

Coordination Strategies

Handbook

CHAPTER FOUR

Innovative Coordination
Strategies

Innovative Coordination Strategies



This chapter focuses on effective coordination efforts in several program areas important to both WIC and primary health care agencies. These include policy and administrative coordination, clinical coordination, and community-focused coordination. Under each of these major categories listed below, are specific strategies that may be used for improving coordination, along with examples from real-life sites that have effectively implemented these approaches.

A. Policy and Administrative Coordination

Strategy 1: Interorganizational Agreements

Strategy 2: Collocation/Satellite Clinics

Strategy 3: Patient Records and Information Sharing

Strategy 4: Joint Data Collection and Analysis

Strategy 5: Coordinated Service Planning

Strategy 6: Sharing of Staff and Other Resources

Strategy 7: Staff Training and Development

Strategy 8: Quality Assurance

B. Clinical Coordination

Strategy 1: Referrals

Strategy 2: Coordinated Appointment Scheduling

Strategy 3: Clinical, Educational, and Nutritional Protocols

Strategy 4: Nutrition Education

Strategy 5: Cultural and Linguistic Appropriateness of Care

Strategy 6: Coordinated Screening and Enrollment and Case Management

C. Community-based Initiatives

Strategy 1: Outreach

Strategy 2: Special Initiatives

Strategy 3: Community Involvement

One way to use this information is to identify the particular program area of greatest immediate concern. We do urge you, however, to read through this entire section, as it will provide you with a range of ideas to help you and your colleagues improve coordination across all program areas. If you have questions after reading about a particular site, Appendix B provides contact information for each of the programs included in this chapter.

The following two pages contain an overview of the WIC and health center administrative arrangements and service settings for all the sites featured in this handbook.

Administrative Profiles

State	WIC Agency/Health Center	Type of WIC Agency	Type of Health Center	WIC Sponsoring Agency?	Collocated?	Number of WIC Staff	Number of HC Staff	WIC Local Agency Caseload (participants per month)	Health Center Caseload (participants per year)	Service Area F=Frontier R=Rural SC= Small City U=Urban
AL	Quality of Life Health Services, Inc.	District office/State employees	CHC	Y	Y	2	70	955	10,000	U,SC
AZ	Marana Health Center	Private, nonprofit agency	C/MHC	Y	Y	6*	26	1,200	5,000	R
AZ	Mariposa Community Health Center	Private, nonprofit agency	C/MHC	Y	Y	13	125	2,045	13,449	R,SC
CA	Central Valley Indian Health Center, Inc.	Indian Tribal Organization	THS	Y	Y	5*	74*	675	5,982	U,R
CA	Community Medical Centers, Inc.	Private, nonprofit agency	MHC	Y	Y	20	226†	4,300	30,000	U,SC,R
CA	Sonoma County Indian Health Project, Inc.	Private, nonprofit agency	IHS	Y	Y	4*	§	600	8,685	U,SC,R,F
CA	United Health Centers of the San Joaquin Valley, Inc.	Private, nonprofit agency	MHC	Y	Y	42†	240	16,200†	75,017	R
CO	Valley-Wide Health Services, Inc.	Private, nonprofit agency	C/MHC	Y	Y	8	255	1,275	32,750	R
DC	Cardozo WIC Program/Unity Health Care, Inc.	Private, nonprofit agency	CHC	N	Y	7*	185	5,000†	33,000	U
FL	Indian River County Health Department/ Fellsmere Medical Center	Local health department	CHC	N	Y	9*†	13	2,375†	8,483	R
IA	Siouxland Community Health Center	Local health department	CHC	Y	N	13	60	4,200	8,000	SC,R
ID	Fort Hall Indian Health Center	Indian Tribal Organization	ITO	Y	Y	4	74	340	10,000	U,R
IN	Allen County WIC Program/ Neighborhood Health Clinics, Inc.	Private, nonprofit agency	CHC	Y	Y	22	65	5,600	6,800	U
KS	Shawnee County Health Agency	Local health department	CHC	N	Y	11	65	4,150†	16,000	U
LA	Bayou Comprehensive Health Center	District office/State employees	CHC	Y	Y	3	47	222	2,900	SC
LA	Outpatient Medical Center at Natchitoches	District office/State employees	CHC	Y	Y	7	52	2,000	36,000	SC,R
ME	Sacopee Valley Health Center	Private, nonprofit agency	CHC	Y	Y	2	35*	372	4,200	R
MI	Health Delivery, Inc./Bayside Health Center	Private, nonprofit agency	C/MHC	N	Y	2	20*	2,600	3,400	R
MN	Fond du Lac Human Services	Indian Tribal Organization	THS	Y	Y	4*	161†	400	6,300	U,R
MO	Dunklin County Health Department/ Southeast Missouri Health Network	Local health department	MHC	N	N	8	13	1,711	8,429	R
MO	Family Care Health Centers	Private, nonprofit agency	CHC	Y	Y	9†	111	1,540	15,000	U
MO	Samuel U. Rodgers Community Health Center	Private, nonprofit agency	CHC	Y	Y	6	179	1,700	15,711	U
MS	Mississippi Band of Choctaw Indians/ Choctaw Health Center	Indian Tribal Organization	THS	N	Y	6	200	800	110,000	R
NC	Henderson County WIC Program/ Blue Ridge Health Center	Local health department	C/MHC	N	Y	3	115†	2082	19,000†	R
NC	Twin County Rural Health Center, Inc.	Private, nonprofit agency	CHC	Y	Y	10*†	20	2,500	2,300	R
ND	Fargo Family Health Care Center	Private, nonprofit agency	CHC	Y	Y	10*†	80*†	1,825	8,900	SC
ND	Spirit Lake Tribe/Fort Totten IHS Clinic	Indian Tribal Organization	IHS	Y	Y	2	55	450	36,000	R
NE	Panhandle Community and Migrant Health Center	Community Action Program	C/MHC	Y	Y	9*	70	1,540	7,232	R,F

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NH	Ammonoosuc Community Health Services, Inc.	Private, nonprofit agency	CHC	Y	Y	7	49†	730	3,000	R
NH	Coos County Family Health Services, Inc.	Private, nonprofit agency	CHC	Y	Y	7	55†	650	7,000	SC,R
NJ	North Hudson Community Action Corporation	Community Action Program	CHC	Y	Y	30	150	11,000	36,000	U
NM	First Choice Community Health Care	Community Action Program	C/MHC	Y	Y	19†	28	5,500	100,000	U,SC
NY	Open Door Family Medical Group	Private, nonprofit agency	CHC	Y	Y	7*	120†	1,330	19,000	SC
OK	Cherokee Nation WIC Program/ W.W. Hastings Hospital	State tribal agency	IHS	N	N	39†	400+	1,250	100,000	U,SC,R
OK	Chickasaw Nation/Carl Albert Indian Health Facility	Indian Tribal Organization	THC	N	Y	15†	536	900	132,000	R
OR	Confederated Tribes of Warm Springs Indian Reservation/ The I.H.S. Warm Springs Service Unit	Indian Tribal Organization	IHS	Y	Y	7	130†	350	10,484	R
PA	Allegheny County Health Department WIC Program/Sto-Rox Neighborhood Health Center	Local health department	CHC	N	Y	3	60	20,000†	5,500	SC
PA	United Neighborhood Facilities Health Care Corporation/ Community Health Net	Community Action Program	CHC	N	Y	30	87†	8,000	21,500	U,SC
SC	North Central Family Medical Center	Private, nonprofit agency	CHC	Y	Y	5	38	1,150	6,600	SC,R
TN	Claiborne County Health Department/ Clear Fork Clinic	Local health department	CHC	N	Y	2	38†	1,406	2,500	R
TX	El Paso City-County Health Department/ Centro San Vicenti	Local health department	CHC	N	Y	3	80	750	12,000	U,R
TX	Hidalgo County WIC Program/ Hidalgo County Health Care Corporation	Local health department	C/MHC	N	Y	167	72	52,500†	19,000Δ	SC,R
VA	Piedmont Health District WIC Program/ Central Virginia Community Health Center	District office/State employees	CHC	N	Y	3	75	100	12,000	R
WA	Columbia Basin Health Association	Private, nonprofit agency	CHC	Y	Y	6	87	1,364	12,000	R
WA	Yakima Valley Farm Workers Clinic	Private, nonprofit agency	C/MHC	Y	Y	37	850	9,050	65,000	SC,R
WI	Family Planning Health Services WIC Program/ Bridge Community Health Clinic	Private, nonprofit agency	CHC	N	N	11	28	2,200	5,000	U,SC

* - Includes part-time staff

† -Includes staff/caseload at multiple sites

§ -Information not available

Δ -Patients enrolled



A. Policy and Administrative Coordination

Many of the WIC/health center partnerships that were interviewed for this project had formal policies and administrative practices in place to bolster their clinical coordination initiatives. Others tended to rely heavily on informal arrangements or practices. Without some degree of formal structure, coordination initiatives can be limited to interpersonal communication and depend entirely on the dedication of long-time WIC or health center staff. While these informal coordination mechanisms are effective, and indeed a necessary ingredient of collaboration, WIC and health center administrators and front-line staff need institutional supports and policies to remind them of the importance and benefits of coordination initiatives among health and social service programs.

