

# Coordination Strategies

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*Handbook*

## CHAPTER FIVE

We Want to Improve  
Coordination, But...



# We Want to Improve Coordination, But...

Although agencies may want to improve the coordination between two programs, there are lots of human, organizational, and fiscal challenges that can get in the way. Moving away from old ways of doing things can be uncomfortable for both staff and clients. This section describes some of the most common challenges faced by WIC and health centers interested in forging new collaborative relationships. Staff cited in this chapter were asked to share their words of wisdom on the problems they encountered and how they worked to solve them. Examples provided in Chapters Four and Five may also be helpful in generating ideas for overcoming common pitfalls to collaboration.

## Challenges to Coordination and Strategies for Overcoming Them

Challenges to coordination between primary health centers and WIC agencies can occur on many levels and for a variety of reasons. Problems faced by WIC programs may be different than those faced by health centers and, therefore, require different solutions. WIC programs and health centers that operate independently of one another may encounter barriers different from those experienced by health care agencies that sponsor their own WIC programs. Some agencies will experience certain difficulties as part of getting the coordination initiative up and running. Other challenges will emerge after the initial coordination problems are ironed out, and these need to be addressed on an ongoing basis. To help WIC and primary health centers work through actual and potential barriers to improved coordination, it is also important to:



- Develop a shared understanding among agency or program staff regarding the value and benefits of coordination.
- Respond to organizational history and changing dynamics.
- Work within the Federal, State, and agency-specific regulation and resource parameters.

Some of the same solutions, especially those related to communication and sharing information, appear under various challenges, further underscoring the importance of cross-program communication in every step of the coordination process.

## Understanding the Value of Coordination

In order for cross-program collaboration to begin, staff at both the health center and WIC program need to understand and value the benefits of coordination to their clients and their programs. It is this common understanding and commitment that will bring and keep the programs together.

## Challenge: Communication Between and Among Agencies, Staff, and Clients



A shared understanding of the goals and objectives of each other's program is essential to the success of any WIC/health center coordination effort. This can only be accomplished through regular, clear communication at each level of the collaborating organizations, from the WIC State agency and health center senior management to staff and to clients.

In addition to understanding the objectives they are trying to achieve by engaging in a collaborative effort, it is crucial that WIC and health center staff have an understanding of the organization, policies, and practices in each other's programs. They must also engage in regular dialogue with one another to ensure that the coordination effort is effective—as measured by better, more seamless care for clients. As changes in established practices are implemented, staff also need to communicate the changes to clients and the benefits they can expect as a result of these changes.

Not surprisingly, communication is the challenge most frequently cited by WIC programs and health centers as they work to improve coordination. Many sites noted that WIC and health center staff did not know much about each other's programs and policies. In some cases, programs had difficulty defining the roles that various staff members were expected to play in the coordination effort and experienced problems in articulating these expectations to staff members.

### Potential Solutions

For the coordination initiative to be successful, mechanisms need to be developed and implemented so that agency staff can continually share information and educate one another about the individual and collective goals of the WIC program, the health center, and the coordination effort. The following are strategies currently used by WIC programs and health centers to strengthen communication.

- **Conduct Regular WIC and Health Center Staff Meetings.** Regular meetings between WIC and health center staff are an excellent way for staff to learn about program operations and to discuss problems and issues as they arise. While it may be easier for integrated sites to hold joint staff meetings, some collocated agencies also convene regular meetings of both health center and WIC staff. For example, the WIC staff from the North Carolina Henderson County Department of Public Health, who are collocated with the Blue Ridge Community Health Center 4 days a week, attend the health center's monthly staff meeting. In addition, the WIC local agency coordinator meets quarterly for one-on-one meetings with Blue Ridge Health Center's practice manager to assess and revise their coordination efforts.

