



# HEALTH CARE PROVIDERS



Outreach Toolkit

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# HEALTH CARE PROVIDERS OUTREACH TOOLKIT

This toolkit is designed to help you connect and establish relationships with health care providers in your communities. Inside this document, you will find best practices, tips, and resources to make your outreach efforts easier!

## CONTENT

- Importance of Outreach
- Goals
- Identifying Potential Partners
- Health Care Provider Package
- Health Care Provider Outreach Letter
- How to Approach Health Care Providers
- Relationship Building and Engagement Tactics

## IMPORTANCE OF OUTREACH

- Health care providers and WIC agencies share communal health goals.
- Health care providers and WIC agencies share similar audiences, including pregnant and breastfeeding parents and families with infants and small children.
- The WIC Program complements the work of health care providers.
- Health care providers are a reliable source of referrals to WIC.
- WIC provides referrals for health care providers, so the partnership benefits both sides.

## GOALS

- Increase referrals from local health care providers.
- Strengthen relationships with local health care providers and other strategic partners.
- Improve program awareness, perception, and knowledge among health care providers and their patients.

# IDENTIFYING POTENTIAL PARTNERS

## HEALTH CARE PROVIDERS

**OB-GYNs:** These providers would be great partners on breastfeeding, nutrition, prenatal care, and maternal health.

**Pediatricians:** This is an ideal referral partnership for infant and child benefits, health and nutrition.

**Nutritionists:** WIC provides access to healthy foods and additional resources, which complements the work of nutritionists.

**Clinics and Hospitals:** Clinics and hospitals with full-fledged departments (pediatrics, obstetrics, gynecology, etc.) would be great partners for distributing informational brochures and other materials on a larger scale.

**Indigenous and Native American communities:** Consider partnering with Tribal health centers, Indian Health Service, etc.

### Other Potential Partners

- Wellness Centers
- Local Community Groups
- Breastfeeding Support Groups
- Parent Groups

Note: These are suggestions but do not limit yourself to this list. There are many great opportunities for partnership within your community.

**Tap Into Existing Partnerships:** We recommend leveraging established, trusted relationships with health care providers. Send them updated information about the WIC program or your agency, reminding them to keep referring patients to WIC services.

## FINDING NEW PARTNERSHIPS

**Go Local:** Look for providers 5-10 miles from your WIC Clinic. Use Google Maps, Yelp, and other platforms to reach all health care providers, not just the popular ones.

**Ask Your Participants:** Talk to your participants about their current health care providers. Consider their health care providers' potential partners!

## HEALTH CARE PROVIDER PACKAGE

- Information about WIC benefits and eligibility
- Materials health care providers can share with patients
- Links to WIC program resources, such as videos and websites

**Health Care Provider Package available in the NWA WIC Share Portal**

## HEALTH CARE PROVIDER OUTREACH LETTER

Use this customizable message to carry out initial introductions or outreach. This can be used as a digital letter (exported as PDF file), a printed physical letter, or as a template to draft an email! This document is provided as a Microsoft Word document so you can customize it for your agency.

**Customizable Messaging available in the NWA WIC Share Portal**



# HOW TO APPROACH HEALTH CARE PROVIDERS

## FIRST INTERACTION

### **Introductory Outreach – Call or Visit**

This first introduction will give the providers context and information about the WIC Program and the reason why you are reaching out. This call or visit will ensure you have the right contact details to disseminate the information. If possible, schedule time to visit them and talk to them about the program.

## SECOND INTERACTION

### **Health Care Provider Package Email**

This email should include the health care provider package and customizable message. In your email, we recommend asking them to schedule a phone conversation about the program, inviting them to visit your WIC clinic, or suggesting times when your team members can visit the provider. If your agency has the budget for printing materials, you can print and deliver physical brochures to their office. However, we are confident digital materials are sufficient and will still be impactful. Additionally, many clinics may be willing to feature WIC information in their newsletters.

## THIRD INTERACTION

### **Follow-Up Email**

Make sure to provide reliable support and communication, as those elements are fundamental to developing and sustaining partnerships. This email can be sent 4-8 weeks after your second interaction. You can ask them if any of their patients are interested in the program, if they need printed materials, or have questions.

### **Create a Calendar of Observances**

We suggest creating an internal calendar with relevant observances such as National Breastfeeding Month and reaching out to the health care providers during these observances with helpful resources related to the topic/theme. This is a way to improve engagement and stay in touch with the providers.



## RELATIONSHIP BUILDING AND ENGAGEMENT TACTICS

Speak casually and candidly with potential partners. Here are some talking points...

- WIC is here for your patients.
- We share the same goal: helping families be healthier.
- We need your help to spread the word about WIC!
- Many people don't know they're eligible.
- We're committed to helping families create healthy habits, including regular doctor visits.
- WIC welcomes all caregivers to apply for benefits for the children in their care, including dads, grandparents, and foster parents.
- We can provide a community of support for your patients.
- Our staff includes nutritionists, lactation consultants, professionals, and peers.
- We check up on the health of your patients and their children at least every three months.
- We can connect your patients with resources outside of WIC, including health care professionals, immunization services, substance abuse counselors, domestic violence counseling, and social services.

If you have any questions, please contact us at [nwa@cmrignite.com](mailto:nwa@cmrignite.com).



