that these assessments do not need to be repeated. The programs coordinate appointments for clients.

Fond du Lac Human Services and the WIC program share an integrated data system, which allows them to review data together. They've used this information to make changes in service delivery. For instance, data revealed a high incidence of anemia among WIC patients. So, they devised procedures to identify those patients and refer them for followup care.

Finally, the Fond du Lac Human Services and WIC staff actively participate in the development of each other's activities. Fond du Lac Human Services provides input into the annual WIC Nutrition Education Plan and integrates WIC goals into its own annual service plan.



## B. Clinical and Educational Coordination

Both programs make intra- and interagency referrals. Patients are given verbal and written referrals and walk-in patients are referred between the agencies as necessary. The staff also call each other to make appointments for clients. Both agencies use specific criteria for referring patients, and there are guides that exist to help staff determine when and where referrals should be made.

Both Fond du Lac Human Services and the WIC program share common protocols in the areas of education and nutrition. As a way of reducing Fond du Lac's anemia rate, all children between the ages of 9 months and 5 years of age identified with a hemoglobin measurement below a certain level are rechecked at the next clinic visit. Two policies are in place to solidify this practice: hemoglobin measures taken at WIC appointments are entered into the primary care computer system within 1 week; if a child has a hemoglobin reading below a certain level, he or she is referred to a provider for a retest and/or iron supplementation.

Led by an ad hoc committee, the programs all worked together to reduce the occurrence of anemia in the Native American population of pregnant women and children from birth to age 5. The anemia committee consisted of a doctor and nurse practitioner from the health center, an MCH nurse, a school nurse, a public health nurse, and the WIC coordinator. They met at least two times per year to set procedures for the clinics, worked to reduce the overall rate of anemia, established procedures for patient education, and established procedures for followup.

The health center and WIC program ensure that the services they provide are culturally and linguistically appropriate by conducting cultural competency training for staff. Since nearly all of the clients speak English, interpretation services are generally not necessary.

Additionally, Fond du Lac Human Services, in particular the WIC program, has conducted a number of patient satisfaction surveys that explore patients' feelings about the services they receive, the helpfulness of staff and the information they receive, topics on which they would like more information, and any changes they would like to see.



## C. Outreach and Community-based Initiatives

WIC and medical staff at the Fond du Lac Human Services Center jointly conduct many outreach efforts, working together to develop newsletters and pamphlets and to coordinate health fair activities. Fond du Lac is also engaged in the "Baby Bunting" wellness program designed to promote healthy mothers and babies. Expectant families and parents of newborns can earn points for a variety of health education/promotion activities, such as attending parenting classes, breastfeeding, making and keeping well-baby and WIC appointments, and meeting the immunization schedule. Parents may then use these points to "purchase" items for their babies, such as baby clothes, diapers, and toiletries. The Reservation Business Committee provides funds to support this program.

Additionally, Fond du Lac Human Services has community health representatives who provide a wide range of services to eligible community members, including advocacy, referral services (e.g., scheduling appointments for clients), and providing transportation to WIC and medical appointments.

### III. Perceived Effectiveness of Collaboration

Fond du Lac Human Services' staff have expressed a great deal of enthusiasm for their coordination effort. They attribute their success to the mutual respect and professionalism shown by the staff of both programs. One true mark of success is that the staff do not distinguish themselves as "WIC staff" or "health center staff," but rather just as staff serving patients.

This collaboration has resulted in improved outcomes for clients, particularly in the area of decreased anemia rates. Many of the activities that have made this coordination effort successful, including sharing of staff, sharing protocols, coordinating clinical activities, and providing input into each others' plans and goals are relatively easy to replicate.

### IV. Contact Information

#### Peggy Hiestand

WIC Coordinator/Dietitian  
Fond du Lac Human Services  
927 Trettel Lane  
Cloquet, MN 55720  
Tel: (218) 878-2146  
Fax: (218) 879-8378

#### Phil Norrgard

Human Services Director  
Fond du Lac Human Services  
927 Trettel Lane  
Cloquet, MN 55720  
Tel: (218) 879-1227  
Fax: (218) 879-8378



Fond du Lac Human Services, Cloquet, Minnesota

## Site Profile

### Agencies:

C/MHC and WIC local agency

### Geographic Area:

Rural south Texas

### Population Served:

55,000 patients per year,  
predominantly Hispanic  
farm workers

### WIC Program:

52,500 participants; 167 staff

### Policy/ Administration:

Memorandum of Agreement

### Clinical Coordination:

Shared clinical protocols for  
special populations

### Outreach:

Employers; mobile van  
in colonias

### Special Initiatives:

Adolescent parenting  
program



## Hidalgo County WIC Program/ Hidalgo County Health Care Corporation

---

### Pharr, Texas

## I. Background

The Hidalgo County Health Care Corporation (Hidalgo County HCC) is a community and migrant health center that provides dental services, nutrition education, OB/GYN care, mental health services, family planning, well-child care, and pediatric and family medicine. Hidalgo County HCC's main site is located in Pharr, Texas, a small city with a population of about 35,000. The health center also has a site in nearby Edcouch. Almost all of the Hidalgo County HCC clients are Hispanic, and roughly 20 percent are migrant farm workers. The majority of clients seen at the Hidalgo County HCC are previous migrant farm workers who have “settled” out of the migrant stream and now live in rural, impoverished “colonias” in the county. The housing conditions in the colonias are extremely poor—roads are unpaved, two to three families share a dwelling, and some families do not have running water.

The Hidalgo County WIC Program has 167 staff and 24 clinics scattered across the county. Two of these clinics are collocated with the Hidalgo County HCC sites in Pharr and Edcouch. Four WIC staff—one nutritionist, two clerks, and the breastfeeding peer counselor—work at the Pharr site 40 hours a week. Two WIC staff (a nurse and a clerk) are collocated at Edcouch 2 days a week. The WIC caseload is 650 participants in Pharr and 120 in Edcouch.

## II. Coordination Effort

Due to a lack of transportation, many women and children who were eligible for WIC were not receiving services. Officials at the Hidalgo County WIC Program knew that the attendance rates did not reflect the true need in the community. At the same time, the Hidalgo County

HCC saw a significant number of families who were eligible for WIC but were not obtaining WIC services from the county WIC program when referred. Both organizations rapidly reached the same conclusion—in order to increase utilization of services, health center and WIC services had to be collocated. The coordination effort between the Hidalgo County WIC Program and the Hidalgo County Health Care Corporation has been operating for 1-1/2 years. Clients can now obtain WIC services at the two health center sites.



## A. Policy and Administration

The WIC director and the executive director of Hidalgo County HCC meet on a monthly basis to review their Memorandum of Agreement (MOA) and to plan for the coordinated delivery of services. Though agency funds are not shared between the two organizations, both WIC and Hidalgo County HCC officials realize the importance of providing cost-effective services that meet patients' needs.

The relatively new collaboration effort has resulted in an ever-strengthening working relationship between the two agencies. WIC is now involved in the planning and development of a new site for Hidalgo County HCC, where the WIC program will be integrated as a full-fledged department in the health center.

Both programs maintain separate patient records. However, their MOA allows WIC and health center staff to share clinical information, particularly if a patient is high risk. Staff also make a concerted effort to share medical histories for pregnant clients. To comply with patient confidentiality guidelines, clinical information is shared only between relevant clinicians and WIC staff. Patients are asked to sign an information release form that gives WIC staff access to their medical history.



## B. Clinical and Educational Collaboration

At the two collocated sites, the WIC program and the health center have devised various coordination procedures, including coordinated appointments, shared protocols, and coordinated nutrition education. The WIC program coordinates all WIC appointments with well-child care, prenatal, and routine OB/GYN appointments to ensure that patients can receive all needed services in one visit.

The two agencies also coordinate on immunization and referral policies. They have instituted a joint policy that walk-in patients are not given immunizations. This policy was adopted to encourage parents to utilize services on a regular basis, instead of in a haphazard manner and only in emergency situations.



