

# Coordination Strategies

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*Handbook*

## CHAPTER SIX

Assessing and Developing  
Your Own Coordination  
Strategies



## CHAPTER SIX

# Assessing and Developing Your Own Coordination Strategies

This section of the handbook is included to help WIC and health center staff translate enthusiasm for coordination into a concrete action plan.

The Coordination Assessment Guide was designed to lead you and your colleagues through a series of questions to help identify your agency's particular needs for coordination, as well as the effectiveness of those coordination efforts already in place. Upon completing this guide, you will have a clearer picture of the status of current coordination, the coordination options available to you, as well as the steps that can be taken to begin and improve coordination initiatives with your collaborating agency.



The readiness assessment guide was designed to be helpful to a variety of program staff, including:

- staff from community and migrant health centers, IHS or tribal health centers, and the WIC program;
- programs that are collocated, as well as those that are not; and
- integrated and independent WIC programs and health centers.

This guide will also help agencies that have been coordinating for some time, as well as those new to the process.

- For those of you who work in health centers that have had the local WIC contract for many years, use the guide's questions to revisit formal procedures that are intended to facilitate coordination, but in reality do not, or those activities that may have fallen by the wayside in the busy pace of everyday clinic events.
- For agencies that are new at collaborating and may have been successful in one or two program areas, this guide may help to provide ideas for other ways you can forge collaborative initiatives with the WIC program or health center in your community.
- And for those of you who have not yet made connections with your local WIC program or area primary health care services, consider this as a guide to a menu of possibilities. First, identify community programs with which you share clients or common objectives, and learn more about the services they provide. Then, review each of the policy, administrative, and programmatic areas in which it may be possible to collaborate, and take the first step toward reaching out to agencies in your community.

## How Should I Use This Guide?

There are a number of ways you can proceed with this coordination assessment. You can either fill out the entire guide or focus on a section that is of immediate concern to you and your colleagues. Some ideas are provided, but essentially, there is no wrong way to use this guide.

- Members of your staff can work from this guide to set priorities among the various coordination strategies. Use this process to jump-start thoughts about next steps. Your agency can then contact your partner agency and set up a meeting to begin a discussion about ways to coordinate some activities.
- Your staff and your partner agency staff can fill out the guide separately and then come together to discuss your responses and explore areas where you could work together more effectively.
- A subcommittee of the two agencies can fill out the guide together in order to collectively identify the group's most pressing needs for coordination and the best strategies for attaining a greater level of collaboration.
- The core management and service delivery staff from both agencies can complete the guide together. This allows all members to benefit from the important discussions it is likely to generate.

No matter how you fill out the guide, you can use it as a mechanism to foster communication between agencies. Included in this book is a list of the 46 sites that participated in the coordination project. Please feel free to contact either the WIC or health center representative if you have a question about a particular program area or initiative.

## Coordination Assessment Guide



Throughout the guide, the term “partner agency” is used to indicate the agency that you could be or are currently collaborating with. For example, if you work for WIC and are using this guide, the “partner agency” refers to the community or migrant health center or the Indian Health Service site or tribal health system in your area. For those of you who work for primary care agencies, no matter the type of agency, “partner agency” refers to the WIC program. In some instances, the WIC program may indeed be a separate agency from the health center, and in other cases WIC is another program within the health center.

The self-assessment portion of this guide is organized around the different policy and administrative areas in which collaboration can occur; coordination that is related to programmatic issues, such as clinical and educational efforts; and collaboration that revolves around outreach and other community-based initiatives.

## Policy and Administrative Coordination



This section of the guide includes a number of administrative areas in which coordination can occur between WIC programs and primary health care services. It begins with the goals of the collaboration, as well as the most concrete way to collaborate with a partner agency—collocation. Next, the guide progresses through sections related to sharing patient information, collecting and using health utilization and outcome data, and quality assurance. Also included in these sections are ways to coordinate the training and sharing of staff among programs.

### Goals

This first series of questions is designed to help you clarify the goals you hope to achieve by coordinating with your partner agency and to provide a context for the assessment exercise by taking stock of how your current coordination effort was started and the degree to which it is formalized. If you work for the WIC program, review the questions in the left-hand column. If you work for a health care center, please refer to those in the right-hand column.