- **Cross-train Staff on Program Activities and Outcomes.** Another way to share information and deepen an understanding of both programs is for staff from one agency to train partner agency staff on the operations of their program. For example, staff at the Fargo Family Health Care Center WIC Program in Fargo, North Dakota, conduct employee training seminars for health center staff and also educate first year medical residents about the WIC program. Similarly, a nurse at Alabama's Quality of Life Health Center in Gadsden, Alabama, conducts training for health center and WIC staff on a variety of topics such as immunizations, obstetrical services, and the need for folic acid during pregnancy while WIC staff provide information to the health center's department heads on services provided by WIC.

## Challenge: Educating and Involving Clients



Collaboration between WIC programs and health centers pose challenges for clients as well as staff. Just as staff may be hesitant to embrace the changes brought about by collaboration, it may also take some time for clients to adjust to new ways of doing things. For example, health center patients who are utilizing services at collocated agencies may have to acclimate themselves to sharing a common waiting area with boisterous children who are in the clinic for WIC services, as many collocated agencies combine their waiting areas to maximize available space. While clients may be pleased with some of the benefits of collaboration, such as being able to have both their WIC and medical appointments on the same day, they may be aggravated by variations in the routine they have come to expect. Explaining these procedural changes and how clients can make their visits to the health center or WIC program go more smoothly can do a lot to help clients adapt to the changes and ensure their satisfaction with the care they receive.

## Potential Solutions

Some sites have conducted client education sessions focused specifically on changes resulting from the coordination initiative. Others have sought to involve clients in the coordination effort by inviting clients to provide feedback. Here are some suggestions:

- **Educate Clients on Importance of Coordination.** Staff at Sacopee Valley Health Center in Parsonsfield, Maine, decided it was important to orient and educate clients on changes related to their coordination effort. Specifically, staff worked with clients to help them understand the benefits of joint appointment scheduling and the importance of patient confidentiality.

- **Solicit Client Feedback.** Patients may also be more inclined to respond positively to coordination if they are engaged in the initiative. The Centro San Vicente Community Health Center in El Paso, Texas, conducts an ongoing client 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 they would like to see offered on site. This information is used by staff to improve coordination with other programs.

## Organizational Dynamics

Organizations are dynamic entities and are always in some state of flux from internal or external factors, such as changes in staffing or regulations. These changes can affect the coordination process in positive and negative ways. The following describes several organizational challenges related to staffing, resources, and structures of the collaborating programs.

### Challenge: Hesitance Among Staff to Collaborate



In order for collaboration between WIC programs and health centers to be successful, the effort must have the support of staff members from senior management to providers to clerical staff. Some agency staff are reticent to participate or actively engage in activities intended to coordinate services because they fear change. Several agencies indicated that staff are often afraid of changing the way things have “always been,” and they fear that the individual identity of their program will be lost in the coordination effort or that their place in the program will be threatened. Agencies or programs that have been operating independently for many years can be especially wedded to the status quo. As one WIC director noted, “It is easier to put in place a coordination effort when there aren’t existing traditions that have to be overcome.”

### Potential Solutions

Many sites indicated that managing staff hesitance begins with clearly identifying and communicating the benefits of increased coordination and actively involving staff in the design and implementation of the coordination effort.

- **Garner Support of Senior Agency Officials.** The support of agency administrators is critical because they set an agencywide tone as to the importance of collaboration and make coordination a priority. Since clinical and clerical staff take their cues from senior management when approaching the prospects of coordination, it is key that the support of agency leadership be articulated clearly and frequently. The WIC director at the North Central Family Medical Center in Rock Hill, South Carolina, attributes much of the success of the coordination initiative to the leadership of the health center’s executive director. By approaching the State WIC Program

about the possibility of becoming a WIC sponsoring agency, and by emphasizing the importance of WIC to the success of the health center and the quality and convenience of care for the clients, the executive director set an example for other agency staff who have embraced the WIC program as a vital part of their organization.