Due to the increase in the number of pregnant women attending the WIC clinics at the Hidalgo County HCC sites, WIC staff have made a concerted effort to make systematic referrals to Hidalgo County HCC's prenatal care department. To support their efforts, the health center's prenatal coordinator works with WIC staff to ensure that all pregnant women receive timely and seamless service.

Health center and WIC staff also collaborate on the information offered to patients during nutrition education counseling. The Hidalgo County HCC and WIC nutritionists cover different nutrition education topics when counseling clients. The topics covered are recorded in the patient's medical record and discussed at joint meetings of WIC and Hidalgo County HCC nutritionists.

All staff at both agencies are bilingual in Spanish and English. WIC staff ensure that materials are culturally appropriate and available in both English and Spanish. When developing and reviewing educational materials, staff are sensitive to the various Spanish dialects spoken by Mexican and Central American clients, and when providing nutrition education, they keep in mind the differing food preferences among their Spanish-speaking clients. All WIC educational materials are developed at a low literacy level. The WIC program relies upon the health center's outreach department to solicit client feedback on materials. The agencies also developed special educational and outreach materials for adolescents and migrant farm-worker clients.



## C. Outreach and Community-based Initiatives

The Hidalgo County WIC Program and its partner health center work on a number of outreach activities together, including media events, community-based education, and one-on-one outreach in the rural colonias. The Hidalgo County HCC and the Hidalgo County WIC staff hold a quarterly joint meeting to coordinate their many outreach activities and reduce duplication.

Using the WIC program's mobile van, 3 WIC staff go to some of the 1,000 colonias scattered throughout the county, distributing leaflets and providing nutrition education, counseling, and immunizations. They try to visit at least one colonia each day where they conduct various WIC services in the van. Occasionally, the WIC breastfeeding peer counselor accompanies the team to offer breastfeeding education. Recently, an Hidalgo County HCC pediatrician joined the team conducting outreach in the colonias. The pediatrician also operates a well-baby clinic twice a month in the most populous region of the county.

To buttress their traditional outreach activities targeted to families living in substandard conditions, the two agencies collaborated to produce outreach materials, including a TV commercial advertising the WIC mobile clinic and services available in the colonias.

The programs' jointly staffed outreach team is conducting a needs assessment of the families in the colonias during home visits. This information will be used to develop and modify services.

Interagency collaboration has revealed that Hidalgo County adolescents have some unmet needs. To address these needs, WIC started an adolescent parenting program in each of the county's school districts. The curricula includes infant feeding and nutrition education. Health center staff participate in the educational classes as needed. WIC staff distribute WIC vouchers to adolescents during these classes so that they don't have to miss class to pick up their vouchers at the clinic.

The Hidalgo County WIC Program also conducts targeted outreach to employers in the private sector. In particular, the WIC program established an ongoing nutrition education class at an area manufacturing plant that employs WIC-eligible women. While WIC conducts the educational sessions, the health center advertises these sessions by discussing the classes with women who work at the plant.

### III. Perceived Effectiveness of Coordination

According to agency officials, the coordination effort has unfolded smoothly. They describe the coordination as "a good merger that's beneficial for both agencies." As they focus on meeting common goals, they've seen a tremendous increase in teamwork. And they're seeing results: More clients are utilizing services, 36 percent more pregnant women are obtaining first trimester prenatal care, 200 children have been immunized, and high-risk women and women with gestational diabetes are obtaining quality, coordinated care. Since the effort has begun, 650 new clients have enrolled in the WIC program at Hidalgo County HCC.

While the WIC program has outgrown the space originally provided by the health center, this problem should be solved when the new health center site opens. In the meantime, the WIC program is holding educational sessions in the evenings and on weekends to make services more accessible to clients.

Staff at both programs feel positive about the coordination and report that clients seem happier with the change, as they receive prompt attention for their medical and nutritional needs. Hidalgo County HCC officials believe their agency has benefitted from WIC's

extensive peer outreach and by the fact that WIC has encouraged them to venture into the use of media to promote health center services. The coordination process has also made health center staff aware of the importance of targeting their significant adolescent population with unique outreach and educational activities.

## IV. Contact Information

**Norma Longoria, MS, LD**

WIC Director  
Hidalgo County WIC Program  
3105 West University Drive  
Edinburg, TX 78539  
Tel: (956) 381-4646  
Fax: (956) 380-4056

**Lucy Ramirez**

Executive Director  
Hidalgo County Health Care Corporation  
1203 East Ferguson  
Pharr, TX 78577  
Tel: (956) 787-8915  
Fax: (956) 781-4384



Hidalgo County WIC Program Mobile Van, Pharr, Texas



## Site Profile

### Agency:

CHC (WIC sponsoring agency)

### Geographic Area:

Urban portion of Kansas City

### Population Served:

16,000 patients a year,  
ethnically and racially diverse  
population

### WIC Program:

1,700 Participants; 6 staff

### Policy/ Administration:

Jointly funded staff with dual  
roles; Quality Assurance  
Committee

### Clinical Coordination:

High-risk care plans

### Outreach:

Child care programs; churches

### Special Initiatives:

Outreach to methadone clinic



## Samuel U. Rodgers Community Health Center

---

### Kansas City, Missouri

## I. Background Information

Located in the northeastern part of Kansas City, Missouri, Samuel U. Rodgers Community Health Center targets a service area of approximately 70,000 residents. The center offers a full range of medical, dental, and public health services. Special initiatives include the provision of well-child care at three school-based clinics and sponsorship of a methadone maintenance program. With a staff of 179, the health center offers comprehensive health services to approximately 16,000 patients every year. The center serves a diverse population, as 45 percent of the patients are Black, 20 percent are Hispanic, 18 percent are White, and 11 percent are Asian.

The health center sponsors the WIC program, and WIC services are fully integrated into the overall delivery system. One person manages the health center's nutrition department and the WIC program and is charged with coordinating activities between WIC and the health center's nutrition services. WIC is located near the health center's other services, enabling WIC and clinical staff to develop close links.

Like the health center, the WIC program serves a diverse population that includes Haitian, Russian, Somali, Vietnamese, Bosnian, Kurdish, Ethiopian, and Rwandan clients. Because the health center is located near a refugee resettlement center, the ethnic composition of clients is always in flux.

## II. Coordination

WIC has been collocated with the health center for the past 10 years and has been sponsored by the health center for the last 2. The WIC program and the health center began to better coordinate their services because many women seen in the health center who were WIC eligible

were not enrolling in the program or receiving its benefits. Samuel U. Rodgers' staff approached the State WIC program to facilitate the integration of WIC as a part of the health center. The health center subsequently became the sponsoring agency for the WIC program on site. WIC's integration into the health center was an outcome of the center's effort to provide the most comprehensive and seamless care possible. To emphasize the importance of WIC, the program was designated as a department within the health center and is therefore involved in all planning and management decisions made by the organization.



## A. Policy and Administration

The health center's nutrition department and the WIC program enjoy close coordination because they are managed by the same individual—the nutrition manager, a position jointly funded by WIC and the health center. This arrangement diminishes the opportunity for duplication in the area of nutrition education and counseling. Another jointly funded position, that of perinatal nutritionist, also facilitates the seamless delivery of health and nutrition services to patients.

Other strategies include the coordination of WIC and prenatal appointments for pregnant patients, as well as the creation of an integrated patient record system. These strategies allow pregnant women to access many important services in one visit and give staff the information needed to provide and coordinate quality care.

The Quality Assurance Committee focuses on all agency clinical activities. WIC staff sit on the committee, which permits the sharing of information across organizational and program lines. Together the committee focuses on the development and implementation of clinical indicators to monitor the effectiveness of various interventions.