### WIC

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If you work for the WIC program, do you want to coordinate services because you are hoping to increase your current caseload or to improve the delivery of services to existing clients?

If your goal is to increase caseload:

- Does the State WIC office consider caseload expansion in your agency a priority?
- Does the State have sufficient funds for you to enroll additional participants?
- Does the partner agency with whom you would like to coordinate serve enough women and children who are WIC eligible?

If these questions can be answered “yes,” then coordination with the partner agency may help expand your caseload.

### Health Center

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If you work for a health center and are not currently coordinating with the WIC program, you will need to decide on an approach prior to examining specific coordination activities.

A health center can choose to become a WIC-sponsoring agency, in which case the activities described in this handbook related to program integration would be appropriate to examine. If your health center is interested in becoming a WIC-sponsoring agency:

- Does your State’s WIC program allow private, nonprofit agencies to become WIC providers? *(Some States only allow county health departments or other governmental agencies to provide WIC.)*
- Does the State WIC office consider your service area a high priority for caseload expansion?

## WIC

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If your WIC program's goal is to coordinate with the partner agency to better serve existing clients:

Do you want to provide services on site at the partner agency or coordinate at a policy level?

If you want to provide services on site:

- Is adequate space available?
- Do partner agency patients come to the health agency on the same day, or are they spread out over time?
- Does the partner agency's scheduling and service delivery system allow for a concentrated time for clients to receive WIC services?
- Are services being provided by the health center's duplicate WIC services? If so, can these services be consolidated?

## Health Center

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- Does your agency see sufficient numbers of women and children who are likely to be WIC eligible to meet minimum State caseload requirements?
- Do you have adequate space in your center to add WIC services? If not, is there space available nearby?
- Do you have existing staff who can provide WIC services, or will you need staff with different qualifications?
- Are there other WIC programs in your service area that may be opposed to your health center becoming a WIC provider? Have you discussed your plans with these WIC agencies?

If you wish to have an existing WIC agency provide services to your clients either on site or through a referral system, some of the same issues noted above apply. For example, you must have space in which WIC staff can operate, and you must have a sufficient number of WIC-eligible clients coming to your clinic on the day that the WIC staff are there. In addition, the way you currently provide services may need to be changed so clients are not coming to the clinic twice, once for WIC services and again for health care.

## Current Status and History of Coordination



***From your experience, does your agency have a strong commitment to coordinate with other health services?***

If not... What can be done to strengthen this commitment?

If so... Is this commitment written? How is this commitment put into practice?



***Have you assessed your agency's and your clients' needs for coordinating with your partner agency?***

If not... Complete this guide and together with other program staff set priorities among the program areas in which your clients could benefit from coordination.

If so... What needs was the coordination effort established to meet? Have you determined if your coordination effort is effectively meeting these needs? How could the coordination procedures and activities be amended to better serve clients?



***Have you already initiated a coordination effort with a partner agency?***

If not... Formulate a plan for approaching the appropriate person at the partner agency to set up a meeting to discuss your mutual needs, clients, services, and goals. Be prepared to share the benefits of coordination. Also, ask your staff to explore the advantages and disadvantages of coordination.

If so... How was the effort initiated? Who started the initiative (e.g., State agency, local agency, clinic staff, community members)? What are the attitudes of front-line and management staff regarding the initiative?



***Do you have a Memoranda of Agreement (MOA) with your partner agency?***

If not... Review some of the MOA activities described in Chapter Five of the handbook. Identify areas that you would like to include in an MOA with your partner agency.

If so... What policies and activities are covered by the MOA? Have the WIC program and other health agencies named in the MOA reviewed and revised the agreement in the last year?

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## Collocation of WIC and Health Center Services

This set of questions asks about the physical proximity of WIC services with those sponsored by the health center.



### ***Is the WIC program collocated with the health center?***

If not... How long does it take to travel to your partner agency? Do you provide or arrange transportation for clients between WIC and health center services? What are the options for setting up at least a part-time collocated clinic? Are there any prospects for establishing a full-time collocated site?

If so... What coordination activities have resulted from the collocation? Is the physical positioning of services ideal for maximizing coordination between the WIC program and the health center? How could it be improved? At how many sites is your agency collocated with your partner agency? Are there sites that you could be collocated with that you are not? Does the WIC program have a full-time location at the health center site? Is there enough unmet need in the community to support a full-time location at this site?