- **Conduct Regular WIC and Health Center Staff Meetings.** Several agencies have found it helpful for WIC and health center staff to attend one another's staff meetings. Other organizations have conducted joint staff training and in-service training for members of both WIC and health center staff that are designed to help them learn about each other's program, to strengthen the connection between the agencies, and to work on specific coordination issues.
- **Share Staff.** Still other agencies have found that sharing staff between WIC and the health center has helped to manage opposition to collaboration. At the North Hudson Community Action Corporation, in West New York, New Jersey, some clerical and nutrition staff are shared between the WIC program and the health center. In this way, staff loyalties tend not to lie with one program or another.

## Challenge: Staffing Issues



Adequate staffing is also key to successful coordination among WIC programs and health centers. Several sites indicated that sometimes the coordination effort can become a victim of its own success. Because successful coordination and collocation between WIC and primary care often lead to an increase in the number of clients coming for services, more work is generated for staff, particularly in the way of increased paperwork and followup activities on referrals. In some cases, there simply aren't enough staff members to attend to all of the duties that need to be performed, while in other cases, staffing patterns need to be better organized in order to achieve the best use of staff resources.

## Potential Solutions

Sites have addressed the problem of insufficient staffing in a variety of ways. Some sites realized that they simply needed to hire additional personnel in order to be able to fulfill all of their responsibilities. Others found that they could alleviate some of the burden on staff by cross-training them to perform different functions so that in the event that the workload became too heavy in any particular area, other staff members could step in to help out. Still other agencies found that by streamlining procedures and adjusting staffing patterns (e.g., work schedules, lunch breaks, and support staff), they achieved optimal clinic coverage.

- **Hire Additional Personnel.** One problem for the Fond du Lac Human Services Center in Cloquet, Minnesota, and its partnering WIC program has been dealing with the busy schedule of their staff members. Additionally, many employees were getting burned out due to the excessively high number of patients they were seeing and dealing with client problems that were both psychological and social in nature. More staff were hired to compensate for the larger number of individuals. Now staff are not as overwhelmed with peripheral problems and are able to dedicate themselves to service delivery.
- **Cross-train and Share Staff.** Othello, Washington's Columbia Basin Health Association, has conducted ongoing staff training to teach staff to perform a variety of functions, allowing certain staff to "rotate" to different departments to learn more about the tasks and responsibilities of those departments.
- **Make Adjustments to Staffing Patterns.** The Samuel U. Rodgers Community Health Center in Kansas City, Missouri, found that by changing its staffing patterns, the health center was able to provide a more seamless delivery of service and make more effective use of existing staff positions. The agency assigned a dual role to the WIC coordinator, who also serves as the director of the health center's nutrition department, and the WIC nutritionist, who also serves as the perinatal coordinator. By jointly funding these positions and by having staff serve multiple roles, the health center maximized the use of its existing staff.

## Challenge: Dealing With Organizational Change



Trying to develop, implement, or maintain a coordination initiative while an agency is in the process of change can be especially challenging. Significant agencywide change can occur on many levels, including changes in organizational structure, leadership, policies, and/or funding. A high degree of staff turnover can also have a substantial impact on an agency and its ability to coordinate among its own programs or with another separate agency. Organizational change may not only place additional stress on staff within the organization who must learn how to respond to the new conditions, but it can also affect the organization with which it is collaborating.

## Potential Solution

- **Regular Interaction With Partner Agency.** The WIC director at United Neighborhood Facilities Health Care Corporation, who collaborates with Community Health Net in Erie, Pennsylvania, stressed that continual interaction and networking are necessary to deal with changes occurring within the partner agency. It is important to have many contacts within the partner agency and to understand the



overall workings of the agency; in this way, collaborating staff are always informed and “in the loop” when changes come about. Meeting with new leadership and making sure that they understand the benefits of continued coordination is also key.

## Cross-program Challenges

Organizational issues at the Federal, regional, State, and local levels can also affect the ability of programs to pursue increased coordination. The WIC program and the health centers with which they are collaborating are often administered by different agencies. Making all the pieces fit together while maintaining the integrity of the individual program and delivering quality, seamless care is not an easy task.