## B. Clinical Collaboration

WIC and the health center work jointly on a number of clinical issues. Screening and assessment procedures are coordinated between WIC and the health center, as WIC and the health center use the same assessment and screening tools and laboratory protocols.

WIC has also developed a "high-risk care plan" to guide WIC staff on referral practices for health services. For example, if a child is seen at the health center twice with low hemoglobin, he or she is automatically referred to a pediatrician for further investigation.

Departments within the health center also coordinate efforts in the area of patient education. For example, the WIC program and dental department work together to provide health education related to baby bottle tooth decay. The WIC department supports

the effort by providing health center patients with “free” coupons to have their children screened at the dental clinic. The dental clinic staff pick up on this theme by providing services to children with baby bottle tooth decay beginning at the age of 6 months.



### C. Outreach and Community-based Initiatives

Outreach for all health center services, including WIC, are coordinated through Samuel U. Rodgers' Health Promotions Department. This helps ensure that outreach messages are mutually reinforcing. Staff from both the health center and WIC conduct outreach for all center services at local grocery stores, child care centers, laundromats, and other community gathering sites. WIC and health center staff attend church meetings and social events to offer cholesterol and diabetes screenings and inform participants of services available at the health center. Each year, Samuel U. Rodgers organizes a large health fair in conjunction with the Jackson County government, offering prevention information, health screening, and nutrition education.

Special outreach is also targeted to vulnerable population groups with behavioral or substance abuse problems. WIC staff participate in a substance abuse support group at the methadone clinic, offering information and advice on health and nutrition and encouraging participants to share this information with their families. The health center's Mental Health Program recently initiated services for victims of domestic violence by forming a support group. WIC staff periodically attend the group to encourage women to use the health and nutrition services available at the health center.

## III. Perceived Effectiveness of Collaboration

Health center staff believe that integrating services has created an openness that has helped them work together to meet the community's needs. The WIC caseload has steadily increased, with patients expressing higher levels of satisfaction with services. The State Department of Health has documented decreases in the rate of anemia among children, and WIC and the health center are meeting their targets for weight gain in children and pregnant women. The health center administration is extremely enthusiastic about coordination and has a strong commitment to sustaining these efforts.

The Samuel U. Rodgers Community Health Center coordinates its comprehensive health services with WIC and other community services to provide a seamless system of care. The experience of this health center demonstrates the importance of a commitment to coordination at all administrative and clinical levels.

# IV. Contact Information

**Eve Wells**

Nutrition Department Manager  
825 Euclid  
Samuel U. Rodgers CHC  
Kansas City, MO 64124  
Tel: (816) 889-4693  
Fax: (816) 474-6475

**Warren J. Brodine**

Administrator  
825 Euclid  
Samuel U. Rodgers CHC  
Kansas City, MO 64124  
Tel: (816) 474-4920  
Fax: (816) 474-6475



Samuel U. Rodgers Community Health Center, Kansas City, Missouri



## Site Profile

### Agency:

C/MHC (WIC sponsoring agency)

### Geographic Area:

Rural, 11-county area in western part of State

### Population Served:

7,232 patients a year, about half White and half Hispanic

### WIC Program:

1,540 participants; 9 staff

### Policy/ Administration:

Combined Service Plan;  
Continuous Quality  
Improvement Committee

### Clinical Coordination:

Cross-trained staff;  
coordinated appointments

### Outreach:

Peer outreach

### Special Initiatives:

Outreach to Lakota  
children



## Panhandle Community and Migrant Health Center

---

### Gering, Nebraska

### I. Background Information

Panhandle Community Services (PCS) is a community action agency that administers the Panhandle Community Health Center (PCHC)—a community and migrant health center funded under Section 329 and 330—and its WIC program in Gering, Nebraska. The PCHC's 70 full-time employees and 4 part-time employees served 7,232 health center clients in 1998. The center provides dental, maternal and child health, nutrition education, sexually transmitted disease screening and treatment, HIV counseling and testing, OB/GYN care, family planning, pediatric and family primary health care, and well-child care to low-income residents of Nebraska's panhandle. The health center screens and refers clients who need substance abuse and/or mental health services. PCHC also administers specialty clinics for diabetes education and treatment and migrant health satellite clinics, as well as conducts an annual clinic for children with special health care needs. The center has been described by one of its employees as striving to be the "Walmart of health care."

PCHC serves a rural, ethnically diverse, low-income population in the far western portion of the State. Six of the 11 counties served by PCHC have median household incomes below the State average income of \$29,038. White clients account for 51 percent of the patient caseload, and Hispanics account for 43 percent. Of the remaining 6 percent of clients, 5 percent are Native American and 1 percent is divided equally between Blacks and Asians. The primary languages spoken by PCHC clients are English and Spanish. The Native American population is largely Lakota, and many of the members of the Lakota tribe speak Sioux.

The WIC program currently serves seven counties in the Panhandle and an additional four “out-of-town” clinics with traveling distances of up to 100 miles one way. The WIC program is funded for an estimated caseload of 1,698 participants, though the program currently averages between 1,450 and 1,500 participants each month.

## II. Coordination

The State of Nebraska’s Health and Human Services System (HHSS) served as the catalyst for the integration of WIC with health care services at PCHC. Because local health departments are located in only 18 of Nebraska’s 93 counties, the State relies heavily on nonprofit agencies like Panhandle Community Services to provide public health services. In 1995, after identifying a need for improved coordination of community public health services to reduce service duplication and improve cost effectiveness, the Nebraska HHSS developed the concept of a Combined Service Plan (CSP). CSP is a grants management model that assists local health agencies in delivering a “one-stop shopping” approach to consumers of their health services. The model promotes the collocation of multiple health programs in an effort to facilitate the integration of public health services. The consolidated grant process tracks and accounts for each program’s funds separately. WIC funds are only used for WIC-specific allowable costs or for WIC’s fair portion of shared allowable costs.

The HHSS, in an effort to do away with duplicative grants management practices at the local level, incorporated eight Federal funding sources into one grant at the State level. The eight funding sources are the:

- Commodity Supplemental Food Program (CSFP)
- Immunization Action Program (IAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Title V, Maternal and Child Health (MCH)
- Title X, Reproductive Health Care Program (RHCP)
- Childhood Lead Poisoning Prevention
- HIV/AIDS Counseling and Testing
- Diabetes Prevention Program

PCS received a noncompetitive Request for Application from HHSS to test the CSP model because the agency was already providing services under four of the above-mentioned funding streams. The grant award was made to PCS effective July 1, 1995, to June 30, 2000.

Coordination of services occurs on many levels at the health center. Client appointments are coordinated to improve compliance and reduce the time that clients must spend at the health center. PCHC staff are cross-trained to perform a number of activities. WIC and health center records are integrated into one patient chart. Nutrition education materials

are created jointly by health center and WIC staff to ensure that clients are receiving culturally appropriate services. When necessary, the health center provides an interpreter for Spanish-speaking clients. The health center and WIC staff also conduct joint outreach activities in the seven-county service area.



## A. Policy and Administration

When a potential client calls the center for an appointment, a customer service representative (health center employee) processes the request. The client's income level is identified and, depending on need, the client is referred to one or several of the health services offered. All pregnant, low-income women are automatically referred to WIC. Appointments are coordinated so that a mother may make a well-child appointment, a women's health appointment, and a WIC recertification visit all on the same day.

All PCHC staff are hired on the basis of their ability "to see the big picture" and their willingness to be cross-trained to handle health center and WIC issues. The staff receive joint training and work on clinical teams that include WIC and health center staff. Clinic resources are shared so that patient hematocrits can be completed at a well-child check by clinic staff and also used for a recertification visit by WIC staff.



## B. Clinical Coordination

PCHC clients have only one medical record that contains both health center and WIC information. At the initial visit, clients are asked to sign a form indicating that they give their permission for their health records to be shared among the PCHC staff. All contact notes and services are included in this record (with the exception of dental records) so that each health practitioner (including the WIC nutritionist) has access to all information for every client. The exception to this policy is HIV status, which is not shared among staff. Data from the health records are then entered into a database and used for service planning. For example, outreach activities targeted to Lakota children were implemented as a result of data that showed that few Lakota children were receiving WIC services.