In this section, a number of policy and administrative areas in which WIC programs and health centers can coordinate are presented.

Strategy 1: Interorganizational Agreements

Interorganizational agreements that communicate directives, conditions, or expectations related to the collaborative work between two or more agencies have been utilized in various configurations in the collaborative efforts of WIC and health services agencies as exemplified below.

- The Community Health Net WIC Program and the United Neighborhood Facilities Health Care Corporation of Erie, Pennsylvania, once operated under the auspices of the same agency but then separated. The agencies decided it was important to continue collocation and collaboration to make services as accessible as possible for clients and to help increase patients' compliance with scheduled appointments. As outlined in their Memorandum of Agreement, the health center provides physicals to WIC clients at no cost to the client.
- Collaborative efforts between the Family Planning Health Services WIC Program and the Bridge Community Health Clinic were implemented to better serve the 30,000 residents of Wausau, Wisconsin, and the surrounding towns. The Memorandum of Understanding (MOU) between these agencies specifies collaborative expectations in policy and administrative areas related to referrals, confidentiality, patient consent, data sharing, and communications, as well as in the area of joint outreach.
- An MOU was developed between the North Dakota Department of Health, Division of Maternal and Child Health, and the Fargo Family Health Care Center in order to make "specific nutritionally desirable foods and nutrition education available for eligible pregnant women, infants, and children through the WIC program"

for the 8,500 health center clients served within Cass County, North Dakota. This more formal MOU outlines the responsibilities of the health center related to WIC certifications, provision of nutrition education services, data collection, provision of health services, financial obligations, and Federal regulations.

- The MOU between the Allen County WIC Program and the Neighborhood Health Clinic, a private nonprofit MCH organization serving a large urban area and the surrounding county in Indiana, details the role of dietitians within the clinic and their role in providing services to both medical and WIC clients, including counseling special populations such as diabetic clients. This agreement also specifies processes for referrals from one program to the other.



- United Health Centers of the San Joaquin Valley in Parlier, California, a private nonprofit agency operating combined WIC, primary care, and migrant health clinics, provides comprehensive services to three rural California counties. United Health Centers has established an interagency agreement with the California Perinatal Services Program in order to increase patient access to services and ensure service coordination between the two programs. The agreement specifies each program's responsibilities and processes for referrals, as well as appointment coordination, thus avoiding duplication of services. It also delineates mechanisms for sharing information and protocols and joint staff training.

Some WIC programs that are administered by the health center where they are located have drafted agreements between their clinical staff and the WIC staff to further facilitate collaboration and integration of services.

- As part of their commitment to ensure that client needs are met, United Health Centers of the San Joaquin Valley staff have also developed an interoffice agreement to prevent duplication of services, better manage client flow, and stipulate specific responsibilities among the various departments and programs within the agency.
- Community Medical Centers is an agency that operates several community health centers in four California counties encompassing both urban and rural areas. To better serve the 30,000 clients seen each year, the center has established both interoffice and interagency cooperative agreements that delineate the role and responsibilities of each program within the agency. Interoffice agreements among the agency's WIC, perinatal, immunization, and child health disease prevention programs cover standards of care, documentation expectations, shared record/information procedures, confidentiality, and communication mechanisms.

Strategy 2: Collocation/Satellite Clinics

As part of their efforts to integrate WIC with health center services, many organizations have attempted to facilitate access to WIC services by providing space for the program on site or near the medical services facilities. While collocation is not a panacea for interagency collaboration, many programs report that the “one-stop shopping” approach is helpful for clients who often have trouble making and keeping various appointments, either due to competing demands or transportation problems.

Various configurations of on-site or on-campus collocation were noted in the review of collaboration efforts between WIC and health organizations. In many cases, health organizations were able to provide space for the WIC program in the health center on the same floor as health services. Although WIC and the health center have separate office and examination rooms, several such programs have integrated the waiting area of the two programs. In other cases, due to limitations in space, organizations were unable to house WIC in the same building with the health services facilities and thus needed to devise alternative plans in order to provide WIC services to their health center clientele. Several examples of ways in which health services facilities were able to physically integrate WIC programs are provided below.

Collocation With Other Services. The following represent examples of agencies in which WIC is not only located in the same building or campus as the health services but is also strategically placed near other support services that may also benefit clients.

- The Quality of Life Health Services, Inc., serves the small city of Gadsden and several surrounding county areas in Alabama and houses its WIC program in the “special services department” with the center’s maternity care coordinators. This helps them more closely coordinate all support services available to the 17,000 clients they serve each year.
- The Twin County Rural Health Center in Hollister, North Carolina, operates one of its WIC clinics (separate from its medical services) at the Choanoke Area Development Association Center, which houses assistance programs related to housing, energy and legal assistance, and job locator services, as well as Head Start.
- The Spirit Lake Tribe WIC Program and the Fort Totten Indian Health Center in Fort Totten, North Dakota, are collocated with the Spirit Lake Community Center. The center houses the Bureau of Indian Affairs, Indian Health Service, and other tribal programs and offices, such as the post office.

Satellite Clinics. In addition to collocation efforts at main health clinic sites, programs have also collocated WIC services on a part-time basis with primary care services at satellite locations in order to accommodate under-served populations.

- For 10 years, Tennessee’s Claiborne County Health Department has operated a WIC clinic at the Clear Fork Health Clinic in the remote rural town of Clairfield, Tennessee. Two Claiborne County WIC staff travel to Clairfield three times per month in order to provide services to a population that would otherwise have to arrange transportation for a 1-hour trip through mountain roads to the nearest WIC clinic.
- The Health Delivery, Inc. WIC Program located in Saginaw, Michigan, provides WIC services at several migrant health centers during peak periods of the migrant season each year. In order to accommodate the migrant workers’ job schedule, services are provided during evening hours (5 to 9 PM) 1 or 2 days per week. The sites are only open for 4 months during the summer agricultural season.

Collocation Planning for New Facilities. Although not able to accommodate WIC programs into their current spatial arrangement, some health centers have included WIC in their plans when preparing to open new facilities.



- Several years ago, the Open Door Family Medical Group, a community health center in Ossining, New York, worked with WIC to develop space to support WIC service delivery at a new site. Both WIC and the health program staff thought that it would be beneficial if WIC were closer to the prenatal clinic in order to facilitate referrals to WIC. Although WIC had been involved in general planning activities regarding the new clinic, the directors of the WIC program and the health center also met specifically to plan the location of WIC adjacent to the prenatal clinic in the new site, so that WIC staff could more easily access and follow up with the health center’s prenatal clients.

Strategy 3: Patient Records and Information Sharing

When patient records are integrated or shared, both health center and WIC staff have access to the same information so that clients are not subjected to additional, unnecessary tests or asked to retell their medical history to each health provider they see. Many integrated sites have done away with separate WIC and health center records and have established one record for their clients. Many of the health centers and WIC programs that were interviewed operate under the aegis of the same administrative agency and, therefore, can share patient records between medical and WIC staff without violating patient confidentiality regulations. Independent WIC programs that are collocated or otherwise coordinated with health centers can get approval to share medical records, though it was not a common practice among those sites interviewed.

Many interviewees explained the processes they follow in order to meet patients' needs while respecting their privacy. Some agencies have clear cut confidentiality policies and agreements and procedures for gaining access to a patient's files. Some of these strategies, many of which are used in tandem by various agencies, are highlighted below.

