OREGON WIC OUTREACH
FOR HEALTHCARE PARTNERS

The purpose of this toolkit is to help local agency WIC staff connect with healthcare providers & coordinated care organizations.

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This toolkit is designed to offer resources and information to help WIC staff connect with physicians, medical staff and coordinated care organization (CCO) representatives.

Here are a few benefits of WIC partnering with healthcare:

• Improved communication and coordination → more effective, preventive care, happier families, healthier communities

• Aligned messaging around healthy weight, early feeding practices, child nutrition and breastfeeding → less confusion and stress for parents, lends credibility to WIC when doctors’ recommendations match

• More referrals = increased WIC caseload! Depending on the county, between 50-79% of pregnant women with OHP are also in WIC. If healthcare providers and medical staff referred all OHP patients to WIC, it could make a difference in caseload!

GETTING STARTED - OUTREACH TO YOUR COMMUNITY HEALTHCARE PROVIDER

Our role as community nutrition professionals is to ensure that our medical partners understand the breadth of WIC services, and how WIC can play an important role in care coordination.

Local WIC coordinators were surveyed on effective ways to communicate with their healthcare community partners. Results showed that talking with medical providers face-to-face at meetings and emailing them were good ways to connect. Here are other outreach ideas to consider:

• **Pinpoint** the medical demographic you would like to target. Do you want to increase enrollment of pregnant women? Infants? Or children? Generate a list of the medical practices in your area based on your target population and reach out to them.

• **Call and schedule** a brief visit with the clinic manager and bring WIC outreach materials. Ask, “what questions do you have about WIC?” or “how do you see WIC better supporting your practice and patients?” to start the conversation.

• **Share WIC data** with the medical practice or practitioner. Bring your local agency data sheet and your performance measure data. You can share the difference between the number of pregnant women enrolled in OHP verses those who are enrolled in WIC. Talk about how you could better communicate and share data for higher nutrition-risk patients.
• **Gather and deliver** a WIC healthy food and outreach basket for a medical clinic. Include brochures, a poster, a WIC food list and any WIC swag!

• **Schedule** a WIC presentation at a medical staff meeting to discuss how you can better coordinate care and refer patients.

### WAYS THAT OREGON WIC PARTNERS WITH HEALTHCARE PROVIDERS

- **Facilitates** and leads community breastfeeding coalitions
- **Meets** regularly with hospital staff (including obstetric nurses and licensed clinical social workers)
- **Communicates** regularly with co-located program staff including family nurse practitioners, medical providers and the county health officer
- **Promotes** cross-training of home visiting nurses to become WIC certifiers allowing nursing staff to conduct WIC certifications during visits
- **Meets** monthly with FQHC medical staff to provide better care coordination and wrap-around services for higher nutrition-risk participants

### OTHER IDEAS FOR WIC TO STRENGTHEN HEALTHCARE PARTNERSHIPS

- Have a WIC breastfeeding specialist or dietitian **schedule** a visit with an OB/GYN or pediatric practice to promote breastfeeding and WIC. This visit could include a brief meeting with the clinic manager or be a presentation to staff.

- **Become involved** with your community pediatric or OB/GYN association. They may be interested to hear the percentage of pregnant OHP women in WIC (from performance measures).

- **Develop a closed loop referral system.** Continuity of care works best when the health care providers working with a family receive information back when a referral is made, often called a closed loop referral. Find out what programs in your organization use closed loop referrals. These programs could include family planning, immunization, Mother’s Care and/or home visiting.
HERE IS WHAT YOU NEED TO KNOW ABOUT CCOs

Understanding coordinated care organizations (CCO) – A CCO is a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy. Local WIC agencies have reported that emailing a CCO maternity administrator can be an effective way to initiate communication.

Coordinated Care Organization Service Areas Map

GET INVOLVED WITH THE CCO COMMUNITY ADVISORY COUNCIL

Each CCO has at least one Community Advisory Council (CAC). Oregon Health Plan members interested in sharing their healthcare experiences can apply to participate on a CAC.

Here are a few questions to consider when getting involved in a local CAC:

• Who participates in CAC meetings?
• How can WIC be involved? Do you or a staff member have the bandwidth to apply to be a member of CAC?
• Is there a WIC parent that comes to mind that might be a good CAC member? How can you encourage that engagement?

More voices with WIC experience on a CAC ensures that WIC is at the table when advising how CCOs can best support their communities’ health.

Featured WIC participant from Columbia County in a CAC promotional flyer!
Innovator Agents help CCOs and the Oregon Health Authority (OHA) work together to achieve the goals of better care, better health and lower costs. Innovator Agents are strong advocates for WIC and are a valuable CCO resource in your community.

Link here to the Innovator Agent in your area.