### Challenge: Working Within the Regulations and Administrative Requirements of Two Different Agencies



Because in many cases WIC programs and health centers are two separate organizational entities, the agencies must find a way to work around the myriad of administrative, fiscal, data, and clinical issues that can make coordination challenging. One of the most formidable issues to manage when collaborating between WIC and primary health care services is the fact that the WIC program and various health agencies are governed by dissimilar, and sometimes conflicting, guidelines and policies. The two programs may, for example, have different definitions of eligibility (including income and categorical eligibility criteria). They may also have different clinical standards and protocols: the ages at which certain laboratory work is required, the schedule of recommended visits, or the content of health and nutrition education curricula. Having separate funding streams, employees, budgets, and/or reporting requirements can also pose a challenge to collaboration, as the policies and politics of each organization may influence the degree to which each of these may be coordinated.

## Potential Solutions

Many sites are engaging in a number of different activities in order to manage challenges resulting from interagency differences. Some agencies have found that having a written agreement solidifies and formalizes the coordination effort. Others have decided that both WIC and health center senior management must be involved in the planning and management of the initiative if the effort is to be successful and to have institutionalized this process. Still other agencies have found that utilizing the same standards and protocols encourages collaboration. Here are some of their approaches:

- **Develop Formal Agreements.** Many WIC programs and health centers have developed formal agreements or contracts, including MOUs, in order to ensure that their

collaboration effort meets the requirements of their respective funding sources, while meeting needs of their patients. These agreements typically outline expectations of each organization in a variety of administrative and policy areas. For example, the MOU between the Wausau, Wisconsin's Family Planning Health Services WIC Program and the Bridge Community Health Clinic, stipulates each program's responsibilities related to referrals, patient consent and confidentiality, data sharing, and joint outreach.

- **Include Both WIC and Health Center Staff in Planning and Management Meetings.** Believing that the responsibility for managing organizational differences lies with senior staff, several sites conduct management meetings that include the WIC director and senior officials from the health center. For example, at the Mariposa Community Health Center in Nogales, Arizona, the WIC director has been brought aboard the management team, while in Stockton, California, at the Community Medical Centers, WIC is part of a multidepartmental strategic planning effort. In this way, health center and WIC objectives are interrelated. WIC staff in Gering, Nebraska's Panhandle Community and Migrant Health Center, meet quarterly with several collaborating agencies to discuss the integrated service delivery model and to examine ways in which this model can be most effective.
- **Develop and Share Protocols.** Another way in which differences between WIC programs and health centers can be managed is by developing and/or sharing protocols to be routinely used by both agencies. This is a practice that several sites have adopted, including the Allen County WIC Program in Fort Wayne, Indiana, and partnering neighborhood health clinics, which jointly developed emergency protocols. Likewise, Lake Charles, Louisiana's Bayou Comprehensive Health Center, shares protocols on adolescent obesity, low hemoglobin levels among children, and nutritional counseling for HIV clients with WIC program staff.

## Challenge: Separate Agency Locations



Collaboration may be somewhat more challenging for WIC programs and health centers that are separately located, as clients and staff have to travel between the two agencies. This can be especially problematic for clients who do not have a regular source of transportation. Staff also noted that not being collocated makes informal communication between the two agencies more difficult. While agency staff can communicate over the telephone and via fax and/or e-mail, some staff report feeling less “connected” to their colleagues in the partner agency. Some staff believe that spontaneous and regular communication with their counterparts helps build and sustain greater rapport.

Despite some of the difficulties caused by separate locations, one site indicated that not being collocated has actually resulted in better coordination than when they had been collocated in the past. Now they must make a determined effort to make things work since they do not have the advantage of having their partners in the same building.