Client Release Form Provides Permission to Share Information Between WIC and Health Center Staff. Some agencies require clients to sign a release form giving permission to health center or WIC staff to consult their records. Most often, clients sign a release form when they first come to the clinic. Below are examples of both an independent WIC program and one that is sponsored by a primary care health center that share information.



- The Hidalgo County WIC Program, which serves migrant farm workers along the Texas border with Mexico, has an MOU with the primary health care agency stipulating that it will share patient information. At their first visit to the WIC program, clients are asked to sign a release form that informs them of this arrangement.
- United Health Centers of the San Joaquin Valley, located in Parlier, California, is the sponsoring agency of its onsite WIC program. Though this agency does not have an integrated patient record, WIC and medical records are shared among agency staff. At their first visit, United Health Centers' patients are asked to sign a release form allowing the WIC program to share their clinical information with medical staff at the health center. The United Health Centers' nutritionists, however, are employees of both the WIC program and the medical center, so they have access to both charts.

WIC Participant Release Form Grants Permission for WIC to Share Information With Other Public Health Agencies. In addition to sharing nutritional and clinical information with collaborating primary health care centers, some WIC programs have taken steps to share information with other public health programs.



- Valley-Wide Health Services, Inc., in Alamosa, Colorado, asks patients to sign a Patient Documentation Form that allows the WIC program to share information with certain public health programs, such as immunization, EPSDT, maternal and child health programs, prenatal care initiatives, programs that serve migrant farm workers, and the State program for children with special health care needs. Although patients have a choice as to whether they want the information to be shared with their medical provider, it is mandatory that patients fill out the form and allow information sharing with the listed public health programs.

WIC agencies that are not sponsored by the health center with which they are collaborating, have had to come up with alternate means for sharing information between staff.

Patients Carry Records Between WIC and Health Center Staff. The Piedmont Health District WIC Program provides WIC services 2 days a month at the Central Virginia Community Health Center in rural Buckingham County, Virginia. In an effort to share information between the two agencies, health center staff give patients a referral form with pertinent information from their medical chart to take to the WIC program, so that clients personally control who has access to their medical information.

Sharing of Selected Information. Some agencies have opted to limit the information that can be accessed by other program staff. Some agencies, for example, only share patients' clinical data needed for WIC certification, such as height, weight, and hematocrit. Others restrict WIC's use of the medical records to information related to nutrition and/or dietary requirements.

- The medical records department of Unity Health Care, Inc., in Washington, DC, only provides the collaborating Cardozo WIC Agency with medical information after its request has been approved by a health center provider.
- The Family Planning Health Services WIC Program in Wausau, Wisconsin, is neither integrated nor collocated with the Bridge Community Health Clinic, its collaborating partner. However, one of the local WIC agency's 12 sites is located just across the river from the health center. These independent agencies began their coordination effort to reduce duplication of services, as clients were complaining about the repeat screenings being conducted by both WIC and the health center. For cultural reasons, Hmong clients object to the drawing of blood, which is required for blood lead levels and hematocrits. As a result, the WIC program and the health center developed a written agreement to share information between the two agencies, including blood lead levels, weight, height, and hematocrit. The information is either faxed or sent to the partner agency, located just minutes away. Patients are notified that the information is shared between agencies. If they have objections to this practice, they may specify that their information may not be sent to the partner agency.

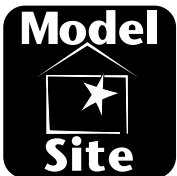


To reinforce the importance of maintaining patient confidentiality, many primary health care centers and WIC programs sponsor mandatory staff training in patient confidentiality. For example, the Fort Hall Indian Health Center in Idaho requires that its staff attend three different confidentiality training sessions offered by the Indian Health Service, one required by the tribe, and still another sponsored by the local WIC program.

Strategy 4: Joint Data Collection and Analysis

WIC programs that are sponsored by primary health care agencies generally have the means to generate joint reports for use in program planning, administration, and evaluation. Integrated patient records can facilitate the joint collection of data regarding WIC clients and measures of their health status. Several programs are noted here for their creativity in overcoming barriers and using joint data to plan and evaluate health center and WIC services.

- Indiana's Allen County WIC Program is sponsored by the Neighborhood Health Clinics, which serves Allen County, including 15 census tracts of a medically under-served area. In an effort to address the extremely large number of WIC clients seen at the main location, the staff used the zip codes of the WIC clients to identify the areas where they would open satellite clinics.
- The Confederated Tribes of Warm Springs administers a WIC program in Warm Springs, Oregon. Staff used their WIC and health center data to project the number of clients that need regular hematocrit measurements required for WIC certification. At the time, the health center was sending blood work to an outside lab for analysis. Using the data, the health center decided to set up a "minilab" on site to better serve the WIC program. This change facilitated a "one-stop shopping" experience and streamlined the hematocrit protocol, and thus the WIC certification process.
- The Sacopee Valley Health Center located in Porter, Maine, sponsors its onsite WIC program. The staff at this site use data to verify that patients are receiving all services available to them. Health center staff compare the list of prenatal patients with the list of WIC participants to ensure that all prenatal patients who are eligible for WIC are enrolled and participating.
- The Fond du Lac Human Services Center located in Cloquet, Minnesota, has a WIC program on site. The director of the health center identified anemia to be a problem for health center patients, as the health center's anemia rate was several times higher than that of the State. The director, therefore, developed a client education program to reduce anemia. After a period of time with intervening patient education in place, anemia rates for the clinic population decreased. This application of joint data collection illustrates how a comparison of local data with State data can lead to program improvements and higher quality services for clients.



Strategy 5: Coordinated Service Planning

Coordinated service planning is a strategy that many integrated sites use to avoid duplicating WIC and health center services and to promote the logical, coordinated, and efficient flow of services to patients. For example, sharing the results of hematocrits and height and weight measures for WIC clients and health center patients is practiced by virtually every integrated site interviewed. Some of the obvious benefits are financial (cost is incurred once not twice), as well as individual (infants and children are not subjected to an unnecessary second finger stick, and staff are not made to repeat procedures). Many sites have established other innovative service planning activities, some of which are described below.



- Ammonoosuc Community Health Services of Littleton, New Hampshire, provides its small rural community of 6,000 residents with integrated WIC and health center services. In an effort to avoid duplicating nutrition education for WIC patients who are also health center patients, the nutrition educational materials are developed jointly. As a result of their joint planning, clients receive consistent, coordinated nutrition information.
- The Dunklin County Health Department WIC Program is collocated with the Southeast Missouri Community and Migrant Health Center. Because the WIC program and health center serve a migrant community, the number of services they provide vary with the migrant season. In preparation for the agriculture season, the health center staff meet with WIC staff to plan the sites, times of operation, and patient flow for WIC services. In addition, during the migrant season, the staff of the two programs meet weekly to monitor the service delivery plan.

Strategy 6: Sharing of Staff and Other Resources

In keeping with the philosophy of providing seamless care to patients and in an effort to maximize efficiency and cost effectiveness, some WIC programs and primary care agencies share the time and cost required to deliver quality care to patients. WIC programs that are collocated with a health center facility and those that operate under the aegis of a health center are most likely to distribute activities and costs among their departments, such as prenatal care, pediatrics, nutrition, and WIC. Health centers and WIC programs have devised various administrative arrangements to plan for the coordination activities and account for the sharing of resources.

Services Are Provided by One Agency Free of Charge to the Partner Agency. In some cases, no money changes hands between the WIC program and the health center, yet they provide services for one another, such as medical assessments, lab work, outreach, and clerical duties.

- The pediatric department at Bayou Comprehensive Health Center in Lake Charles, Louisiana, funds the portion of its nurses' salaries spent administering immunizations to WIC participants during WIC clinics.

Expenses Are Allocated Based on Time Studies and Prorated Fees. In other instances, staff time and the usage of facility resources are tracked and divided between WIC's budget and the health center's budget.



- For example, staff at Community Medical Centers, a migrant health center in Stockton, California, submit two timesheets—one for the total time they work and another timesheet that breaks down the time they work for WIC versus the health center. These timesheets are used to determine how much of a particular staff member's salary is billed to WIC and how much is billed to the health center.
- The WIC program at Quality of Life Health Services, Inc., in Gadsden, Alabama, pays the health center 4 percent of the total cost of utilities and telephone services each month. The health center and the WIC program arrived at 4 percent by determining that WIC occupies 4 percent of the total square footage in the facility.