## C. Outreach and Other Community-based Initiatives

Because 50 percent of the PCHC staff are Hispanic and bilingual, many services are conducted in Spanish. Health and nutrition education materials are evaluated for cultural and linguistic appropriateness by the health center's Continuous Quality Improvement Committee. The board of the health center is comprised of residents of the service communities and health center clients. This Consumer Board helps to plan and develop culturally appropriate services and materials.

Outreach activities are inter-related so that a clinic nurse or dietitian is equally prepared to explain WIC eligibility and recruit for the various health center services. The client base itself has become instrumental in conducting outreach by referring neighbors and extended family members to the health center.

### III. Perceived Effectiveness of Collaboration

Both the health center and the WIC director report that as a result of this joint effort, clients are better educated and able to access more health resources. A comprehensive evaluation of the impact of CSP on WIC participants' health outcomes revealed an increase in the proportion of pregnant clients entering the WIC program during their first trimester and slight improvements in ideal weight gain, smoking cessation, and the initiation of breastfeeding (Gaber and Gaber 1998). In addition to these scientific findings, staff say that clients like the "one-stop shopping" approach and the "Walmart of health care" concept. Client surveys indicate that client satisfaction is very high, and as we know, satisfied clients are the best way to reach out to potential new clients.

There have been, however, some bumps in the road along the way. Some duplication of activities still exists. Staff report that they sometimes feel stretched too thin—the clinic is always busy, and the paperwork can be overwhelming. The situation could be eased, according to both directors, if WIC did not require a separate patient registration form. Because the State's WIC data system is not always compatible with the clinic's system, registration information must sometimes be entered twice.

However, both WIC and health center staff agree that having the State take the initiative in facilitating integration of WIC and health services is a good way to get the process moving. Hiring staff who are flexible and want to cross-train and share resources also helps.

Overall, the commitment of management to spend time in cross-training the staff and setting up integrated clinical protocols is giving clients an array of needed services, delivered in the most user-friendly way possible.

The University of Nebraska is conducting an ongoing evaluation of the integration effort at the Panhandle Community Health Center. Professors John Gaber and Sharon Gaber can be reached at (402) 472-4378 for additional information.

## IV. Contact Information

**Jill Lindgren**

WIC Clinic Director  
Panhandle Community  
and Migrant Health Center  
975 Crescent Drive  
Gering, NE 69341  
Tel: (308) 632-2540 x276  
Fax: (308) 632-2572  
e-mail: [jlindgren@Pcswn.com](mailto:jlindgren@Pcswn.com)

**Sherri Lovercheck**

Executive Director  
Panhandle Community  
and Migrant Health Center  
975 Crescent Drive  
Gering, NE 69341  
Tel: (308) 632-2540  
Fax: (308) 632-2572

## Reference

Gaber, J.; Gaber, S.; Hanson, M.; Ross, D., October 30, 1998. WIC Special Project Grant, Interim Report, State of Nebraska.



Panhandle Community and Migrant Health Center, Gering, Nebraska



## Site Profile

### Agency:

C/MHC (WIC sponsoring agency)

### Geographic Area:

10 counties in rural San Luis Valley

### Population Served:

32,000 patients a year, about half White and half Hispanic

### WIC Program:

1,275 participants; 8 staff

### Policy/ Administration:

Joint goals and objectives;  
coordinated budgeting;  
shared records

### Clinical Coordination:

Shared clinical and  
nutritional protocols

### Outreach:

Screenings in migrant  
farm-worker camps



## Valley-Wide Health Services, Inc.

### Alamosa, Colorado

## I. Background Information

Valley-Wide Health Services operates federally funded community health centers and migrant health centers in a predominantly rural and frontier area of southeastern Colorado known as the San Luis Valley. Valley-Wide Health Services, Inc., serves 32,000 residents per year in a 10-county area. More than 200 health center staff members provide a variety of services including primary health care, dental care, mental health, and occupational health services, as well as several support services to a predominantly Hispanic (50 percent) and White (50 percent) client population.

WIC is fully integrated into Valley-Wide Health Services as a part of the support services department. WIC clinics are operated at four Valley-Wide Health Services' centers throughout the San Luis Valley. The WIC clinics at the various sites are all located on the same floor and in the same space as the health services, with the exception of one, which is located in an adjacent building. As with the health center, Hispanics comprise 50 percent of the WIC clientele and Whites comprise 50 percent.

## II. Coordination Effort

In order to address the complex needs of a growing migrant population and to prevent duplication in community service programs, Valley-Wide Health Services contracted with the State to start WIC programs in Alamosa and Saguache Counties in the late 1970's. State WIC staff and a community health center dietitian were instrumental in identifying the need for the initial WIC clinics. Seven additional WIC clinics evolved from the success of the Alamosa and Saguache County clinics.



## A. Policy and Administration

Since the WIC program has been integrated not only into the locations but also the structure of the Valley-Wide Health Services' organization, no Memorandum of Agreement exists. There are, however, written goals and objectives for the coordination efforts in areas such as screening pregnant women for WIC, encouraging breastfeeding, and referring eligible clients to the WIC program.

The Valley-Wide Health Services' controller meets with each department director to review their respective program's budget, and all programs participate in a group review and development process with other departments/programs in the organization. Therefore, all programs under the Valley-Wide auspices benefit from a central fiscal auditing process.

The WIC staff's identification of themselves as Valley-Wide Health Services' staff who work in the WIC program demonstrates the extent to which WIC is integrated within the Valley-Wide Health Services' organization. Although the WIC program budget only allowed for a part-time dietitian, a staff member was hired full time and shared with other departments to provide services, such as individual nutrition counseling, to other programs. Other staff are shared on an informal ad hoc basis, as well, in order to provide coverage for services and activities.

Valley-Wide Health Services has developed a number of coordinated administrative functions, which start at the planning level. Health center administrators meet monthly with program managers from all programs to discuss activities, services, and staffing needs. Determinations of shared positions, such as a registered dietitian and nutrition educator is one outcome of such planning meetings. In addition to the monthly meetings, joint staff training occurs about twice per year on a variety of topics which have included safety, communication, stress management, and breastfeeding. Leadership for planning and implementing the training rotates among various departments of the center depending on the topic presented. Communication between programs continues on a more informal basis as well. Staff utilize ad hoc meetings to follow up on referrals and mutual clients in an effort to avoid duplication and fragmentation of services.

WIC and the health center do not have an integrated data system, but data are shared between departments and are used to make changes in service delivery. For example, client addresses are tracked and administrators use this data to determine locations for new service sites based on areas from which increasing numbers of clients are coming. WIC and the health center also share an automated appointment system.



Appointment coordination is recognized as particularly important for clients for whom transportation is an issue since these clients may find it difficult to return for separate visits. Coordination of screening procedures also occurs between WIC and Valley-Wide Health Services so that repeat hematocrit screening or height and weight measurements are not required.



## B. Clinical and Educational Services

WIC and the health center staff share common clinical, nutritional, and educational protocols. The protocols have been developed jointly among health center staff, including WIC, through their participation in committees structured to gather protocol input. Clinical collaboration also occurs in the form of routine referrals between programs. Established criteria and written guides/manuals have been made available to both WIC and health center staff to assist them in making referrals between programs. Staff call between the programs to make appointments for clients or walk the client to the program as part of the referral process. Referrals are also commonly made through the use of referral slips, which then remain in the chart as documentation.