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## Patient Records and Information Sharing

The following series of questions focus on client records and information sharing.



***Are WIC and health center patient records shared between the collaborating agencies? Shared means that both agencies maintain separate records but that staff have access to one another's records.***

If not... Have you approached your partner agency about the possibility of sharing client information? Have you investigated the WIC and health center regulations that must be abided by when sharing information?

If so... What information is shared from the records? How is it shared? Have you developed standard forms to facilitate the sharing of information? Do you have a formal confidentiality agreement with your partner agency? Does this agreement require a patient release form? Do you find that you and your staff often need medical or nutritional information on your clients but cannot gain access to their charts or to the information you need? Have you sponsored joint staff training sessions on patient confidentiality issues? Do you have a system in place to deal with staff breaches of patient confidentiality?



***Are patient records integrated between WIC and the health center? Integrated means there is only one clinical record for each client.***

If not... Take some time to explore the advantages and disadvantages of pursuing an integrated patient record.

If so... How is the information used (e.g., coordinating care, eliminating duplication of service, such as lab work, and identifying emerging organizational or clinical problems)?



***Do WIC staff meet with health center staff to discuss the health and care of individual participants?***

If not... Is there a standing WIC or health center meeting that could easily include the staff of the other program and be used as a forum in which to discuss high-risk patients or those served by both programs?

If so... Do you meet on a regular or ad hoc basis? Do staff believe the meeting is effective?

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## Joint Data Collection and Analysis

This portion of the guide explores data that are shared between WIC and the health center. While an earlier section referred to individual patient records, this section explores the possibilities of sharing aggregate WIC program or health center data to determine client need, assess service delivery, and identify gaps in services.



### ***Do you and your staff have access to data from your partner agency?***

If not... Why not? Determine the information that your partner program or agency may have that could be useful to you and your program staff. On the other hand, what information do you have that could be helpful to them? Plan a meeting to discuss the data available to each program and the possibility of sharing this information.

If so... In what program areas have you not yet shared information? For example, you may have examined how baby bottle tooth decay differentially affects health center and WIC clients. But have you examined the possibility of using data to assess immunization compliance among community residents?



### ***Can you generate joint reports with data collected by your partner agency?***

If not... What would need to happen in order to be able to produce joint reports? Even though your data system may not be compatible with that of your partner agency, what other avenues exist for including WIC and health center data in joint reports? For example, could you gather separate program information from the health center and the WIC program and use it to create a single report on the joint utilization of well-child care and WIC services?

If so... How often are these reports produced? Who in the two agencies or programs has access to the information? How are they used? What else could they be used for?



### ***Are data jointly reviewed between WIC and the health center?***

If not... Explore how a joint process for reviewing data could be used to improve services and organizational effectiveness. Consider the data that should be reviewed and the particular staff members from each organization that should be included in the review.

If so... Are data reviewed independently by respective health center and WIC staff or in a group? What data are reviewed? Who in particular convenes to review data? Are there other staff who should participate in these activities? Are these sessions useful in providing insights into either positive or negative health outcomes or fluctuations in the utilization of service?



***Have joint program data been utilized to make changes in service delivery?***

If not... Review your answers to the previous questions and determine where your best intentions to collaborate are getting stalled. Pick one area in which you think data could provide insight into gaps or duplications in the delivery of service and ultimately lead to better utilization and improved outcomes. Start there.

If so... How exactly have data been used to cause changes in service delivery? Have you gone back to evaluate how these changes affected the original issue or problem? In other words, do you have an ongoing feedback loop that informs program staff of the impact of new policies or clinical procedures on service delivery? How else can data be used in the future?

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## Coordinated Service Planning

Coordinated service planning refers to any activities meant to reduce fragmentation or duplication of services between the WIC program and the health center.



***Do you conduct any of the following activities in collaboration with your partner agency in an attempt to reduce fragmentation or duplication of services?***

- |                                     |                                               |
|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Planning   | <input type="checkbox"/> Clinical services    |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Educational services |
| <input type="checkbox"/> Staffing   | <input type="checkbox"/> Outreach services    |

If you did not check some of these activities, consider how coordination in one or more of these areas could be effective. Identify one area in which to begin planning for increased coordination.