Staff Positions Are Jointly Funded. Some health centers and WIC programs jointly fund staff positions under the assumption that one staff member will work a predetermined number of hours for WIC and a certain number of hours for the health center.

- The nutritionist at Santa Rosa, California's Sonoma County Indian Health Project, works 6 hours a week for WIC and 34 hours for the diabetes and nutrition programs.

Some of the areas in which health center and WIC resources are shared are described below.

Medical and Clinical Assessments. WIC programs and their collaborating health centers often share responsibility for taking clinical measurements, screening clients for immunizations, and processing lab tests that are required for WIC certification. Heights, weights, and hematocrits are recorded by medical staff working in the prenatal and well-child departments, for example, and shared through medical records or patient encounter

forms with WIC staff. Some health centers also use the same laboratory for both WIC and medical needs.

- The Open Door Family Medical Group in Ossining, New York, provides immunization screenings for WIC participants.
- The Twin County Rural Health Center in Hollister, North Carolina, assesses the WIC program a fee for the hematocrits taken by health center staff, which are used to determine nutritional risk for WIC eligibility.

Nutrition Services. While some health center staff provide nutrition services for WIC, in other cases, WIC employees devote a portion of their time to counsel health center patients.

- The WIC nutritionist at the Twin County Rural Health Center provides nutrition counseling for non-WIC patients. To account for her time, the nutritionist keeps a log of her time spent attending to WIC participants versus health center patients who are not enrolled in WIC. The health center then reimburses the WIC program based on the percentage of the nutritionist's time (salary) spent counseling clients.

Support Services. Some agencies also share responsibility for providing enabling services, such as interpretation and transportation.

- The Blue Ridge Community Health Center (BRCHC) in Hendersonville, North Carolina, funds the cost of a full-time interpreter who is made available to the many Spanish-speaking families of the migrant farm workers living in the area from June to October. Interpretation services are made available to WIC participants when the Henderson County Department of Public Health WIC Program is on site delivering WIC services to BRCHC clients. The health center's interpreter translates for the WIC nutritionist when she is counseling Spanish-speaking women and children. BRCHC agreed to provide this service at no fee to the WIC program because it increases the quality of care received by its clients.
- The Central Valley Indian Health WIC Program in Clovis, California, shares transportation expenses with the health center. Paraprofessional outreach staff, called community health representatives (CHR), conduct home visits with health center and WIC clients and provide transportation. Depending on the purpose of the client's trip to the health center, programs are billed accordingly for the transportation costs. Because WIC participants are almost always attending other appointments when going to WIC appointments at the health center, other programs almost always incur the transportation expenses of the CHRs.



Clerical Duties. Because many WIC programs are located in the same facility as primary health care services and because some operate under the aegis of the same agency, these programs often share responsibilities (and sometimes the cost) for answering telephones, scheduling appointments, registering patients, maintaining medical records, and other important clerical tasks.



Administration and Operations. In addition to medical and clerical responsibilities, WIC programs that are sponsored by health centers also utilize and benefit from the administration and financial capacities of the health center, including human resources, budget management, payroll services, and purchasing.

Equipment and Facility. From photocopiers to lab equipment and furniture to automated appointment scheduling systems, WIC programs that are collocated with health centers share a number of resources with their collaborating partner agencies.

- Once a year, the Choctaw Health Center in Philadelphia, Mississippi, submits a bill to the WIC program for housekeeping, maintenance, and computer support services provided throughout the year.

Strategy 7: Staff Training and Development

Staff training is an ideal forum in which staff can learn about the roles and responsibilities of other staff and gain valuable insight into existing and potential coordination activities. Joint staff training and development also encourages teamwork and sharing of information among health center employees. Among the sites interviewed, the costs of joint staff training are commonly covered by the sponsoring community/migrant health center or IHS site. However, WIC staff often assume responsibility for providing nutrition and breastfeeding-related trainings to staff of their partner agencies. The subject matter of joint staff training ranges considerably and includes topics displayed in the list below:

Topics of Joint Training Sessions for WIC and Health Center Staff

Immunizations	Customer service	Obstetrics training
Nutrition	Protocols	Civil rights
Folic acid	Domestic violence	CPR
Lead screening	OSHA	Drug and alcohol abuse
HIV-related issues	Handling blood products	Tuberculosis training
Fraud	Breastfeeding	Behavioral health
Infection control	Agency safety	Diversity & cultural competency
Family planning	Medical records	

Collaboration on staff training is conducted through the following channels:

Regular Staff Meetings. Staff training is conducted through a variety of different mechanisms, including staff meetings, brown bag lunches, and presentations. Some of these meetings are run internally, and training topics are presented by either health center or WIC staff. In other cases, consultants are brought in to discuss specific topics. Some agencies held staff meetings as often as once a month, yet others convened staff just twice a year for training purposes.



- The Allegheny County Health Department's WIC Program in Pittsburgh, Pennsylvania, holds regular monthly meetings and training sessions for all staff. The WIC nutritionist, in particular, acts as a resource for staff and uses this opportunity to inform staff of news from either the WIC program or from the health center.
- The Ammonoosuc Community Health Services in Littleton, New Hampshire, holds bimonthly staff meetings, where topics such as lead screening and breastfeeding are discussed across the agency. Though WIC staff attend these trainings, the health center pays for costs associated with staff training.
- Alabama's Quality of Life Health Services, Inc., in Gadsden holds training sessions for its staff at least twice a year. Training on pertinent topics—such as immunizations, obstetric services, and folic acid—is conducted by a nurse at the health center. WIC staff, in turn, train Quality of Life Health Services' department heads on WIC services, so that they are fully conversant with WIC procedures.
- Community Medical Centers in Stockton, California, has expert speakers attend its all-staff meetings and offer presentations on topics that are of interest to WIC and health center staff. Topics covered to date include lactose intolerance, team building, and leadership.

Written Information Exchange. Agencies also use newsletters, bulletin boards, memoranda, and flyers to keep staff informed about new procedures or practices.

- The Piedmont Health District WIC Program in Farmville, Virginia, and the Central Virginia Community Health Center keep each other informed about changes and new activities by sending flyers and notices.
- Community Medical Centers in Stockton, California, produces a newsletter that outlines health center changes and new initiatives and addresses topics that are relevant to health center and WIC staff. Staff use the newsletter as a means of finding out about activities in other departments of the health center.

Comprehensive Training Curricula. In addition to drawing upon the expertise of those employees who are responsible for clinical activities, at least one agency employs a full-time staff member dedicated to developing and conducting staff trainings.

- The Chickasaw Nation in Ada, Oklahoma, employs a full-time training coordinator who offers a rolling program of courses that are open to WIC and non-WIC staff. Each quarter, the training coordinator updates the menu of training courses. Topics such as sanitation, interpersonal relations, and communications are offered. Staff are allowed to select the training sessions they will attend.

Strategy 8: Quality Assurance



Quality assurance is an important component of monitoring and evaluating health care services. The process enables organizations to ascertain whether goals and objectives, as well as the needs of the community, are being met in a timely and effective manner. Some WIC agencies report that the time required to establish collaborative practices at the service level often does not leave time to consider evaluating services. However, WIC programs and health centers that have had their coordination practices in place for some time indicated that quality assurance mechanisms are a valuable tool in further developing and improving coordination efforts. WIC agencies and health care centers have developed a number of mechanisms to ensure the delivery of quality care. These are described below.

Regular Interdepartmental Quality Assurance Meetings. Regular quality assurance committees, meetings, and task forces are held to discuss quality assurance issues and ways to improve services. Topics discussed at these meetings range from decreasing waiting times to developing better followup mechanisms for maternity patients.

- The Open Door Family Medical Group in Ossining, New York, convened a Quality Assurance Team to review all coordination activities to ensure services are appropriate and meeting patients' needs. When necessary, the team makes recommendations regarding how to change clinical practice or service delivery modes. Departments are required to follow the new guidelines issued by the Quality Assurance Team.
- Staff at the Outpatient Medical Center at Natchitoches, Louisiana, noticed that they were seeing a high number of anemic children. Health center administrators decided to address this problem through their regular quality assurance meetings. A clinical protocol was developed and rigorously followed and has successfully decreased the incidence of anemia among health center patients.