## Potential Solution

- **Provide Transportation for Clients.** Some agencies have dealt with the difficulty posed by lack of transportation by taking it upon themselves to provide transportation for clients.
- **Create Additional Clinic Space in a Separate Building but on the Same Campus as the Health Center.** If the health center did not have available space in the building to offer to a collaborating WIC agency, or if the WIC program had outgrown its space, some agencies established WIC office space in a nearby structure. For example, the North Hudson Community Action Agency in West New York, New Jersey, purchased a trailer with five separate rooms and attached it to the back of the building for the women's health department staff. The WIC staff, who remain in the building, now have more room to work, and clients benefit from a less crowded, more private setting in which to receive nutrition education and counseling.
- **Share Information.** For those agencies for which it is not feasible to be collocated with one another, the best solution is to stay in frequent contact with your partner agency, share patient information, and institute a systematic referral process. The Family Planning Health Services WIC Program in Wausau, Wisconsin, has instituted a process for sharing patient information, even though it is not a program of, or collocated with, the Bridge Community Health Clinic. Information is faxed and sent between the WIC program and health center staff to reduce the need to take multiple measurements for the same individual.
- **Create a Systematic Referral Process.** In addition to sharing information, agencies that are not collocated can still implement and maintain a systematic referral process so that clients seen in one agency are sure to be aware of and receive care from their partner agency. Again, though not collocated or integrated with the health center, the Family Planning Health Services WIC Program in Wausau, Wisconsin, and staff from its partner health center routinely follow up on referrals made to the other agency by using a three-part form. Once a referral is made, one copy is placed in a client file, and two copies are sent to the other agency. Once the patient is seen, the staff send the third part of the form back to the referring agency staff so that they know the patient received services.

## Challenge: Fiscal Resources and Clinic Space



In addition to dedicated staff, other resources are necessary to ensure the success of WIC and health center collaboration. The availability and adequacy of resources are always a concern for WIC and health centers and influence the strategies they use to improve coordination. Funding is a pivotal issue, as sites try to determine the most cost-effective and cost-efficient way to deliver coordinated services. Although some WIC programs and health centers achieve cost savings by reducing duplication of effort and sharing resources, others do not and in fact incur greater costs than if they were providing services independently. The issue then becomes, “Do the benefits of coordination in terms of improved services and seamlessness of delivery outweigh the costs of improving coordination?”

Having adequate space in which to provide patient services can be another barrier to coordinating WIC and health center services. Lack of space can produce a cramped and uncomfortable atmosphere for both patients and staff and can also inhibit candid, and sometimes confidential, discussions between staff and clients. While the issue of adequate space is particularly salient for those agencies that are already collocated, it is also an issue for programs that wish to collocate.

### Potential Solutions

Here are some ways agencies dealt with the challenge presented by limited fiscal resources and space:

- **Coordinate Resources to Hire Additional Staff.** Some WIC programs and health centers have elected to coordinate their limited resources when hiring staff. For example, the WIC program may have available funds and a need for a .5 FTE but no more, while the health center may be in the same predicament. By coordinating their resources and jointly funding one full-time nutritionist, for example, both programs can get the help they need. Not only does coordinating resources allow programs to hire staff they would otherwise not be able to afford, but agencies that can advertise full-time positions are better able to recruit qualified professionals than if they could only provide a part-time job. Many of the sites that were interviewed when developing the handbook jointly fund staff positions to deal with their limited fiscal resources. The WIC program in Gering, Nebraska, benefits from a pilot project which consolidated the Federal programs funds management into an award to the Panhandle Community and Migrant Health Center. Each of the five program’s funds is tracked and accounted for separately. The consolidated expenditure report is detailed enough to ensure that WIC funds are only used to pay for WIC-specific allowable costs

or WIC's fair portion of shared allowable costs. The experiment in grant consolidation has resulted in positive outcomes for both staff and clients. See the summary of this unique program in Chapter Three.