For those activities that you did check... describe your collaborative efforts in these areas and how they reduce duplication and fragmentation of services.



***Does the health center provide input to the annual WIC Nutrition Education Plan?***

If not... Would input be useful? How? How could you facilitate the involvement of the health center in the WIC plan?

If so... How is the health center feedback obtained? How is it used in the implementation of the nutrition education plan?



***Do WIC staff serve on any joint committees with health center staff in a forum outside WIC or the health center (e.g., a county-wide maternal and child health initiative, school health, or child care project)?***

If not... What committees exist that are working on collaboration or services integration? What are the advantages and disadvantages of becoming involved in these committees?

If so... What opportunities does this offer to improve coordination?

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## Sharing of Staff and Other Resources

Now, focus on the coordination of staff and resources between WIC and the health center and if and how they collaborate on budget development.



***Do the two programs or agencies share equipment with the health center?***

If not... Is this a possibility? In what areas?

If so... Are there additional opportunities for sharing of equipment?



***Do WIC program staff provide services for health center clients?***

***Do health center staff provide services for WIC clients?***

If not... What opportunities may exist for cross-program provision of services? What are the advantages and disadvantages and the feasibility of sharing staff?

If so... Are these services routinely provided by non-WIC staff, or are they provided on an as-needed basis? What organizational and funding arrangements make this possible? Is a fee assessed to the WIC program for services provided by health center staff? Are some staff positions funded by both WIC and the health center?



***Is budget development coordinated between WIC and the health center?***

If not... What are the advantages and disadvantages and the feasibility of coordinating the budget in particular areas to achieve more effective outcomes while maximizing resources?

If so... What processes exist to facilitate coordination? For which areas or activities are the WIC and health center budget coordinated? How are funds budgeted to support coordination activities (e.g., a percentage of staff time)?

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## Staff Training and Development

The next set of questions asks about joint staff meetings between WIC and health center staff, as well as joint staff development and reciprocal training opportunities.



***Do you have a mechanism in place to educate new WIC or health center staff about the operation of and services provided by your program partner?***

If not... What mechanism could be developed to cross-train staff?

If so... Is this information updated regularly through in-service training? Is the effectiveness of the training assessed?



***Does regular, joint staff training occur between WIC and the health center?***

If not... What could be done to facilitate joint staff training?

If so... In what format does the joint training occur? On what topics does joint staff training occur? Do staff from both the WIC program and the health center assume a leadership role in planning and implementing the training? How often does training occur? Who pays for joint staff training? How is its effectiveness assessed?



***Are there other regular meetings between WIC staff and health center staff?***

If not... Is there a need? What could be accomplished in these meetings?

If so... How effective are these meetings? What could be done to make them more effective?



***Does your staff participate in conferences or other activities sponsored by your partner agency's professional association, such as the State WIC meeting, the National Association of Community Health Centers' annual meeting, the IHS Meeting of Clinical Directors, or the annual National Association of WIC Directors' (NAWD) meeting?***

If not... Consider whether or not and to what extent it would benefit your staff to attend events such as conferences and other continuing education activities.

If so... Is information shared within both agencies and used to promote coordination?

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## Quality Assurance

This series of questions encourages you to take stock of your agency's current effort to monitor and evaluate services provided by your partner agency.



***Do you have quality assurance mechanisms in place with staff from your partner agency?***

If not... Identify the appropriate staff from both programs who would participate in such activities. Consider the possibility of instituting together one or more of the following quality assurance mechanisms: convening a standing quality assurance committee that meets regularly, instituting a periodic and systematic chart review, or establishing a peer review system.

If so... Note the last time a quality assurance activity took place. Are these occurring regularly? During the next quality assurance exercise, ask all those involved if there are better ways to carry out these activities that would ensure quality and facilitate increased coordination between programs. Use this as an opportunity to improve your quality assurance procedures while fine tuning coordination.

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## Clinical and Educational Coordination

Many agencies begin their collaboration at the policy and administrative levels, but also conduct a number of activities in the area of direct service delivery to better meet the needs of patients. Counted among the different ways that agencies can work together at the clinical level are systematic referral practices between programs, coordinated appointment scheduling, and combined WIC and Medicaid enrollment procedures. While these efforts help ensure that WIC and health center clients can access services, still other areas of clinical coordination aim to improve the consistency, quality, and appropriateness of clinical and educational services. These include shared protocols, coordinated nutrition education, and the effort to provide culturally and linguistically appropriate care.