Collaborative Goals, Action Plans, and Outcome Measures. Many of the WIC agencies collaborate with their partner health centers in developing annual health plans with clear goals and objectives. These plans are reviewed periodically, ranging from monthly to yearly. Setting joint goals and creating coordinated action plans help WIC agencies and their health center partners to improve upon their existing services and to develop new consumer-oriented services.

- The Family Care Health Center WIC Program in St. Louis, Missouri, develops an annual health plan with its collaborating health center. The health plan includes WIC goals, which are jointly written and evaluated by the WIC program and health center on a yearly basis.
- The Siouxland WIC Program in Sioux City, Iowa, jointly develops an action plan and outcome measures with the health center. The action plan and outcome measures are monitored and adapted throughout the year to ensure services always meet patients' needs.

Listening to the Consumer. WIC agencies and health centers realize the importance of consumer input and strive to obtain consumer feedback as a way to improve services. WIC programs and their collaborating partners have used comment boxes and patient satisfaction surveys to determine how services could be modified to better meet the needs of clients.

- The Chickasaw Nation in Oklahoma has placed a comment box in all patient waiting areas. Staff report that client suggestions were useful for investigating small, but important, ways of improving services for clients. For instance, comments from patients have spurred the development of a touch screen kiosk that patients can use to explore information on any number of health issues, including nutrition and prenatal care. "Mini" health education classes that last about 15 minutes were also instituted as a result of patient feedback. These brief classes are conducted in waiting rooms and address topics such as gingivitis and pregnancy and the benefits of childbirth education classes.
- Alabama's Quality of Life Health Services, Inc., located in Gadsden, conducted a client survey on the amount of time it took for clients to receive services. Based on the results of the survey, WIC and clinical staff examined ways to deliver better quality care while decreasing the time clients spent waiting to be seen. Specifically, Quality of Life staff revisited scheduling practices and made changes based on client recommendations.

- The Centro San Vicente Community Health Center in El Paso, Texas, conducts an ongoing quality assurance survey to monitor the quality of services being delivered to clients. In particular, the survey is used to poll clients about the types of services and information they would like to see offered on site, as well as to determine what types and in what ways clients would like to receive nutrition education information. By sharing this information with its collocated WIC program, the site is able to periodically tailor its services and attract more clients.

Chart Audits. Chart audits are conducted to ensure that information is entered correctly into patients' charts and to review the effectiveness of the health education and referrals process.

- Staff at Community Medical Centers in Stockton, California, conduct chart audits annually. The findings are presented to the Quality Assurance Committee, where strategies to improve service delivery are developed by all staff involved in implementation.

Peer Review. Peer review is the process through which clinicians in the same occupation meet regularly to discuss patient interventions. It is considered an essential part of quality health care delivery and provides an excellent medium through which clinicians can share information about best practices and improve patient care delivery systems.

- The Ammonoosuc Community Health Services in Littleton, New Hampshire, encourages staff to be actively involved in their own evaluations. Peer review findings are provided to the Quality Assurance Committee where goals for the following year are identified. The committee then monitors these goals to ensure that service delivery is continuously improved.



B. Clinical Coordination

While coordinating at the policy and administrative level is a must for a successful collaboration, the delivery of coordinated care to patients can be positively affected by implementing a number of activities in the clinic setting. Beginning with how patients are referred between the WIC program and the various health center departments to coordinated appointment scheduling and shared clinical protocols, sites provided a number of examples of clinical coordination. In addition, many WIC programs and health centers strive to provide consistent and culturally appropriate nutrition education. Finally, some agencies have arranged systematic screening and case management practices in order to obtain needed services for clients.

Strategy 1: Referrals

Collaborating agencies can improve patient care by instituting an efficient and effective referral system. As exemplified below, there are a number of ways in which to coordinate WIC and health center referrals.



Referral Criteria. Health centers routinely refer eligible clients to WIC, and WIC clinics routinely refer clients with health problems or those without a medical home to collaborating health centers. Clients are also referred for services, such as immunizations, well-child care, and dental care. Many organizations conduct a risk factor assessment of clients and use this information to make a referral. For example, during the second prenatal visit at Centro San Vicente, a community health center in El Paso, Texas, a needs assessment is conducted with each client. When appropriate, women are referred to WIC.

Referral Process. Clinics use a variety of means to make referrals. Often the process is informal. In some cases, the name and telephone number of the particular program is given to a client, or a referral card is provided. In other cases, staff escort clients to the registration desks of their collaborating programs.

Followup. Followup occurs regularly at some clinics and on an ad-hoc or selective basis at other clinics. While some health centers use a referral form, others use the medical chart to determine whether or not a client has received services, and still others convene periodic meetings to check on particular clients. Some health centers use client information from WIC and medical departments to determine if any clients have “fallen between the cracks.”

- At Bridge Community Health Clinic, a community health center in Wausau, Wisconsin, staff routinely follow up on referrals by using a three-part form. After filling out the form, WIC keeps a copy and sends the other two copies to the health center. After the health center sees the referred patient, staff complete the form and send a copy back to the WIC program. If WIC does not receive a copy of the completed form, staff call the health center and/or client to follow up.
- Charts are also used to facilitate following up on WIC referrals. Providers, such as those at United Health Centers of the San Joaquin Valley, Inc., in Parlier, California, review charts for documented referrals and ask clients or check with staff to determine if the referral was followed.
- At Sonoma County Indian Health Project in Santa Rosa, California, team meetings are used to track services received by pregnant clients.

- At Fargo Family Health Care Center, a community health center in Fargo, North Dakota, the prenatal coordinator compiles a list of women being served. WIC reviews the list to determine if there are any women who are not enrolled in WIC and informs the prenatal coordinator. The coordinator then follows up with the patient.

Strategy 2: Coordinated Appointment Scheduling



Coordinated appointment scheduling is another activity that reduces fragmentation of services and facilitates a consumer-focused service system. Typically, programs that use a coordinated appointment system have a process in place that allows patients to set up WIC and health center appointments on the same day. Many rural sites utilize this approach to simplify or reduce their clients' need for transportation. Others practice the standard public health outreach protocol "carpe diem" that dictates that public health professionals should provide as many services as possible to low-income, at-risk clients when they present to a public health clinic. Below are some examples of coordinated appointment scheduling arrangements.

Walk-in Clinics. A few health centers have opted to hold weekly evening clinics that don't require appointments. To serve clients and maximize the time they spend at the clinic, health center staff arrange to have both clinical and WIC staff available.

- The Dunklin County Health Department WIC Program in Kennett, Missouri, coordinates its summer hours of operation with the health center. The health center is open from 5:30 PM to 10 PM on Monday and Thursday nights to accommodate the work schedules of its migrant farm-worker population. No appointments are needed for these summer clinic hours; clients are seen on a walk-in basis for both WIC and health center services. In addition, all staff, from clerks to nurses, are familiar with the guidelines for WIC eligibility, thus enabling all staff to answer clients' questions as well as facilitate referrals and appointments for those who are eligible.

Coordinated Appointments. Most efforts to coordinate appointments between WIC and health center staff result in clients having a WIC appointment immediately following their medical appointment. Some health centers simply tell their clients to arrange their WIC appointment around their prenatal care appointment, while in other cases, health center staff take more direct responsibility to arrange a coordinated appointment for the client. In some circumstances, WIC and the health center have access to the same online appointment scheduling system, making it quite easy to accommodate patients' needs.

- Community Medical Centers, a migrant health center in Stockton, California, coordinates its WIC appointments with obstetrical and prenatal appointments, and a breastfeeding support visit is conducted at 3- to 4-days' postpartum. In each instance, a WIC service is paired with a perinatal visit. WIC is used as a behavioral “reinforcer” for women participating in prenatal care. The net result is a situation that serves to reinforce participation in WIC and perinatal care.

Strategy 3: Clinical, Educational, and Nutritional Protocols

By following shared protocols, WIC and its collaborating programs or agencies can improve the quality of care provided to clients, as well as the consistency and efficiency with which the care is delivered. For example, by using the same type of scale and measuring board and by weighing and measuring clients in the same manner (e.g., with or without shoes), the reliability of height and weight measurements is increased and departments can use each other's results. Patient care can also be improved by sharing protocols. For example, if multiple providers caring for the same newborn and mother prescribe the same infant feeding regimen, the mother is more likely to follow that regimen.