**INNOVATOR AGENT TIPS**:  

1. Get to know your CCO by reading their public documents. Some of those documents could include the transformation plan and progress reports, transformation and quality strategic plan, CHIP progress reports, or review the Innovation Café presentations.

2. Meet your Innovator Agent and learn about the history of your CCO, their priorities, strategies and investment decisions, and their performance. Are there particular contact points inside the CCO that you might be able to approach? Would the CCO be receptive to a project proposal about ways WIC might support them?

3. Formulate a proposal by developing a business case for what you want to have happen. How will the CCO benefit from working with you? How does your proposed project link to their goals and existing work? How will OHP members benefit from the project? What data can you contribute to demonstrate the impact of what you are proposing?

*from Joell Archibald, Innovator Agent for Columbia Pacific CCO & Yamhill Community Care and InterCommunity Health Network*
QUESTIONS TO ASK YOUR CCO MATERNAL ADMINISTRATOR

• When do you know when a woman is pregnant? What is your knowledge of pregnant women? Can you identify high-risk pregnant women and if so, how?

• What do you do for outreach or communication to pregnant women?

• If you send information to pregnant women, is WIC included? If not, how can WIC be referenced to include clinic location, hours and how to sign up?

• Are you able to share your list of newly pregnant women with WIC? This list would be used to identify and reach directly out to those not enrolled in WIC.

OPPORTUNITIES TO WEAVE WIC AND CCO WORK

<table>
<thead>
<tr>
<th>CCOs</th>
<th>WIC</th>
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<tbody>
<tr>
<td>Effective contraception, pre-conception planning</td>
<td>Linking women to reproductive health services</td>
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<tr>
<td>Early prenatal care</td>
<td>Early pregnancy WIC services</td>
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<tr>
<td>Breastfeeding support</td>
<td>Breastfeeding support &amp; education</td>
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<tr>
<td>Immunizations</td>
<td>Referrals to immunizations</td>
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<tr>
<td>Developmental screening</td>
<td>Referrals to early intervention and others</td>
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</tbody>
</table>
The Oregon Health Authority (OHA) is using quality health metrics to show how well CCOs are improving care, making quality care accessible, eliminating health disparities and curbing the rising cost of health care. Outcome and quality measures have been developed by the Metrics and Scoring Committee. Funds are awarded to CCOs based on their annual performance on these CCO Incentive Metrics. Check out the most recent CCO incentive measure benchmarks.

**LINKING CCO INCENTIVE METRICS & EXISTING WIC PRACTICES**

A majority of the CCO incentive metric performances demonstrate an opportunity for collaboration with Oregon WIC to improve health outcomes. The Metrics and Scoring Committee has identified four metrics (in grey) as focus areas that have impact on early childhood health.

<table>
<thead>
<tr>
<th>CCO incentive metrics that offer a WIC collaboration opportunity</th>
<th>Some WIC clinics already incorporate into practice</th>
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<tbody>
<tr>
<td>Assessments in 60 days for kids in DHS custody</td>
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<tr>
<td>CAHPS composite: Access to care</td>
<td></td>
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<tr>
<td>Childhood immunization status (WIC screens &amp; refers)</td>
<td>✓</td>
</tr>
<tr>
<td>Cigarette smoking prevalence</td>
<td>✓</td>
</tr>
<tr>
<td>Controlling high blood pressure</td>
<td>✓</td>
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<tr>
<td>Dental sealants on for children</td>
<td>✓</td>
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<tr>
<td>Depression screening and follow up</td>
<td>✓</td>
</tr>
<tr>
<td>Developmental screening in first 36 months</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes HbA1c Poor Control</td>
<td></td>
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<tr>
<td>Effective contraceptive use (ages 18-50)</td>
<td></td>
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<tr>
<td>Patient-Centered Primary Care Home enrollment</td>
<td></td>
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<tr>
<td>Timeliness of postpartum care</td>
<td>✓</td>
</tr>
<tr>
<td>Weight assessment and counseling in children and adolescents</td>
<td>✓</td>
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</tbody>
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### CCO & Oregon WIC Collaborations and Opportunities Table

The table below lists a variety of WIC activities and CCO collaborations and how these link to CCO incentive metrics. There are collaborations not represented here and some of these partnerships may have changed. This is a snapshot of innovative ways to integrate preventive public health nutrition services with coordinated health care.