## Referrals Between WIC and Collaborating Agencies

The first set of questions explores the referral practices between WIC and health center staff.

Before you begin, identify the processes that are used by staff to refer WIC participants to primary care services and to refer health center patients to the WIC program.

- Staff give clients the name and phone number of the partner agency.
- Staff give clients a referral slip.
- Staff walk clients to the reception area of the partner agency.
- Staff call the partner agency to personally set up an appointment for patients.
- Staff send referrals to clients informing them of the services available at the partner agency.
- Staff refer walk-in clients to the partner agency, as appropriate.
- Other processes: \_\_\_\_\_



### ***Are these processes used consistently by all health center and WIC staff?***

If not... Talk to agency staff and get their input as to which mechanisms are the most effective and lend themselves to being routinized in order to ensure that all staff are referring clients for available services.

If so... Talk to agency staff to determine if other mechanisms to refer clients between programs should be explored.





***Have criteria been developed to determine when to make a referral to the health center or WIC program?***

If not... Who needs to develop the criteria and the formal referral procedures?

If so... Are these criteria useful? Were they developed with partner agency staff? Do you provide written materials or guidance to help your partner agency staff make appropriate referrals to your program?



***Do staff follow up on referrals that are made to the partner agency?***

If not... Who needs to discuss followup procedures?

If so... Is the followup routine practice or only conducted on a selective basis? Is the followup informal or formal? What are the outcomes of the followup? Are referrals or followup activities documented in participants' charts? Does your agency track how many or what types of referrals are made? How is this information used?

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## Coordinated Appointment Scheduling

Once a referral has informed clients of the availability of WIC and health center services, the next step is to set up an appointment for them. Below are further considerations.



***Is there a mechanism in place so that clients can make a WIC and health center appointment at the same time?***

If not... Is this feasible? Consider the availability of appointment staff, as well as the availability of providers' time for joint appointments.

If so... Is this done for all patients? Some patients? Is the system effective?



***Do WIC staff make appointments for clients at the health center and vice versa?***

If not... Is this feasible? What are the advantages and disadvantages of such an arrangement?

If so... Is this effective?

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## Combined Program Eligibility and Enrollment Procedures

The following section explores the procedures in place to streamline the various eligibility and enrollment processes that clients must proceed through in order to register as a health center patient, be certified for the WIC program, and enroll in Medicaid.



***Are WIC eligibility determination procedures coordinated with the health center so that repeat screenings are not required by the WIC agency?***

If not... Is this a feasible strategy? What are the advantages and disadvantages of coordinating in this area?

If so... Is the coordination process effective and efficient? Is there adequate followup by WIC and health center staff?



***Is your staff knowledgeable about the eligibility requirements for your partner program?***

If not... What plan can be developed to teach staff about program eligibility? How will staff use this information?

If so... Is the eligibility information given to patients? Can WIC staff screen health center patients at their first visit for the health center's fee schedule? Can health center staff certify participants for WIC?



***Can health center staff determine WIC eligibility?***

If not... Identify the advantages, disadvantages, and the feasibility of having health center staff determine WIC eligibility.

If so... Which staff and at what point in the patient flow do they determine eligibility for the WIC program? How is information regarding eligibility shared?



***Is there a joint enrollment process or form for WIC and Medicaid?***

If not... Who needs to get together to explore this possibility?

If so... How effective is this process?

## Common Protocols

Assuming clients have successfully navigated the referral, appointment, and eligibility systems in place, they are now ready to receive care. Below are issues to consider related to the development and sharing of joint protocols between medical and WIC programs.



***Are standard clinical, educational, or nutritional protocols for serving clients shared by the WIC program and the health center?***

If not... Review your agency's protocols as well as those of your partner agency to determine which protocols are similar and which set out conflicting policies.

If so... Were these protocols developed jointly? Are staff consistently adhering to these protocols? Have they been updated lately?

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## Nutrition Education

Nutrition education is a cornerstone of the WIC program. Many health centers also provide nutrition services for chronically ill patients or those with conditions that can be managed by diet, such as diabetes.



