STATE AND LOCAL WIC COORDINATION

Tips for Clinical Coordination

In May 2010, the National WIC Association administered a survey developed by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) to identify state and local collaborations with the Special Supplemental Program for Women, Infants and Children (WIC). The information below summarizes successes, challenges, and lessons learned from follow-up in depth interviews with a selection of Midwest and Mountain region WIC program survey respondents.

- **Broaden the WIC Referral Network**: WIC clients are most likely eligible for services provided by other community organizations or agencies. Potential venues for clinical collaboration between WIC and health agencies include tribal health agencies, human service agencies, community providers who see Medicaid patients, community health centers and hospitals, and community assistance programs (e.g., housing and energy assistance). Co-location may be possible with each of these entities.

- **Streamline Data Sharing with an MOU**: Establishing a memorandum of understanding (MOU) can improve the availability and accessibility of programs and services WIC clients need, and reduce administrative and confidentiality concerns related to sharing patient information. With a MOU in place, WIC staff can identify eligible clients and develop care plans, and the health agency can provide administrative support and house the program. In one example of how an MOU makes patient data sharing possible, a WIC program conducts osteoporosis screenings on a fee-for-service basis for a community health center.

- **Coordinate WIC and MCH Program Activities**: WIC and MCH programs are well positioned to collaborate in ways that best support their shared clientele. One WIC program that works closely with its maternal and child health (MCH) program is now considered a “gateway” the community’s women, children, and families can use to access health agency programs and services. Since a health agency’s MCH program is often linked to human services and community providers who accept Medicaid patients, WIC can now help its clients access these same services. In addition, public health nurses can follow up with WIC clients to provide more in depth guidance on how and where to access appropriate services.

- **Establish Nutrition or Dietitian Sections in the Health Agency**: If the health agency has a dedicated service area for nutrition, WIC and the health agency can work more closely, both physically and programmatically. For example, health agencies with dedicated areas for nutrition or dietician services can follow-up with high-risk WIC clients and provide counseling and education to pregnant women. An MOU can streamline and help to sustain this coordination.

- **Assess the Potential Costs and Benefits of Partnership**: If an agency is interested in outsourcing a service to a partnering agency, it is important to assess the various costs and potential savings of a new contract. For example, one WIC program chose not to outsource its hemoglobin testing services because, although it would have saved time, it would not have saved the program money. In another example, WIC chose not to conduct outpatient tests because they did not have the time to complete the paperwork to bill the outpatient clinic for any clinical tests outside of the WIC purview (i.e., body mass index and hemoglobin tests).