STATE AND LOCAL WIC COORDINATION

Tips for Policy and Administrative 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 encountered, and lessons learned from follow-up in depth interviews with a selection of Midwest and Mountain region WIC program survey respondents.

- **Encourage Policy Change with a Memorandum of Understanding (MOU):** Policies can be changed more quickly and easily through developing and instituting a MOU between programs. One example involves a WIC program that crafted a MOU with a community health center to enable pregnant women and children enrolled in WIC to be considered higher priority for dental services.

- **Maintain Institutional Program Partnerships through MOUs:** When partnerships are dependent on motivated and committed individuals, staff turnover can threaten partnerships between programs and agencies. However, with MOUs in place, a partnership is understood to be an organizational commitment not solely dependent on personal relationships. One WIC program reported that after attempting to work for years with a maternity hospital on breastfeeding support, it was forced to start over after its CEO was replaced. However, once they had an MOU in place, the breastfeeding support program continued despite changes in leadership and management.

- **Streamline Data Sharing with an MOU:** Establishing a MOU can improve the accessibility of programs and services WIC clients need and reduce administrative and confidentiality concerns related to sharing patient information. With the 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 a MOU makes patient data sharing possible, a WIC program conducts osteoporosis screenings on a fee-for-service basis for a community health center.

- **Leverage Funding through MOUs:** Pooling funds from several programs can benefit all partners. One WIC director received funding from the health agency’s birth defects program to conduct targeted training of WIC staff. Consequently, the first cohort of trained staff became peer mentors to other WIC staff and provided guidance on how to deliver WIC services to children with special healthcare needs.

- **Develop MOUs to Save Staff Time:** WIC programs that have contracts with the health agency’s maternal and child health (MCH) program are able to clarify staff roles to reduce duplication. By refining responsibilities, clients receive more in-depth assistance from both WIC and MCH. One WIC director worked closely with health agency home visiting nutritionists to fulfill WIC responsibilities during the home visit. This activity helped save time for WIC and the client, and preserved funding for WIC and the health agency.

- **Routinely Review and Evaluate MOUs and Policies:** Reviewing MOUs and policies on an agreed-upon schedule keeps the MOUs current and relevant to the programs involved. Developing tools to aid in following the MOU or policy are helpful to WIC and the evaluation process. One WIC director used a checklist version of the program’s work plan to ensure policies were addressed in a new MOU. These checklists can also be used to evaluate the fidelity of the implementation plan. WIC directors also noted it is important to review policies from a client and organizational perspective to identify whether potential policies that streamline internal processes would burden clients or be too costly.

© 2011 The Association of State and Territorial Health Officials & The National Association of County and City Health Officials
www.astho.org www.naccho.org