### ***Are WIC's nutrition education efforts coordinated with those of the health center?***

If not... Identify a team of representatives from both WIC and the health center to discuss nutrition issues that are relevant for both populations. To what extent are nutrition education messages consistent among WIC and health center staff? Are any nutrition education efforts duplicated? Consider mechanisms to coordinate nutrition education messages, curricula, and materials between WIC and health center staff.

If so... Are the two programs maximizing resources in this area? Are your efforts to coordinate in the realm of nutrition education effective?

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## Cultural and Linguistic Competency

Both WIC and health center staff take steps to provide culturally competent care and educational materials at the appropriate literacy level. Please answer these questions with an eye toward initiating or improving coordination in this area.



***Do WIC and health center staff work together to ensure the delivery of culturally and linguistically appropriate care?***

If not... Determine the areas and activities in which the WIC program delivers culturally sensitive care. Also, identify the areas in which your agency could improve with respect to cultural competency. Then, consider the strengths and weaknesses of the health center in this area. What could you teach one another? How could you combine your efforts to deliver quality, culturally appropriate care to your clients?

If so... Have you asked clients if they perceive their care to be culturally sensitive? Are there additional opportunities for collaboration in this area?

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## Outreach and Community-based Initiatives

In addition to working together at the health center or the WIC program, it is possible for staff from the two programs to extend their collaborative effort into the community through outreach and the involvement of clients.

### Outreach

The next set of questions explore your outreach activities and whether or not they are coordinated.



***Are the outreach activities of the WIC program coordinated with those of the health center?***

If not... Make it a priority to catalog your outreach activities and those of your partner agency to determine where they are being duplicated and in what areas you are missing opportunities to spread the word about your programs. Set up a meeting with your partner agency to review your list comparing both agencies' outreach activities. Use this meeting as a forum for reaching consensus on at least a few activities that could more effectively be conducted as a team.

If so... How are these activities coordinated? To what extent do WIC staff conduct outreach for the health center and health center staff conduct outreach for the WIC program?



***Do WIC and the health center produce joint outreach materials that describe the services provided by both programs?***

If not... Who needs to meet to explore and identify complementary areas of outreach with the same target populations?

If so... What type of joint outreach materials are produced? Do staff of both programs distribute these materials? Do you jointly plan where and how these materials will be distributed?

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## Community Involvement

A number of WIC programs and health centers have found innovative ways to involve the community in their coordination activities and the delivery of care.



***Has the community been involved in planning, developing, implementing, and/or evaluating the coordination efforts between WIC and the health center?***

If not... Think about what individuals or groups in the community (including WIC and health center clients) could be involved. Get together with staff from your partner agency to discuss and develop strategies for involving community members.

If so... Is this involvement reflected in program planning?

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## Assessment of the Coordination Initiative

This last section includes questions about your perceptions of the effectiveness of coordination to date, some of the problems you have encountered along the way, how you overcame these issues, and then asks you to note the circumstances that may facilitate or block further or more effective coordination between the WIC program and the health center.

### Preparing to Collaborate

- What circumstances exist that would facilitate coordination between your WIC program and the health center?
- What would you describe as the benefits to staff and to your clients of working with your partner agency?
- What problems, if any, do you expect to encounter in the beginning of collaboration and how do you propose these issues be addressed in a constructive manner so that they do not act as a barrier?

### Looking Back

How effective do you think this coordination effort has been? Consider the following issues when answering this question:

- improved staff morale
  - improved patient satisfaction
  - cost savings
  - increase in caseload and number of visits
  - improved clinical outcomes
- 
- What do staff think about the coordination initiative?
  - What do clients think about WIC and health center coordination?
  - What problems have you and your staff experienced in developing and/or carrying out this initiative?
  - How did you overcome these barriers?
  - What would you do differently if you were to start over again?

Having completed the coordination assessment, review and set priorities among the potential areas in which you could initiate or improve coordination. Share your thoughts with your colleagues if you have not already. This outlines the first concrete steps to beginning your effort. Keep in mind some of the common obstacles experienced by WIC and health center staff when working together so that you can be prepared to overcome these setbacks if/when they occur. Also, remember the keys for fostering collaboration discussed at the end of Chapter Five.