Valley-Wide Health Services aims to reduce fragmentation and duplication of educational services through joint planning of the prenatal and well-child program materials. Several mechanisms have been put in place to ensure that materials are appropriate for clients' needs. Committees have been established to review educational materials for cultural appropriateness. In addition, a computerized literacy program assesses the literacy level of program materials. Moreover, staff trained in cultural competency provide a final review of materials before they are distributed to clients. Valley-Wide Health Services has the added advantage of a staff that is primarily (70 percent) bilingual with many who are bicultural as well.



## C. Outreach and Community-based Activities

All Valley-Wide Health Services' outreach includes WIC outreach. The health center's patient handbook, newspaper supplements, and printed advertisements all include information regarding the WIC program, as does the recorded message that plays when clients are placed on hold on the main phone line of the center. Case managers and physicians have WIC posters in their offices and waiting rooms, and WIC is included in health center brochures and on posters that are distributed to grocery stores, social services' offices, and laundromats. Health center staff conduct migrant camp screenings on a regular basis that include WIC outreach activities where appropriate (i.e., if camp includes women and children).

Valley-Wide Health Services is committed to listening to the community it serves. Community members comprise the organization's board of directors, and client feedback is solicited regularly through client satisfaction surveys. Valley-Wide staff are also encouraged to participate in community forums. They're currently involved in organizations such as the Migrant Coalition, Head Start Health Advisory Board, San Luis Valley Nutrition Network, and Child Find, as well as several local community boards.

### III. Perceived Effectiveness of Collaboration

Staff at Valley-Wide Health Services believe the coordination effort has been highly effective. Coordination has created a rapport between physicians and other program staff that has led to increased respect for the variety of programs and services that benefit the clients. Valley-Wide has sought to use each expansion of the WIC integration effort as an opportunity to improve services and do things better at each new site. Providing collocated office space has been particularly instrumental in helping WIC become more integrated at each of the sites.

One indication of the success of the integration effort is the number of clients who have sought WIC services at the integrated sites. The WIC caseload has tripled at the health center sites in the past 11 years.

Clinical outcomes are also believed to have improved as a result of the coordination effort. Combined prenatal and case manager coordination services along with other support programs, such as WIC, have yielded improvements in pregnancy outcomes and the incidence of low birth weight. This success is reflected in the attitude of the WIC staff—they are “proud of what is done with the community health centers and proud to work with them.”

One barrier Valley-Wide has faced has been a lack of funds to provide more activities and services. Sharing professional staff, such as a dietitian, was particularly helpful in overcoming this barrier, but there are limitations on salaries and hours available.

Another challenging issue has been working with the State WIC office. The expectations of the State WIC program have been established based on years of experience with “free-standing” WIC clinic operations, so obtaining the flexibility necessary for the operation of WIC clinics within another health organization has made for a difficult transition. For example, when Valley-Wide became automated, it was difficult to integrate WIC into the central computer system because the State-required WIC computer system is not compatible with other network systems. To overcome this barrier, Valley-Wide supplied the WIC clinic with a second computer, linking them to Valley-Wide's network and integrated data system, while allowing continued use of the WIC-mandated system.

Integrating WIC into the health clinic and having it participate as “an equal partner” has had great advantages for both the staff and the clients of Valley-Wide Health Services. Staff urge agencies that wish to replicate their coordination model to consider early on in the effort the needs of each program and identify common areas in which collaboration would be useful. This assessment will set the stage for joint planning and service integration efforts that are designed to meet the needs of both programs and clients.

WIC staff also suggest that orientation sessions be offered for all new employees regarding the WIC program and its operations so that they will understand the collaborative effort and better utilize the services available. Most important in replicating this coordination effort is obtaining buy-in from administrators and health center providers. Staff noted that getting the providers and administrators on board is essential to making the effort a success.

## IV. Contact Information

**Katy Baer, MPH, RD**

Director, WIC and Nutrition Services  
Valley-Wide Health Services WIC Program  
204 Carson Street  
Alamosa, CO 81101  
Tel: 719-589-5161  
Fax: 719-589-5722

**Konnie Martin**

Vice President of Operations  
Valley-Wide Health Services, Inc.  
204 Carson Street  
Alamosa, CO 81101  
Tel: 719-589-5161  
Fax: 719-589-5722



Valley-Wide Health Services, Alamosa, Colorado



## Site Profile

### Agency:

C/MHC (WIC sponsoring agency)

### Geographic Area:

Rural area,  
northwest of Tucson

### Population Served:

5,000 patients a year,  
80 percent are White and  
18 percent are Hispanic

### WIC Program:

1,200 participants; 6 staff

### Policy/ Administration:

Interoffice agreement;  
coordinated budgeting

### Clinical Coordination:

Shared protocols

### Outreach:

Incentives provided to  
participants for referring  
friends to health center

### Special Initiatives:

Initiatives targeted to  
adolescent mothers



## Marana Health Center

---

### Marana, Arizona

## I. Background Information

Marana Health Center is a full-service health care clinic and community services center located in a predominantly rural area of Arizona, serving Avra Valley, Marana, Picture Rocks, Rillito, and northwestern Pima County. Marana Health Center provides primary health care services, mental health services, occupational health services, and community services. The health center employs roughly 25 staff and sees over 5,000 clients each year. Approximately 80 percent of the clients are White, 18 percent are Hispanic, and 2 percent are Black.

The Marana Health Center sponsors an onsite WIC program. Five satellite centers associated with Marana Health Center also offer WIC services throughout the community. At Marana Health Center, WIC serves over 1,200 people and employs 6 staff: 4 full-time paraprofessionals and 1 full-time and 1 part-time nutritionist.

## II. Coordination

Before WIC became integrated into the Marana Health Center, clients had to travel into Tucson to be certified. Once a month a WIC staff member came to Marana Health Center to distribute vouchers. The distance to the WIC program and the limited availability of services severely deterred a number of people from enrolling in WIC. In fact, throughout Marana Health Center's service area, only 33 people were on WIC during this time. Clearly there was an unmet need in the community for pregnant women, infants, and children to receive WIC services. At a meeting of the Arizona Association of Community Health Centers, the director of Marana Health Center saw a presentation about using community health centers to increase WIC participation. Inspired by the presentation, the director identified a current employee and asked her about her interest in administering a WIC program at the health center. Marana Health Center subsequently responded to a State Request for Proposal to administer a WIC program.



## A. Policy and Administration

The Marana Health Center developed and follows an interoffice agreement among the WIC, medical, and administrative departments. The agreement covers collaboration issues, such as sharing of data and patient confidentiality.

Marana Health Center conducts a number of coordinated service planning activities. Together, all health center department heads review each department's budget and identify ways to reduce duplication of services. Using this approach, Marana Health Center has identified areas in which to coordinate funds, such as an effort to reduce the incidence of anemia. Departments also share budgets for a number of purchases (e.g., waiting room furniture) and activities (e.g., outreach activities).

Like many of the integrated WIC clinics identified in this handbook as models of coordination, WIC staff think of themselves as Marana Health Center staff first and WIC staff second. WIC and health center staff provide services to aid each other. For example, WIC staff help translate, answer phones, or provide other services as needed. A receptionist and a secretary perform activities related to both WIC and non-WIC services.

WIC and the health center do not have an integrated data system, but data are shared between departments and joint reports can be created. On a monthly basis, department heads meet to review data and changes in service delivery. For example, WIC staff noted that 30 percent of their pregnant participants were under 20 years of age. Together, with the health department, they then assessed their services to determine how to best meet the needs of teenagers.

A key to successful collaboration is good interdepartmental communication. Marana holds all-staff monthly meetings, during which staff share information and learn about the operation of and services provided by the various health center departments. Joint staff training also occurs at these monthly meetings. Staff have participated in training on pediatrics, women's health, and customer service.



## B. Clinical and Educational Collaboration

WIC staff have been trained and follow guidelines when making referrals to the health center. WIC staff refer pregnant women who are not receiving prenatal care into the Baby Arizona Program. Staff also refer children who are ill and do not have a regular health care provider to the medical department for an appointment, as well as to a case manager for an evaluation of the other services that may be available to them. At monthly tracking meetings, staff follow up on referrals. WIC codes the referrals made and follows up on a "tickler" form that is part of the WIC chart.