Organizations looking to improve coordination efforts should examine their needs and decide whether to use existing protocols or develop their own. Organizations should also conduct a self-assessment in order to determine which protocols should be shared between organizations. Shared protocols can include clinical, educational, and nutritional protocols, as well as protocols for special populations, such as adolescents, migrant farm workers, or patients with diabetes.

Selecting Professional Protocols. Protocols shared between departments or agencies are often adopted from standard professional protocols. Some organizations choose to use professional protocols because they are known to meet standards and because the organization does not have to spend time developing the protocols. Shared professional protocols include State WIC, Indian Health Service (IHS), American College of Obstetrics and Gynecology (ACOG), Medicaid, and American Association of Physicians' (AAP) protocols.

- Shared education protocols at the Fort Hall Indian Health Center, a community health center in Fort Hall, Idaho, have been adopted from IHS, and shared nutrition protocols have been adopted from the State WIC Program.

Developing Protocols. Some agencies decide that existing protocols do not meet their needs and instead develop their own. Protocols are either developed by one department or agency and then shared with the other department, or they are developed jointly.

- The shared education protocols at Columbia Basin Health Association in Othello, Washington, were originally developed by the health center and then later adopted by WIC.
- The common clinical protocols used at the Marana Health Center, a community and migrant health center in Marana, Arizona, were developed by the WIC nutritionist and then adopted by the health center.
- At Valley-Wide Health Services in the rural San Luis Valley of Colorado, a committee with representation from all of the agency's programs developed the shared clinical protocol for patient intake and information gathering.



Implementing Protocols. WIC and collaborating partners tend to share clinical protocols that address measuring height and weight and taking blood work. When approached the same way, departments are able to use measurements taken by any health center staff member. By not repeating these measures and lab tests, the agencies save staff and clients' time, as well as fiscal resources.

Health centers and their WIC programs use the same clinical protocols for a number of activities, including the treatment of sexually transmitted diseases, well-child checkups, low hemoglobin, and high cholesterol levels. WIC and collaborating partners also share educational protocols that address breastfeeding education, immunization education, diabetes, hypertension, and high cholesterol levels. Shared nutrition protocols include those covering infant feeding practices, pregnancy and postpartum nutrition, diabetes, hypertension, and weight reduction methods for obese women.

- At Bayou Comprehensive Health Center in Lake Charles, Louisiana, protocols on adolescent obesity, low hemoglobin levels among children, and nutritional counseling for HIV clients are shared.

Special Populations. Many WIC programs and their collaborating health agencies also follow standard protocols for special populations they serve.

- The WIC program at the Outpatient Medical Center at Natchitoches, Louisiana, utilizes protocols for serving those with anemia and children with serious dental problems.
- The First Choice Community Health Care WIC Program in Albuquerque, New Mexico, follows protocols for serving Spanish-speaking clients and protocols for clients with special needs, such as those who are deaf or blind.

Strategy 4: Nutrition Education

By coordinating nutrition education provided by WIC and health center staff, the agencies can provide the best possible nutrition education to their clients, enhance client comprehension, offer consistent messages, and reduce duplication of services.

Enhancing Client Comprehension. Coordination among programs can help to ensure that clients understand the nutrition education they receive.



- For example, at United Health Centers of the San Joaquin Valley, a migrant health center in California, the prenatal staff conduct a nutrition recall and provide a nutritional assessment for each pregnant woman. After her prenatal appointment, the client attends her WIC appointment. WIC staff then politely quiz her about her nutritional assessment. If she is unable to explain her nutritional assessment or answer the questions of the WIC staff, the WIC staff will review the material once again.

Emphasizing Important Issues. Coordination can provide agencies with the means to emphasize important messages. WIC and health center staff may decide that a particular issue is of great importance and should be addressed with clients by the staff of more than one department.

- The staff at United Health Centers of the San Joaquin Valley in California decided that breastfeeding education and promotion is so important that it should be discussed by both the clinical and WIC departments. The departments have designed their breastfeeding education classes to ensure that clients hear a message about breastfeeding in each program. The departments work together to ensure that the message is complementary and not redundant. For example, the WIC class may cover the nutritional benefits of breastfeeding for the infant, as well as how to obtain sufficient social support for breastfeeding. The prenatal department staff then concentrate on how to actually breastfeed.
- At Bayou Comprehensive Health Center in Louisiana, the WIC program and the dental clinic are coordinating efforts to address infant feeding and baby bottle tooth decay. WIC educates the parents on infant feeding by discussing nutritional issues and providing parents with a flyer on baby bottle tooth decay. The dental program staff also educate parents on infant feeding, but they discuss the dental points and provide flyers to parents who address the dental issue.

Providing Consistent Messages. The delivery of consistent messages also facilitates client comprehension by eliminating confusion and reinforcing the education. Many of the WIC programs and health centers interviewed work hard to ensure that they are promoting consistent messages to the clients they share.

- The WIC and health center staff at the Outpatient Medical Center at Natchitoches, a community health center in Lake Charles, Louisiana, coordinate nutrition education and breastfeeding awareness so that efforts are not duplicated, and clients receive consistent messages.
- The Chickasaw Nation WIC Program in Ada, Oklahoma, takes steps to coordinate health and nutrition education messages with primary health care staff, particularly those related to baby bottle tooth decay, healthy choices, lowfat meal planning, and wellness.

Maximizing Available Resources and Expertise. Coordinating agencies recommend that other health centers and WIC programs draw upon their internal resources to best develop nutrition education curricula and materials.

- The W.W. Hastings Hospital in Tahlequah, Oklahoma, has formed a multidisciplinary committee of representatives from pediatrics, OB/GYN, WIC, and nutrition to design the nutrition education classes offered to patients. The nutrition education curricula developed by the committee is consistent and acceptable to all departments.

Ensuring that Nutrition Education Is Not Duplicated. Agencies that are coordinating nutrition education efforts are able to ensure that the nutrition education provided is not duplicated. This helps to reduce client frustration since clients do not hear the same education from different providers, attend classes covering the same topic, and/or receive the same materials more than once. Reducing duplication also saves agency resources that can be redirected elsewhere.

- For example, at Siouxland Community Health Center in Sioux City, Iowa, nutrition education is documented in clients' charts. By reviewing a patient's chart, service providers can determine the nutrition education that has been provided and in what areas further education is needed. Tracking meetings are also used to discuss the nutrition education needs of clients.

- At the Samuel U. Rodgers Community Health Center in Kansas City, Missouri, the WIC and pediatric departments work in tandem so that each department is responsible for addressing particular topics. When counseling clients, WIC covers baby bottle tooth decay and bottle sterilization, while the pediatric department concentrates on information about diarrhea or childhood illness.

- The California Perinatal Services Program and WIC Program at United Health Centers of the San Joaquin Valley have also reached an agreement about which departments will provide classes on nutrition education, contraceptive choices, growth and development, and labor and delivery. Their agreement is spelled out in an MOU.



Strategy 5: Cultural and Linguistic Appropriateness of Care

There are many factors—including culture, religion, and ethnicity—that play important roles in shaping individual's views and actions. Therefore, in today's increasingly multicultural society, it is important that practitioners provide care that is not only technically competent but that also takes into account these factors. If cultural sensitivity is not a component of the care patients receive, they may become disenchanted and choose to forego care they may genuinely need.



Several of the WIC programs and their associated health centers have taken measures to ensure that their services—including medical care, nutrition education, and counseling—are responsive to the cultural needs of their clients. These measures range from employing bilingual and bicultural staff to providing joint interpretation services for WIC and medical visits to providing materials in several languages, and at the appropriate reading level. Some approaches that agencies have taken to providing culturally and linguistically appropriate care are shared below.

Employ Staff Representatives of the Community. Having WIC and health center staff that mirror the population being served may help to increase clients' comfort level because they are receiving care from people who may better understand them and some of the issues they face. This idea, it seems, is fairly common, as a majority of the sites interviewed indicated that many of their staff are bilingual and/or bicultural, and in many cases, live in the community served by the WIC program and health center.

Cultural Competency/Diversity Training. Cultural competency and diversity training is a way to ensure that staff are knowledgeable about different cultures and to help them better relate to patients as well as staff.