- **Eliminate Duplication of Service.** Another solution for working within limited budgets is to maximize efficiency by completing tasks only once and sharing information, as opposed to both agencies doing lab work for WIC participants, for example. This was a strategy employed by many integrated and collocated sites. However, as exemplified by the Bridge Community Health Center in Wausau, Wisconsin and its partner WIC agency, sites do not have to be collocated to enjoy the financial benefits of streamlining services and sharing information.
- **Share Overhead Costs.** WIC programs that are integrated with health centers are less expensive to operate, as they are a component of the health center agency. As a result, the WIC program can benefit from the operations of the finance department; human resources; the maintenance of the physical plant; and the purchase and use of computer software, phone lines, and lab equipment. WIC programs that are collocated with some health centers also benefit from these already-existing infrastructures, as some health centers do not charge rent for the office space and opt to incur some of the overhead costs in order to have a WIC program located on site.
- **Secure Additional Space.** While some sites “just tolerate it” and are unable to do much about their cramped conditions, others took steps to secure additional space, either on or off site. For example, some WIC programs have sought in-kind clinic space in community centers, churches, and schools. Tazewell, Tennessee's, Claiborne County Health Department WIC Program was able to take advantage of space that became available when some of its partner agency staff were relocated to another health center site. It also relocated two staff members to another space in the building in order to reduce some of the hallway congestion resulting from increased patient flow.
- **Use Mobile Vans.** Other sites have utilized mobile vans or clinics as a means to mitigate the problems created by lack of space. The Twin County Rural Health Center in Hollister, North Carolina, received an outreach grant from the State WIC Program to purchase and staff a mobile van. The health center needed a mobile van because they had difficulty finding space for WIC sites in the rural areas of the county. The 36-foot van is staffed by two to four WIC staff, depending on the number of participants they expect to see in a particular day. At a minimum, the van is operated by one nutritionist and one WIC clerk. The van has a nurse's area and exam room,

an area for WIC nutrition education classes, and a waiting area that has a video player where staff can show videos. The mobile van provides all WIC services, including voucher issuance, recertification, and nutrition education. The health center is in the process of trying to coordinate the use of the WIC mobile van with the health center's mental health services.

## Challenge: **Sharing Information**

Sharing information between WIC and health center staff enables them to obtain a more comprehensive picture of a patient's situation and thus provide better patient care. Due to patient confidentiality issues, this area has been one of the major challenges in initiating and maintaining collaboration between independent WIC programs and primary health care services. WIC programs must abide by Federal program regulations concerning patient confidentiality. While some agencies have managed to work within WIC guidelines and still share information, others have not yet implemented policies allowing the sharing of patient information.

Incompatible data systems are often another impediment to information sharing. Often WIC programs and health centers not only have separate data systems but systems that are incompatible with one another. Therefore, staff must continually input and generate redundant information. In addition, WIC and health center staff are often unable to access each other's computer systems, further limiting the sharing of information.

## Potential Solutions

Several agencies have come up with creative ideas for sharing information, including developing specific confidentiality agreements, sharing patient records or limited information contained within them, and having patients transport their own patient records between WIC and the health center.

- **Share Patient Records.** At the United Health Centers of the San Joaquin Valley, in Parlier, California, WIC and health center staff share patient records with each other.
- **Allow Patients to Transport Their Own Record.** In an effort to share information between the two agencies, staff at the Central Virginia Community Health Center in New Canton, Virginia, give patients a referral form with pertinent information from their medical chart to take with them to the WIC program, located in their health center, so that clients personally control who has access to their medical information.

- Allow Partner Agency Staff Access to Your Data System. While they do not share the same data system, WIC and health center staff at several of the sites that were interviewed were able to access each other's computer systems to get the information they needed. For example, at the Allegheny County Health Department WIC Program and the Sto-Rox Neighborhood Health Center in Pittsburgh, Pennsylvania, health center staff have access to WIC data if the patient signs a release form. Additionally, WIC staff at Tennessee's Claiborne County Health Department in Tazewell can use their partner agency's computers and access data from their computer system. However, they usually just request the information from Clear Fork Clinic staff since they are more familiar with the system.