<table>
<thead>
<tr>
<th>CCO Incentive Metric</th>
<th>Examples of WIC &amp; CCO Collaboration and Opportunities</th>
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</table>
| Assessments for children in DHS custody | WIC regularly serves families with foster children in DHS custody.  
**Opportunity** - Strengthen organizational connections with DHS leadership to improve referrals at key ages outlined in the measure. |
| Childhood immunization status | Standard Practice - WIC screens each vaccine record for every 3 to 24-month-old participant and refers if vaccines are not up-to-date. WIC children have higher immunization rates than those who are not in WIC. |
| Cigarette smoking prevalence | Lane County WIC has an in-house smoking cessation counselor that provides a warm hand-off for participants or partners interested in quitting. This position is funded by the CCO. |
| Dental sealants on permanent molars for children | Dental hygienists are provided by Advantage Dental through PacificSource to offer:  
- dental education and silver diamine fluoride a few days per week in Deschutes County WIC clinics  
- dental services once a month in WIC’s North Central Public and Hood River Health Departments  
A full-time dental program, funded by Trillium Community Health, offers assessments and fluoride varnishing for infants and children in Lane County WIC. AllCare Health sends an Advantage dental hygienist once a month to Josephine County WIC for dental screenings, to apply silver diamine and to offer cleanings. |
<p>| Depression screening and follow up | The Deschutes County Behavioral Health program partners with PacificSource to fund a qualified mental health professional specializing in perinatal/postpartum depression and anxiety in WIC. |</p>
<table>
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<tr>
<th>CCO incentive metric</th>
<th>Examples of WIC &amp; CCO Collaboration and Opportunities</th>
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</thead>
<tbody>
<tr>
<td>Developmental screening</td>
<td>Published article by Dr. Julie Reeder and Dr. Katharine Zuckerman titled Decreasing Disparities in Child Development Assessment: Identifying and Discussing Possible Delays in WIC. This study assesses how WIC staff address potential developmental delays and parent developmental concerns in children under five. See the abstract here <a href="#">JDBP</a>. <strong>Opportunity</strong> - Share promising practices, provide additional support for referrals in the WIC setting (e.g. warm hand off to a developmental specialist). To improve communications regarding referrals made, follow up with referring agency. Additional WIC-specific resources for developmental and behavioral concerns in early childhood are needed.</td>
</tr>
<tr>
<td>Diabetes HbA1c poor control</td>
<td>WIC screens for gestational diabetes and is in a good position to provide counseling and referral in this area. <strong>Opportunity</strong> - WIC to convene additional training for registered dietitians on this topic; coordinate with HPCDP National Diabetes Prevention Program (NDPP).</td>
</tr>
<tr>
<td>Effective contraceptive use</td>
<td><strong>Opportunity</strong> - Screen and refer for contraceptive use that is applicable to WIC’s periodicity and counseling of postpartum contacts.</td>
</tr>
<tr>
<td>Patient-Centered Primary Care Home (PCPCH) enrollment</td>
<td>Washington County works with Project Access Now to enroll WIC families into the Oregon Health Plan (OHP). An OHP assistor works at WIC clinic sites. <strong>Opportunity</strong> - Expand outreach to <a href="#">PCPCH</a>; Partner with Patient-Centered <a href="#">Primary Care Institute</a></td>
</tr>
<tr>
<td>CCO incentive metric</td>
<td>Examples of WIC &amp; CCO Collaboration and Opportunities</td>
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| Timeliness of Prenatal / Postpartum Care | **Integrating lactation support into a pediatric office** - A Spanish-speaking IBCLC works part time in a pediatric office and facilitates two breastfeeding support groups. This integrated work between WIC and the Inter Community Health Network CCO has initially allowed for over 500 clients to receive lactation and/or WIC services in the Samaritan Lebanon Health Center (Linn County). A plan is in place to bill for these services to sustain this integrated lactation support.  

**Integrating nutrition & referral services in OB/GYN clinics** - WIC, Mother’s Care, two OB/GYN practices and PacificSource have integrated WIC and Mother’s Care services into the OB/GYN practices in Deschutes County.  

**Coordinating services for pregnant women** - Yamhill Community Care Organization (YCCO) partners with Salud WIC to coordinate services for newly ensured pregnant women. The YCCO provides weekly secure lists of new prenatal Medicaid participants to WIC, and WIC reaches out to those clients not yet receiving WIC services.  

**Opportunity** - Expand promising practices to help CCO’s meet the metric “Percentage of women who had a postpartum care visit on or between 21 and 56 days after delivery” |
| BONUS VIDEO | **Fruits and Veggies for Families Project**  
Collaborative project between CCO, Community Action Agency, OSU Extension and WIC in Umatilla and Morrow County. |
WIC-ONLY SHOPIFY MATERIALS

• **Good Health Begins with Good Nutrition** – This brochure is for the provider or clinic lead staff. It’s not meant for general WIC participant outreach.

• **WIC Rx Nutrition pads** – These are an optional tool for medical providers that prefer paper referrals.

NWA POINT OF CARE OUTREACH

All About WIC – This 9.5 x 6.5 brochure was developed by the National WIC Association (NWA) as a part of a marketing campaign. Its target audience is potential WIC participants visiting the doctor office. An electronic copy can be downloaded and printed from the NWA online community webpage. These brochures are sent directly from NWA each year to health care providers that opt in. WIC needs to submit names and addresses of provider offices to receive these materials (accepted each fall). Email Jolene with any questions or request for this outreach piece.