- WIC and health center staff at United Health Centers of the San Joaquin Valley in Parlier, California, receive training that addresses the cultural, social, and literacy needs of clients.
- The Health Delivery, Inc. WIC Program in Saginaw, Michigan, serves migrant farm workers at a number of sites, including the Bayside Health Center in Bay City. The organization sent its dietitians to a training on how to create educational materials for low literacy audiences.

Shared Interpretation Services. Many health centers and WIC programs are aware that English is not the native language for many of their patients. Some agencies have teamed up to provide interpretation services for both WIC and medical visits.

- At the Choctaw Health Center in Philadelphia, Mississippi, as well as the Siouxland Community Health Center in Sioux City, Iowa, the WIC program has access to translators provided by the health center. In addition, the Choctaw Health Center has a bilingual video on newborn care that is used in prenatal classes.
- The Quality of Life Health Services, Inc., in Gadsden, Alabama, has hired translators who work with WIC in addition to the various departments of the health center and has a bilingual social worker who translates for the nutritionist.

Reviewing and Pretesting Materials. Pretesting materials with clients is a sound approach to ensuring not only that the material is written at the appropriate literacy level, but also that the language and images in the materials reflect the population being served and are sensitive to their needs. Materials can be reviewed by patients, as is the case at the Open Door Family Medical Group in Ossining, New York, which has a patient advisory committee that reviews educational materials to ensure that they are culturally appropriate. They also conduct patient satisfaction surveys to ensure that the materials are created at the appropriate literacy level.

Some agencies also use staff, both internal and external, to review material for cultural and linguistic appropriateness.



- The Confederated Tribes of Warm Springs Indian Reservation and I.H.S. Warm Springs Service Unit in Oregon work closely with Native American elders to obtain history and cultural information to make their materials more sensitive to the needs of their clients.
- Unity Health Care, Inc., and Cardozo WIC Agency in Washington, DC, not only consult internal staff and clients to ensure that their materials are culturally sensitive, but they also work with the Hispanic Council and the State Department of Health to ensure that their materials are culturally appropriate.

Strategy 6: Coordinated Screening and Enrollment and Case Management

In keeping with the concept of “one-stop shopping” and in order to increase the continuity and comprehensiveness of care provided to patients, many WIC programs and primary health care sites have adopted measures to coordinate the clinical, nutritional, and social services provided to patients. These approaches range from allowing health center staff to determine eligibility for the WIC program to instituting joint Medicaid/health center enrollment processes to providing case management services for clients. Though not all health center or WIC clients are eligible for all medical and social service programs that are available for low-income families, a systematic screening process helps to cast a broad net when identifying those who may qualify for additional assistance.

Health Center Staff Can Determine WIC Eligibility. One of the ways that health centers can coordinate service delivery is to allow health care staff to determine WIC eligibility and/or complete WIC certification forms.

- Certain staff at Pennsylvania’s Community Health Net in Erie, Pennsylvania, can make a Medicaid presumptive eligibility determination and screen clients for the WIC program during patients’ initial visit to the health center.
- The registered dietitian, who is supplied to the WIC program by the Blue Ridge Community Health Center (BRCHC), in Hendersonville, North Carolina, determines WIC eligibility. In the future, BRCHC’s child service coordinators and nurses might also be able to determine WIC eligibility.

Joint Enrollment Form or Process. Many sites also have a joint enrollment form or process, or some combination of the two, for getting patients enrolled in both WIC and Medicaid at the same time.

- The Sto-Rox Neighborhood Health Center and its partner WIC program at the Allegheny County Health Department in Pittsburgh, Pennsylvania, have a joint WIC and Medicaid enrollment process for their prenatal patients.
- At the Open Door Family Medical Group in Ossining, New York, a staff member at the health center can enroll patients in WIC and the Medicaid managed care program at the same time. While the enrollment processes are linked, two separate forms are used for enrollment into each program.

Case Management. Several WIC programs and their partnering primary health care sites have adopted case management strategies in order to better identify and serve patients.

- At the Twin County Rural Health Center in Hollister, North Carolina, WIC and health center staff utilize maternity care coordinators to find, conduct outreach, and enroll pregnant and postpartum women in a variety of services. The health center can draw down Medicaid administrative matching funds for the services provided by the maternity care coordinators.
- At the Columbia Basin Health Association in Othello, Washington, the WIC nutritionist and health center case manager make home visits together.

C. Community-based Initiatives

The involvement of and in the surrounding community is paramount to the success of any coordination initiative. Community involvement can take a variety of different forms, from WIC and primary health care sites going out into the community to conduct outreach to setting up special initiatives for particular members of the community to taking an active part in the development, implementation, and/or evaluation of the coordination effort.

Strategy 1: Outreach



The overall goal of outreach is to draw in potential participants, make them more knowledgeable about available services, and respond creatively to their unmet needs. Health centers and WIC programs have reached out to their respective communities in a number of different ways.

Jointly Sponsored Outreach Activities. While the old adage “all publicity is good publicity” may not necessarily be true, good publicity can definitely provide a needed boost. Some health centers and WIC programs have sponsored television and radio promotional “spots” and organized direct mail campaigns. Several health care centers and their partnering WIC agencies, including Coos County Family Health Services and Ammonoosuc Community Health Services in New Hampshire, and the Open Door Family Medical Group in Ossining, New York, jointly sponsor ads on cable television.

- The Washington, DC-based Unity Health Care, Inc., and its collaborating Cardozo WIC Agency promote WIC and health center services on Spanish radio stations to reach their predominantly Hispanic population.
- The Fargo Family Health Center in Fargo, North Dakota, conducts an annual mailing to social services, offices, and schools.
- The Henderson County Department of Public Health in Hendersonville, North Carolina, and its WIC program are sent a report about the new Medicaid enrollees each month. The health department uses this report to send these families a direct mail piece about the WIC services available.
- The Shawnee County Health Agency in Topeka, Kansas, uses its linkages with two community hospitals as a vehicle to enroll eligible participants in the WIC program. Health agency staff take WIC enrollment packets to hospitals for new mothers. The packet includes enrollment forms and information on how to schedule a “new baby” WIC appointment. The hospital, in turn, sends referrals for new mothers and



babies for followup by public health nurses. An attempt is made to contact each individual referred by the hospital to offer program benefits. The area social services office also sends a list of prenatal clients receiving Medicaid benefits, which is cross-referenced with the WIC printout. Those not receiving WIC are sent a letter informing them of WIC and health center services. In light of these outreach activities, it is not surprising that the Shawnee County Health Agency serves a high percentage of WIC-eligible participants.

Health Fairs. Health fairs can be a fun and educational event for people to attend to get a variety of information and advice about staying healthy. At the same time, health fairs are an excellent way of promoting services offered by health center programs and WIC. Many of the sites that were interviewed for this handbook conducted health fairs that were cosponsored, jointly staffed, or coordinated in some way by both WIC and health center personnel.

- The WIC program based at the Outpatient Medical Center at Natchitoches, Louisiana, shares costs with the health center for conducting outreach at health fairs and community education workshops.
- Likewise, the WIC program at the Sonoma County Indian Health Project in Santa Rosa, California, shares costs for the annual children's health fair.
- In Ada, Oklahoma, the Chickasaw Nation WIC Program holds an annual "baby celebration" in which people are invited to a park to celebrate the birthdays of the babies born that year. The parents receive gifts as well as health and nutrition advice for caring for themselves and their children. This event is organized by WIC and several departments within the Carl Albert Indian Health Facility, including OB/GYN, dental, nursing, and Head Start.

Community Partner Agencies. Sometimes patients are not always able to come to the health center where services are being delivered. Therefore, many WIC and health center programs have made it a policy to take the services to their patients.

- The WIC program and health center staff at First Choice Community Health Care in Albuquerque, New Mexico, collaborate to offer health education during teen parenting classes at the Peanut Butter and Jelly Early Childhood Education Center serving children who have suffered abuse through drugs, violence, or incest.
- The Health Delivery, Inc. WIC Program in Saginaw, Michigan, provides WIC services at the migrant Head Start program.

Mobile Health Centers. Mobile health centers or mobile vans, sometimes brought about by the lack of space to set up a health center or WIC program, are another mode of “taking the services to the clients.” These units are generally self-contained and equipped to provide a variety of health services. Though many health centers and WIC programs that were interviewed have access to a van, few coordinate the service delivery provided in the mobile units between medical and WIC staff.