## Challenge: Providing Culturally Competent Care



In some instances, local WIC programs may serve a different client population than nearby health centers. As a result, WIC staff may not be prepared to provide culturally and linguistically competent care to health center patients and vice versa. For example, a migrant health center may have bilingual staff, but the WIC program, based at the county health department where they serve primarily English-speaking clients, may not have bilingual staff. So, when the WIC program staff are on site providing services to migrant farm workers during the agricultural season, they will need the assistance and expertise of the migrant health center in order to provide culturally competent care.

## Potential Solutions

By teaching one another how to work with the population at hand and by sharing resources, such as bilingual staff, interpreters, and educational materials, both agencies can provide culturally competent care to all clients.

- Share Interpreters. The North Carolina Blue Ridge Community Health Center provides a full-time interpreter free of charge to the Henderson County WIC Program in Hendersonville that is collocated 4 days a week. In this rural area, the WIC program was unable to hire a bilingual nutritionist, so Blue Ridge offered to provide the interpreter so that their English-speaking nutritionist can more effectively provide nutrition education to Spanish-speaking clients.
- Utilize Expertise and Experience of Partner Agency Staff. The Allegheny County Health Department WIC Program in Pittsburgh, Pennsylvania, benefits from the expertise of the Sto-Rox Neighborhood Health Center staff member who runs an adult literacy program. The individual who administers the health center's literacy program reviews all the health center's educational materials, including those of the WIC program, to ensure they are written at the appropriate reading level. Additionally, the WIC

director at the Choctaw Health Center in Philadelphia, Mississippi, is a tribal member. As such, she provides input into the development of all nutrition curricula. Though Choctaw is not a written language and all materials are provided in English, the WIC director reviews them for cultural appropriateness. Finally, the bicultural staff at the WIC program in Wausau, Wisconsin, provide invaluable insights and information to White staff regarding the cultural appropriateness of materials for Hmong clients, many of whom cannot read their primary language.

- **Draw Upon Expertise of the Community.** Several WIC programs and health centers ask community groups and members of the health center board to review educational materials and forms used by the programs for reading level and cultural competency. For example, the Samuel U. Rodgers Community Health Center in Kansas City, Missouri, has asked the nearby Refugee Council for its assistance in pretesting materials.

## Keys to Fostering Collaboration

As WIC and primary health centers described their challenges and solutions with coordination efforts, several important themes emerged that sites view as keys to success. These include:



**1. Recognize Common Goals.** Critical to successful coordination is getting program staff to recognize that they are working towards one common goal: to provide accessible, comprehensive services to patients. Once staff recognize their shared goal, they are more willing to put aside their territorial tendencies, risk change, and focus on what is best for the patient.

**2. Gain Agency and Staff Commitment to Coordination.** Once a common goal is recognized, there must be a firm commitment on the part of each agency or program and staff member. No matter what barriers may arise when working together, agencies that are committed to collaborating will find a solution.

**3. Foster Ongoing Communication.** Another critical key to a successful coordination effort between WIC programs and health centers is “communication, communication, communication!” There must be clear, regular communication between and among health center and WIC staff, as well as between staff and patients, in order to ensure that the needs of the patients are being met and that they are receiving the best care possible.



**4. Enlist Support of Senior Management.** The support of senior management, both in WIC programs and health centers, is crucial for successful collaboration, as these individuals have the authority to appropriate the necessary fiscal, administrative, and human resources to begin and maintain the effort. Additionally, staff often reflect the attitudes of their leadership, and a positive attitude on the part of senior management will generally permeate the agency.

**5. Seek Support of State WIC Agency.** Because they have the authority to authorize health centers to sponsor local WIC programs, gaining the support of State WIC agencies is pivotal to developing and implementing a coordination effort between WIC programs and health centers.

**6. Remain Flexible.** While health centers and WIC programs may each have their separate rules and guidelines to follow, being flexible and willing to adapt to new—and possibly improved—ways of doing things will strengthen the collaboration between the two programs.