WIC MATERIALS FOR DOWNLOAD

• WIC FAQs for Healthcare Providers
• WIC Improves Health Outcomes (visual provided)
• Breastfeeding Promotional Materials
• WIC Food List
• Oregon WIC - APHA Video
• County Data Sheets

ADDITIONAL DOCUMENTS TO SUPPLEMENT YOUR OUTREACH PACKET

• Resources for Medical Providers [WIC webpage](#)
• Center on Budget and Policy Priorities. [Infographics: WIC Works](#)
• [NWA Publications](#)
• American Academy of Pediatrics – [Advocacy for Improving the First 1000 Days to Support Childhood Development and Adult Health](#)
Fax Request to Schedule a WIC Presentation

WIC is available to present at a staff meeting to talk about eligibility, benefits, care coordination or services. Our program is continually evolving, and we want you to feel confident when talking about and referring patients to WIC. Why partner with WIC?

• WIC has nutrition experts who can help educate your patients to make healthy choices that work for them and their family.
• WIC can give your patients free, healthy foods as well as guidance for how to shop for, prepare, and incorporate healthy foods into their family’s lifestyle.
• WIC staff often include a registered dietitian, a lactation consultant, nutrition professionals and peers—all ready to listen, share information and provide guidance and moral support to your patients.
• WIC checks up on the health of your patients and their kids at least every six months. WIC can help connect your patients with resources outside of WIC - including dentists, immunization services, substance abuse counselors, domestic abuse counseling and social services.

Please complete and fax to schedule a WIC presentation:

Medical Provider Office: ____________________________________________
Address: _______________________________________________________
Contact Name: _________________________________________________
Phone/Email: _________________________________________________
Desired presentation dates/times: ________________________________

______________________________________________________________
Oregon WIC promotes breastfeeding as the norm for infant feeding.

Healthcare providers and their staff play a critical role in promoting exclusive breastfeeding and increasing breastfeeding duration. Successful breastfeeding works best when counseling and support efforts start early, and messaging with partners is aligned.

WIC encourages medical providers to emphasize:

- Exclusive breastfeeding for the first 6 months.
- Continued breastfeeding after solids are introduced, up to age one and beyond.
- The importance of breastfeeding for the mother, baby and society.
- A birth plan that supports breastfeeding.
- Early skin-to-skin contact and early initiation of breastfeeding.
- Twenty-four-hour rooming in.
- Feeding on demand and baby-led feeding.
- Frequent feedings to assure optimal milk production.
- Positions that support a good latch, such as the “laid back” position where the mother leans back in a chair.

Observe breastfeeding and look for:

- A good latch and swallowing sounds.
- Signs of effective breastfeeding.
- Any breastfeeding challenges.

Talk to pregnant women and breastfeeding mothers about:

- Hand expression – introduce and teach it.
- Resources to support lactation.
- Visiting WIC for additional support for income-eligible women.
Discuss return-to-work plans and:

• Ask about a breastfeeding plan for returning to work.
• Provide documentation to obtain breast pumps through OHP or private insurance. WIC offers breast pumps for women who cannot obtain a pump through their insurer and under certain circumstances. WIC offers the following pumps:
  o Multi-user breast pump loans for WIC mothers with medical needs (premature birth, multiple birth, etc.)
  o Personal pumps for WIC mothers temporarily separated from their babies for work or school (20 hours/week or more)
  o Manual pumps for WIC mothers with short-term separations (less than 20 hours/week)
• Help breastfeeding moms know their rights. Refer them to the state and federal breastfeeding laws.

WIC and healthcare staff can discuss:

• How WIC can offer breastfeeding support. Some WIC programs have IBCLCs and peer counselors on staff to provide enhanced breastfeeding support.
• Breastfeeding messaging and resources.
• How best to communicate and coordinate care.
• The scheduling of a WIC presentation at a medical staff meeting.

Collaborative breastfeeding project between WIC and pediatrics

Linn County WIC and Samaritan Mid-Valley Pediatrics teamed up to expand breastfeeding services. A bilingual, WIC International Board-Certified Lactation Consultant (IBCLC) worked for two days in this pediatric office offering evaluation and consultation to mother and baby. In almost two years, over 510 client consultations took place and two breastfeeding support groups were started at WIC and Samaritan Lebanon Community Hospital. This collaboration resulted in longer duration of breastfeeding for mothers, reduced the need for physician time spent on lactation counseling, offered more convenient appointments for families, and helped lead to lactation licensure in Oregon. This type of collaboration could be replicable, scalable and sustainable with a billing component in place.

Breastfeeding Resources

Public Health Division breastfeeding webpage offers information on breastfeeding training opportunities, data, information on maternity care practices, promotional materials, information on returning to work and much more.