- The Hidalgo County WIC Program, located near the Texas border with Mexico, serves hundreds of Hispanic clients who live in impoverished “colonias.” The WIC program shares the costs related to operating the mobile van with its partner agency, the Hidalgo County Health Care Corporation. The time that pediatricians spend conducting outreach in the colonias is supported by the health center, while WIC covers the costs of the nursing staff and supplies for the WIC mobile unit.

Strategy 2: Special Initiatives

WIC programs and primary health sites have also been involved in coordinating a number of special initiatives, some funded through grant monies. Several sites have undertaken special projects that address a particular problem or issue or a specific segment of the population that they serve. Some of these are outlined below.

Breastfeeding Promotion and Support. WIC programs and health centers coordinate in various ways around the issue of breastfeeding, including sharing costs, delivering classes to patients, and providing cross-training on breastfeeding to partner agency staff.

- The Community Medical Centers WIC Program in Stockton, California, shares costs with its respective health centers related to breastfeeding promotion and support.
- The Cardozo WIC Agency, which is collocated with Unity Health Care, Inc., in Washington, DC, opens its breastfeeding classes to health center patients even if they are not enrolled in WIC.
- The breastfeeding coordinator of the Cherokee Nation WIC Program in Tahlequah, Oklahoma, meets with the baby coordinator at the W.W. Hastings Hospital to plan and coordinate the delivery of breastfeeding education to new mothers.
- WIC staff at the Columbia Basin Health Association in Othello, Washington, visit new mothers in the hospital each morning to provide information about how to breastfeed their infants.

- The WIC breastfeeding counselor at Ammonoosuc Community Health Services in Littleton, New Hampshire, provides training on breastfeeding to nurses who work for the health center.

Dental Health and Oral Hygiene. Realizing that dental health is an important part of the overall health of an individual, many WIC programs and health care centers have taken measures to collaborate with one another in the area of dental health and oral hygiene.

- For example, utilizing data they collected on the percentage of clients who need dental services and/or have cavities, Arizona's Mariposa Community Health Center and the WIC program instituted a dental education and oral hygiene program.
- At Bayou Comprehensive Health Center in Lake Charles, Louisiana, WIC staff educate women about the importance of maintaining healthy gums while the dental department reinforces this message and provides additional information on oral hygiene and baby bottle tooth decay.

Immunization Projects. A few WIC programs have coordinated with primary health care centers on immunization initiatives. As WIC serves children under age 5, it makes sense for the health center to enlist its assistance in casefinding and followup for children who are behind on their immunization schedule.

- The Twin County Rural Health Center in Hollister, North Carolina, participated with its WIC program on an immunization initiative, funded by the North Carolina State WIC Program. The purpose of the initiative was to collect immunization data from the local health department, hospital, and health center patient records and to enter it into the State immunization registry. WIC and health center staff go to each of the medical centers to make sure immunization charts are up to date and use the CDC-approved clinical assessment software application as a vaccination assessment tool.
- Staff from the Gifford Health Center and the Indian River County WIC Program in Vero Beach, Florida, work together to promote immunizations. WIC's computerized food voucher issuance system is used to notify staff when WIC participants are overdue for their immunizations. WIC staff advise patients that their child needs an immunization, and the child is sent to the health center's immunization clinic for appropriate immunizations. In this manner, WIC staff work in conjunction with the Gifford Health Center to ensure that as many patients as possible are up to date on their immunizations. An immunization review of Gifford Health Center in November 1998 showed an immunization rate of 88.9 percent as conducted by the Florida Department of Health.

- The Mariposa Community Health Center in Nogales, Arizona, and its WIC program collected data on the percentage of children who have been immunized. This prompted WIC and the immunization department at the health center to coordinate with one another to conduct a joint immunization clinic. Two days a month, the Mariposa Community Health Center holds a half day immunization clinic in its conference room. The WIC clerk, who is paid by the health center for this particular activity, is responsible for reviewing shot records and assisting parents with filling out forms. A health center nurse actually administers the immunization.
- The Sonoma County Indian Health Project in Santa Rosa, California, makes its public health nurse available to administer immunizations to WIC participants when they come to the clinic to pick up food vouchers.
- At Bayou Comprehensive Health Center in Lake Charles, Louisiana, the health center nurse who conducts primary health care screenings for children holds her screening clinics near the WIC program to facilitate the administration of immunizations. When WIC staff encounter a child who needs an immunization, he or she is sent to the screening clinic, or the nurse is paged to administer the immunization on the spot.

Other Initiatives. Below are examples of a wide variety of one-time or periodic assessments or services provided collaboratively by WIC and health center staff.

- The Family Care Health Centers in Missouri instituted a “Well-Child Checks on Tuesday” program in which WIC and pediatric staff team up 1 day per week to provide comprehensive health and nutrition care for children. Children are seen by a WIC staff member and then escorted to the health center to be seen by a pediatric provider.
- Unity Health Care, Inc., and the Cardozo WIC Agency in Washington, DC, are involved in a community-wide, fund-raising effort to provide food for the homeless and hungry.
- Albuquerque’s First Choice Community Health Care in New Mexico noted a high percentage of STD rates in its patient population, particularly among pregnant adolescents. In an effort to lower the teen pregnancy and STD rates, WIC and clinical staff collaborate on offering adolescent-specific services.
- Each year, the WIC program and health center staff at Bayou Comprehensive Health Center in Lake Charles, Louisiana, conduct a “Breast Cancer Awareness Seminar.”

Strategy 3: Community Involvement

There are many different ways in which the community can be involved in the coordination effort between WIC and primary health care centers. One of these is through the use of volunteers. The communities surrounding health centers and/or WIC programs have also often been involved in the development, implementation, and evaluation of the program.

Community Volunteers. Because they are usually members of the community, volunteers bring to the coordination effort a knowledge of the patient population—a valuable asset when planning and evaluating health services. Volunteers have been used in several different ways.



- **Interpreters.** For reasons related to patient confidentiality and quality of care, it is not ideal to use patients' family members to interpret for them during medical consultations. However, it is often difficult, especially in rural areas, to find certified or qualified interpreters. In situations when health centers have been unable to locate trained interpreters, they have relied upon community volunteers to act as interpreters for clients who do not speak English. Both the Coos County Family Health Services in Littleton, New Hampshire, and the Sto-Rox Neighborhood Health Center in Pittsburgh, Pennsylvania, and their affiliated WIC programs maintain a list of individuals in the community who can serve as interpreters when necessary.
- **Pretest and Review Educational Materials.** Volunteers, including patients themselves, can be used to pretest nutrition education and other materials. The Centro San Vicente Health Center and the WIC program at the El Paso City-County Health Department in Texas use “lay” community health workers to review sample brochures and flyers and make determinations as to whether the materials are culturally appropriate and/or whether the wording needs to be changed. They also use focus groups of clients to help develop user-friendly materials. Likewise, the Family Care Health Centers in St. Louis, Missouri, conducts focus groups with its Hispanic patients to assist in revising nutrition education materials.

Community Leaders/Coalitions. In some instances, public officials and/or community leaders are directly involved in the development of the coordination effort between a WIC program and a primary health care site.

- For example, a group of community leaders came together to help the Indian River County Health Department in Vero Beach, Florida, find funding to provide more services—particularly during evening hours—for the many migrant farm workers laboring in the area's citrus industry. Community members formed the Fellsmere Community Health Coalition. After researching the community's needs and the

resources of the health department, the coalition decided to apply for Federal funding for a community health center. The community received the grant and the Fellsmere Medical Center was opened in 1995.

Community Feedback. In other instances, community representatives are involved in evaluating the coordination initiative and providing feedback on how the effort could better function.

- At the Sonoma County Indian Health Project in Santa Rosa, California, the board of directors monitors clinic programs, reviews goals and objectives, and ensures that the program reflects the needs of the community.
- The Warm Springs Health and Wellness Center in Warm Springs, Oregon, works with a health and welfare committee of the Tribal Council. The IHS nutritionist from WIC and the service unit director from the health center both report to the committee and receive feedback and suggestions on their efforts.
- The Gifford Health Council in Vero Beach, Florida, consists of health center staff and community members. The council meets on a regular basis, and among other issues, examines the status of the coordination effort between the Gifford Health Center and Indian River County Health Department WIC Program.