WIC and the health center staff follow standard protocols for serving clients. In particular, WIC and health center staff share common clinical, educational, and nutritional protocols. For example, WIC nutritionists developed a protocol for taking height, weight, and hematocrit measurements, and serving diabetic clients.

Screening procedures are coordinated between WIC and Marana Health Center so that repeat screenings are not required. For example, WIC and medical services at Marana Health Center do not repeat hemoglobin screening or height and weight measurements if they were taken within an acceptable timeframe.

Marana Health Center ensures that educational services are not fragmented or duplicated by offering classes on a clinic-wide basis. WIC also shares all educational materials with health center staff, which helps to provide unified educational messages.

Marana Health Center provides materials in English and Spanish. The health center also has bilingual/bicultural staff serving in a variety of positions. Interpretation services are provided to clients when staff are not fluent in the client's language.



## C. Outreach and Community-based Initiatives

All outreach for WIC is conducted in conjunction with outreach for the Marana Health Center. The health center advertises in newspapers, distributes brochures, and relies on old-fashioned word-of-mouth.

Presentations in the community and representation by Marana Health Center at community coalitions help to spread the word about Marana Health Center's services. Staff also conduct outreach at health fairs and a Founders Day event. Some of the health center's outreach activities are targeted to teen mothers and non-English speaking women.

WIC and health center staff also make a point to collaborate with organizations in settings outside the health center. WIC staff serve with health center staff on the Advisory Council for Teenage Parents, the Arizona Association of Community Health Centers, and the Rural Health Partnership—a group of organizations that work together to focus on defining unmet needs and looking for ways to meet those needs.

## III. Perceived Effectiveness of Collaboration

Staff at Marana Health Center believe the coordination effort has been extremely effective, as indicated by the high level of client satisfaction. According to staff, client feedback is overwhelmingly positive. Staff believe that because clients are happy with the services they receive, they are more likely to practice the health and nutrition education recommended by health center staff.

One of the greatest benefits resulting from the collaboration is that Marana Health Center has seen a demonstrated increase in WIC participation. In 1984, there were just 33 WIC participants; now it has over 1,200! Cost savings has been another benefit. Staff said, “The cost of putting out a brochure saves money when resources are shared...and not replicating height or weight saves money.”

Marana Health Center staff believe that coordination is more likely to occur when it has the full support of all staff from receptionists to administrators. Staff also suggest that the WIC department and medical departments cannot be territorial if they want coordination to succeed, and that the key to overcoming challenges is communication and compromise.

This effort has had its challenges. Marana Health Center WIC staff were particularly frustrated by the sluggish pace of the health center’s data system compared to their own. Because the health center’s computer system will soon be upgraded, this is not expected to be a long-term problem.

Staff at Marana Health Center believe their interoffice agreement and organizational structure facilitate coordination. Specifically, staff urge health centers that want to sponsor WIC programs to hire a nutritionist who has experience in public health and a strong commitment to being a team player to lead the WIC program.

## IV. Contact Information

**Christine Winters, MS, RD**

Director of Nutrition Services  
Marana Health Center  
13644 N. Sandario Road  
Marana, AZ 85653  
Tel: (520) 682-4111  
Fax: (520) 682-3817

**Colleen Sorenson**

Medical Assistant  
Marana Health Center  
13644 N. Sandario Road  
Marana, AZ 85653  
Tel: (520) 682-4111  
Fax: (520) 682-3817



Marana Health Center, Marana, Arizona



## Site Profile

### Agency:

Tribal Health System (WIC sponsoring agency)

### Geographic Area:

Three-county area, both urban and rural outside Fresno in the central region of the State

### Population Served:

5,982 patients, predominantly Native American

### WIC Program:

675 participants; 5 staff

### Policy/ Administration:

Joint funding of staff; joint staff training

### Clinical Coordination:

Common nutritional protocols

### Outreach:

Paraprofessional home visitors

### Special Initiatives:

Joint prenatal classes between WIC and the health center



## Central Valley Indian Health Center, Inc.

Clovis, California

### I. Background Information

Central Valley Indian Health Center, Inc., located in Clovis, California, is a tribal health center sponsored by a consortium of five Native American tribes: Mono of North Fork, Mono of Big Sandy, Mono of Cold Springs, Tachi Tribe, and Chukchanci Tribe. The board of directors for Central Valley is comprised of members elected from each of the tribes. Central Valley provides services to Fresno, Maderio, and Kings County. The service area includes a large, urban area as well as rural areas. The population of the service area is over 550,000 people of whom approximately 12,000 are Native American. The clinic annually serves 5,982 active patients, 87 percent of whom are Native American. Central Valley's main site is located in Clovis, California. Three other medical clinics are located throughout the service area.

Central Valley Indian Health Center offers a full range of comprehensive services, including dental, public health nursing, nutrition education, screening and treatment of sexually transmitted diseases, mental health services, family planning, pediatric care, family medicine, well-child care, optometry, and podiatry. Seventy-four staff are employed by Central Valley Indian Health Center.

Central Valley is the official sponsor of its onsite WIC program, which is administered by the center's nutrition department. WIC is offered at five sites, four of which are medical clinics. WIC services are also offered at an Indian Tribal Office twice a month. The racial/ethnic background of WIC clients varies by clinic. At the main clinic 69 percent of clients are Native American, 15 percent are White, and 14 percent are Hispanic. Five WIC staff work in the WIC clinics, including three full-time nutrition aides, one part-time registered dietitian, and one part-time director, who is also a dietitian.

## II. Coordination

About 6 years ago, Central Valley identified a need in the Native American community for WIC services. Staff approached the WIC State office to discuss the benefits of a WIC program specifically provided for Native Americans. At the same time, the California IHS Area Office was also exploring ways to better serve the WIC population. In addition, Central Valley became aware of the USDA mandate to coordinate efforts between health centers and WIC. A meeting was held at Central Valley between State officials and local Native Americans to pursue this objective. Subsequently, Central Valley responded to a request for proposal issued by the California State WIC office. In May 1997, Central Valley Indian Health, Inc., was awarded the contract to provide its own WIC program. They began serving clients in August 1997.



### A. Policy and Administration

Central Valley has developed several administrative processes to improve coordination and reduce fragmentation of services. The health center and its WIC program jointly fund the WIC director and nutritionist positions, share limited patient information, conduct quality assurance activities, and train staff on relevant issues.

WIC and health center staff share patient information to improve client care. At interdepartmental meetings, health center and WIC staff regularly discuss individual participants. In addition, patients' medical records are available to some WIC staff for official business. Generally, staff request hemoglobin assessments and information needed to determine WIC eligibility. Some information, such as family planning services, psychological assessments, and HIV test results, are not available to WIC staff. Though WIC staff have access to some health center information, the WIC program does not share information with medical staff (e.g., non-WIC staff do not have access to WIC charts).

Central Valley staff conduct patient satisfaction surveys every May and November. The survey evaluates each department as well as the overall quality of the services provided by the health center. The results of the survey are forwarded to members of the Quality Assurance Committee, who review the data and subsequently develop action steps in accord with the survey findings.

Staff education and training efforts have also helped to improve coordination. Joint staff training occurs at quarterly all-staff meetings. At these meetings, staff learn about the operation and services provided throughout the health center. Topics include safety in the workplace, fetal alcohol syndrome, immunization updates, prenatal care, nutrition education, and domestic violence. Joint staff education also occurs through training memorandums and at interdepartmental staff meetings. In addition, the director of nutrition attends monthly management meetings and shares information with her staff.



## B. Clinical and Educational Collaboration

Central Valley staff strive to ensure that clinical services are coordinated and that both WIC and medical staff are working towards the same goals. To accomplish this coordination, Central Valley staff refer clients between programs, use the same protocols, schedule joint appointments when possible, and review materials and curricula for cultural competency and reading level.

WIC follows standard protocols for serving WIC clients and specific protocols for serving children enrolled in the Children's Health Disease Prevention Program (preventive health services for children). Common nutrition protocols have been developed by the director of nutrition and are shared between WIC and health center staff. In addition, hemoglobin and height and weight measurements are performed by the medical department and shared with WIC staff so that repeat screenings are not required.

Referrals are commonly made between WIC and other services at the health center. Because WIC is integrated with the health center, referrals are somewhat informal. WIC staff provide clients with information and any assistance required to make an appointment at the health center and refer Native American clients to Central Valley Indian Health, Inc. Referrals from WIC are documented in ISIS, California's WIC computer software program.

The health center refers infants, children under 5 years of age, and pregnant women who meet the income criteria for WIC. In addition, community health representatives—paraprofessional outreach workers—inform WIC staff about clients who are having problems related to infant feeding and nutrition. Referrals from the health center are documented in clients' charts and followup is conducted on a selective, informal basis.

As much as possible, WIC and the health center coordinate appointments so that participants can receive both WIC and other services in the same visit or at about the same time. At outlying clinics, coordination is facilitated by ensuring that WIC staff are present when physicians and nurse practitioners who care for pregnant clients are on site. Central Valley has also developed a process to facilitate client enrollment in MediCal, California's Medicaid program. A county MediCal eligibility worker comes to the clinic twice a month to screen clients and enroll them in MediCal.

Staff at Central Valley Indian Health believe that it is important that their services are culturally appropriate to the needs of their clients. The WIC program at Central Valley Indian Health was designed specifically to be an Indian program provided on or near reservations. Cultural competency training has been provided for staff, and they frequently participate in national conference calls related to cultural issues. Many Central Valley staff are Native Americans who reside in the service area. Central Valley

staff evaluate their efforts through a survey that asks clients' opinions on the cultural appropriateness of services, and they work with a traditional Indian health committee that reviews educational materials and clinical processes.

To ensure that educational materials are useful for all clients, materials are written at the 8th grade reading level. Materials are also reviewed by each department, the nutrition director, and the board of directors. The center also uses State WIC and IHS materials, which are developed for low literacy audiences.



## C. Outreach and Community-based Initiatives

At the time of interviews, the WIC program had reached its State-assigned caseload level, so staff do not spend a significant amount of time conducting outreach. Outreach is primarily conducted by community health representatives (CHRs), paraprofessional staff who are members of the community and trained by the health center. CHRs conduct home visits and provide basic education and intervention including blood sugar monitoring. Through their work in the community, CHRs spread the word about WIC and other services. Though the health center serves a variety of clients, outreach is primarily targeted to Native Americans, in particular those at high risk for poor health. All outreach activities are coordinated between WIC and the health center.

Central Valley, through its board of directors and special initiatives, strives to involve the community in all aspects of the coordination effort. Board members, who are tribal leaders, serve on committees and provide input and guidance to the clinic. In the past, the board has approved protocols and signed a Memorandum of Agreement (MOA) with the Children's Health Disease Prevention Program in Fresno County. The goal of the MOA is to improve coordination of services and referrals between programs.

Central Valley Indian Health received a 3-year California endowment grant which provides health education for Native American women. This grant, which ended in February 1999, resulted in the integration and coordination of prenatal classes between WIC and the OB/GYN department. The grant encompassed all aspects of women's health, including heart disease, diabetes, and breast cancer. Women from the community organized health education classes and recruited speakers.

### III. Perceived Effectiveness of Collaboration

Central Valley staff believe that the coordination effort has been very effective. Having WIC as part of the clinic increases the ease and effectiveness of making referrals both from and to WIC. Sharing services, such as fiscal and administrative support, facilitates the collaboration effort.

One key reason for this success is that the director of the nutrition department was a member of the health center staff prior to the implementation of the WIC program. She was, therefore, knowledgeable about the community, the patient base eligible for WIC, and clinic operations. Staff believe that a brand new staff member would have had trouble gaining the trust of the community.

As a result of the coordination effort, Central Valley has experienced a substantial increase in the number of clients coming to the health center, as well as improved clinical outcomes. In fact, some sites have been overwhelmed with the increase in clients. Many of these new clients are high-risk—a strong indicator of success. Because the clinic offers WIC as well as a variety of medical services, clients can engage in “one-stop shopping.” Site staff also believe that the collaboration efforts have resulted in improved services for clients, particularly in the area of nutrition education and infant feeding practices. Of special importance are staff perceptions that clients’ infant feeding practices have changed. Before WIC was part of Central Valley Indian Health, staff report that many mothers requested the recipe for using evaporated milk to make “infant formula” because they did not have formula at home. Since WIC has been collocated with the health center, women have access to formula and no longer ask staff how to mix evaporated milk.

Adding WIC services to Central Valley has provided the clinic with some logistical challenges. For example, WIC needed a security system for vouchers and telephone lines to use the ISIS computer system, as well as more space than originally anticipated. These barriers have been overcome by working out each issue in partnership. Also, sharing hematocrits between WIC and medical staff created some logistical difficulties. For example, clients who come to WIC without their hematocrit results must go to the medical service and be seen as a walk-in before completing their WIC appointment. Though clients are informed of the procedures, they often forget. WIC staff and the medical team developed a form and a procedure to help resolve this situation.

Staff reported that if they were to start the coordination effort over again, they would learn more about WIC than they did before starting the collaboration, and they would allocate more of the nutrition director’s time to the WIC program, as her WIC duties are time consuming.

## IV. Contact Information

### Nora Bashian

WIC Director  
Central Valley Indian Health  
Center, Inc.  
20 North DeWitt  
Clovis, CA 93612  
Tel: (559) 298-0258  
Fax: (559) 299-0245

### Chuck Fowler

Director  
Central Valley Indian Health  
Center, Inc.  
20 North DeWitt  
Clovis, CA 93612  
Tel: (559) 299-2578  
Fax: (559) 299-0245

## Site Profile

### Agency:

C/MHC (WIC sponsoring agency)

### Geographic Area:

Rural, south central region of the State

### Population Served:

65,000 patients per year,  
80 percent Hispanic and  
20 percent White

### WIC Program:

9,050 participants; 37 staff

### Policy/ Administration:

Sharing of staff

### Clinical Coordination:

Coordinated case management

### Outreach:

Health fairs; Head Start; TV PSAs

### Special Initiatives:

Immunization video



## Yakima Valley Farm Workers Corporation

### Yakima, Washington

### I. Background Information

The Yakima Valley Farm Workers Clinic network is a federally funded Community Migrant Health Center, established in 1978, which coordinates service delivery to migrant and seasonal farm workers and low-income populations in rural Yakima and Walla Walla Counties in Washington. Many clients are monolingual-Spanish-speaking immigrants from Mexico who have come to the United States for agricultural work. Eighty percent of the clinic's 65,000 clients are Hispanic and 20 percent are White. Migrant farm workers, who are most often present for services between April and October each year, comprise nearly one-quarter of the clinic's clients.

Yakima Valley is a multispecialty medical service organization with satellite clinics in Yakima, Grandview, and Walla Walla in Washington State with some additional clinics in Oregon. The network of six Washington clinics, headquartered in Toppenish, Washington, provides comprehensive primary health services with 85 providers and 764 clinic staff members that include family practice, pediatrics, obstetrics, internal medicine, and an extended hours clinic, as well as several specialty clinics. During 1998, approximately 2,000 infants were delivered by providers at Yakima Valley. Services also include comprehensive dental, mental health, WIC, medical nutritional therapy, public health nursing, social services, and outpatient drug treatment services. The corporation also has a community action council that provides social services, job training programs, and emergency assistance programs for housing, weatherization, and energy assistance.

The Yakima Valley Corporation operates six WIC clinics in Washington with a total caseload of 9,050, four of which are collocated with health clinics, and two of which collaborate with health clinics but are located

off site. Transportation is provided for prenatal and adult medical clients who have appointments with a dietitian. Thirty-seven workers staff the six WIC clinics that are located within a 140-mile radius that includes both small cities and rural areas and a population of 128,000 people. The WIC client population is approximately 77 percent Hispanic and 20 percent White. The remaining 3 percent of clients are of Black, American Indian, and Asian backgrounds.

## II. Coordination

Two needs surfaced within the health center that prompted the collaborative effort with WIC. Providers raised concerns about the diabetic patient's need for more one-on-one nutrition education, and the health center dental director raised concerns about the high incidence of baby bottle tooth decay among toddlers. In addition, it was assessed that since the clinic serves a significant number of migrant workers whose ability to travel to multiple sites to receive services is limited, it would be helpful to have all of the services available in one place. Out of these needs, the collaboration with WIC was born.

Yakima Valley has been engaged in a number of different activities in the area of policy and administration, educational and clinical initiatives, and community involvement in order to increase the coordination between its primary care center and WIC .



### A. Policy and Administration

Yakima Valley has a strong commitment to coordinate with other health services. This commitment is written in the corporation's mission statement as a pledge to provide a "continuum of care" for clients, and this commitment is operationalized through the active role of WIC in all clinic activities. Shared staffing is one way in which this continuum of care is provided. WIC and the health center share nine dietitians so that nutritional services can be provided to all clients, as needed, not just WIC participants.

WIC and health center staff also have access to one another's data files, and the data are utilized to make changes in service delivery. For example, the Breastfeeding Steering Committee uses data on breastfeeding to develop training for staff and clients and revise policy as needed. In-service training is provided to all health services staff, including WIC, three times per year on a variety of topics such as dental health, parenting, and behavioral health and counseling. Various Yakima Valley departments present information related to the services they provide as well. Program information is also exchanged and updated in monthly meetings between program supervisors and medical staff.

Yakima Valley uses planning meetings to develop shared protocols and to meet the needs of specific populations, such as children with special health care needs and high-risk prenatal clients.





## B. Clinical and Educational Services

Health clinic staff are knowledgeable about the eligibility requirements for the WIC program, and they refer all pregnant women seen in the health clinic to WIC. Pediatric clients and walk-ins are referred as needed. Health center staff also make referrals by calling the WIC clinic to make appointments. Referrals are routinely followed up by chart notes and discussions with WIC staff. Health center appointments such as well-child checks, screenings, and dental exams are coordinated whenever it is feasible with WIC appointments so that clients can receive both services during the same visit.

In order to reduce duplication and fragmentation of services, hematocrits and heights and weights assessments are often checked between programs before being reassessed. WIC and health services teams also coordinate case management in areas of eating disorders, dental services, and breastfeeding in order to reduce fragmentation and duplication. WIC and health center staff are working toward following common clinical, educational, and nutritional protocols. Nutrition staff also follow special jointly developed diabetes, obesity, cardiovascular, and gestational related protocols. The health center staff utilize WIC protocols for all nutrition related care and counseling.

The appropriateness of nutrition education and counseling services is addressed in regular joint staff meetings, and information is presented to staff during in-service meetings. Professionals trained in literacy evaluation are utilized to assess appropriateness of client materials, and bicultural staff are utilized to assist in assessments of cultural appropriateness of materials and services.



## C. Outreach and Community-based Activities

Health center outreach is coordinated with the WIC program. WIC is included in brochures about health center services, and these brochures are distributed at community events such as health fairs. In addition, joint outreach takes place at migrant camps and field visits and through information posted throughout the community (e.g., at Head Start centers, laundromats, grocery stores). Other joint outreach efforts have included a television commercial and an immunization video. Indicative of the joint outreach efforts is the fact that the health center's public relations coordinator also incorporates WIC promotion into his regular activities. Along with the public relations coordinator, other health center staff conduct outreach for the WIC clinic and WIC staff conduct outreach for the health center.

WIC and health center staff also coordinate in forums outside of the Yakima Valley Corporation, such as joint participation in a community breastfeeding promotion coalition and county immunization team meetings. They work with the Memorial Hospital Neonatal Screening Program, the Food Coordinating Committee for the

county, and with the local health department on food safety issues. WIC also coordinates services and provides training to individuals in the Work First Program and other job training programs.

### III. Perceived Effectiveness of Collaboration

Yakima Valley staff believe that the collaboration effort has been very successful, particularly in the area of dental services. The dental director has been key in the integration effort with WIC. He has worked closely with WIC to generate referrals for dental screenings among mothers with young children in an effort to decrease the incidence of baby bottle tooth decay. He, in turn, has also provided referrals to WIC among the dental care clients. The University of Washington Dental Program staff have been very involved in the development of the WIC dental screening program, and their participation was instrumental in the success of this aspect of the collaborative effort.

Yakima staff believe that the success of the integration effort is indicated by the clients' level of comfort in coming to the health center and participating in all of the services available, particularly services that have not been accessible to them previously (e.g., dental care). The caseload has increased greatly in WIC clinics collocated with the medical clinics, and the feedback the health center receives from clients indicates that they are very happy to have everything they need at one site.

The integration of the services has also helped to secure funding for both the medical clinics and WIC. According to one staff member, "It has been a great way to get help and keep WIC stable by subsidizing WIC in its early stages until it grows large enough to pay for itself." The collaborative efforts have yielded cost savings as well. Diabetic clients now often receive nutrition education from the WIC nutritionist instead of from the medical provider; therefore time that was spent by physicians on diabetic nutrition counseling can now be channeled into additional patient appointments.

A significant challenge posed by the integration effort, however, has been coordination of client appointments. The timeframes required for WIC appointments have made it difficult to coordinate them with health center appointments. Ongoing communication between departments has helped to overcome this challenge and to facilitate better scheduling coordination. Another barrier to increased coordination has been the physical layout of the health center facilities. Although WIC and the health services are usually on the same floor, they can be at opposite ends of a long hallway, which discourages informal interaction between staffs. Health center staff believe that having the WIC program in the same area as the health services would increase WIC's visibility among the providers and stimulate more informal communication. Opportunities for regular updates and information sharing between the programs are primary areas in which the Yakima staff think the integration effort could be improved.

Overall, Yakima Valley staff believe that their collaboration effort may be a useful model for other programs because it has helped to eliminate duplication of client services and facilitated much needed communication between the medical and WIC staff. The connection to the medical facility has helped WIC to provide more comprehensive care and support as well as encouraged information sharing between programs. Overall, the integration of WIC services into the health center has been instrumental in increasing access to care for the Yakima clients—a benefit that would be useful in many communities.

For other WIC and health center programs that wish to increase coordination efforts in a similar manner, Yakima Valley staff recommend a joint computer network. Networking the health center and WIC from the beginning of the integration effort helps to facilitate referrals and appointment scheduling. They also suggested the inclusion of information about WIC as part of the standard orientation for all new staff, so that they understand the types of services WIC provides and what occurs during WIC appointments.

A final recommendation the Yakima staff would make to other agencies that may want to replicate the model is to have a firm plan in mind of how they want to collaborate before beginning. All the players—not just supervisors and administrators—should “know what is trying to be accomplished, what the goals are, and what is going on.”

## IV. Contact Information

Terri Trisler, MS, RD, CD

WIC Director

Yakima Valley Farm Workers Clinic

602 East Nob Hill Blvd.

Yakima, WA 98901

Tel: (509) 248-8602

Fax: (509) 577-4686

Wendy Harvey

Clinic Administrator

Yakima Valley Farm Workers Clinic

518 West 1st Avenue

Toppenish, WA 98948

Tel: (509) 865-5898

Fax: (509) 865-4337



Yakima Valley Farm Workers Corporation, Yakima, Washington