# CALENDAR OF OBSERVANCES

## **February**

Black History Month

## **March**

National Nutrition Month

## **April**

National Minority Health Month

April 7 – World Health Day

April 11-17 – Black Maternal Health Week

## **May**

Women's Health Month

Maternal Health Month

National Asian American, Native Hawaiian, Pacific Islander (AANHPI) Heritage Month

May 14-20 – National Women's Health Week

## **August**

National Breastfeeding Month

August 1-7 – World Breastfeeding Week

Second Week of August – Indigenous Milk Medicine Week

Third Week of August – Asian American, Native Hawaiian, Pacific Islander Breast Feeding Week

Fourth Week of August – Black Breastfeeding Week

## **September**

September 15 – October 15 National Hispanic Heritage Month

## **October**

Third full week of October – National Health Education Week

## **November**

National Native American Heritage Month



## **OUTREACH EMAIL TEMPLATE HIGHLIGHTING NUTRITION SERVICES AND INFANT/CHILDREN BENEFITS (FOR PEDIATRICIANS, NUTRITIONISTS, WELLNESS CENTERS, ETC.)**

Subject: Partnership Opportunity - **[YOUR AGENCY NAME]** x **[HEALTH CARE PROVIDER NAME]**

Hello **[INSERT NAME]**,

The **[AGENCY NAME(S)]** Women, Infants and Children (WIC) Program located in **[COUNTIES OR ADDRESS]** is reaching out about a potential partnership opportunity.

At WIC, we believe every home deserves a healthy start. WIC provides nutritious foods, nutrition education, and a supplemental nutrition program, designed to influence nutrition and health behaviors in high-risk populations. We both serve the same community, and believe our work complements your work. We invite you to learn more about our clinic, and how our work can help your patients at **[INSERT RESOURCE AND LINK HERE]**. Please also find our **Health Care Provider Package here [HYPERLINK]**.

We are interested in meeting with you and your staff in hopes that we can explore opportunities to partner with **[HEALTH CARE PROVIDER NAME]**. Would you be available to meet virtually or in person in the coming weeks to discuss this further? Please let me know if any of the options below work for you:

**[INSERT DATE & TIME]**

**[INSERT DATE & TIME]**

**[INSERT DATE & TIME]**

In serving the same community, we can work together to bridge gaps and ensure every family has a healthy start. Thank you for your consideration.

We look forward to hearing from you!

**[YOUR NAME]**

**[YOUR AGENCY NAME]**

## TALKING POINTS HIGHLIGHTING NUTRITION SERVICES AND INFANT/CHILDREN BENEFITS (FOR PEDIATRICIANS, NUTRITIONISTS, WELLNESS CENTERS, ETC.)

- Our WIC agency is interested in exploring partnership opportunities with your organization.
- We share the same goal of helping families be healthier.
- Many people don't know that they're eligible to participate in WIC programs.
- WIC is here for your patients.
- We're committed to helping families create healthy habits, including regular doctor visits.
- WIC is for all. We're inclusive. We serve moms and foster parents, caregivers, and single dads.
- We can provide a community of support for your patients.
- WIC provides nutritious foods, nutrition education, and a supplemental nutrition program, designed to influence nutrition and health behaviors in high-risk populations.
- We check up on the health of your patients and their children at least every six months.
- We would love your support in spreading the word about our services.



## **OUTREACH EMAIL TEMPLATE HIGHLIGHTING MATERNAL HEALTH AND BREASTFEEDING SERVICES (FOR OBGYNS, BREASTFEEDING SUPPORT GROUPS, PARENT GROUPS ETC.)**

Subject: Partnership Opportunity - **[YOUR AGENCY NAME]** x **[HEALTH CARE PROVIDER NAME]**

Hello **[INSERT NAME]**,

The **[AGENCY NAME(S)]** Women, Infants and Children (WIC) Program located in **[COUNTIES OR ADDRESS]** is reaching out about a potential partnership opportunity.

At WIC, we believe every home deserves a healthy start. WIC provides in-person and online breastfeeding support to participating moms through online resources, breastfeeding and nutrition classes, trained peer counselors, a buddy program, and more. We both serve the same community, and believe our work complements your work. We invite you to learn more about our clinic, and how our work can help your patients at **[INSERT RESOURCE AND LINK HERE]**. Please also find our **Health Care Provider Package here [HYPERLINK]**.

We are interested in meeting with you and your staff in hopes that we can explore opportunities to partner with **[HEALTH CARE PROVIDER NAME]**. Would you be available to meet virtually or in person in the coming weeks to discuss this further? Please let me know if any of the options below work for you:

**[INSERT DATE & TIME]**

**[INSERT DATE & TIME]**

**[INSERT DATE & TIME]**

In serving the same community, we can work together to bridge gaps and ensure every family has a healthy start. Thank you for your consideration.

We look forward to hearing from you!

## TALKING POINTS HIGHLIGHTING MATERNAL HEALTH AND BREASTFEEDING SERVICES (FOR OBGYNS, BREASTFEEDING SUPPORT GROUPS, PARENT GROUPS, ETC.)

- Our WIC agency is interested in exploring partnership opportunities with your organization.
- We share the same goal of helping families be healthier.
- Many people don't know that they're eligible to participate in WIC programs.
- WIC is here for your patients.
- We're committed to helping families create healthy habits, including regular doctor visits.
- WIC is for all. We're inclusive. We serve moms and foster parents, caregivers, and single dads.
- We can provide a community of support for your patients.
- WIC provides in-person and online breastfeeding support to participating moms through online resources, breastfeeding and nutrition classes, trained peer counselors, a buddy program, and more.
- We check up on the health of your patients and their children at least every six months.
- We would love your support in spreading the word about our services.

## WAYS TO ENGAGE AND PARTNER

Outreach to health care providers should be strategic and mutually beneficial to both organizations once a partnership is established. This can include but is not limited to:

- Community events
- Newsletter inclusions
- Webinar series
- Celebrating a recognition week or month (E.g. National Breastfeeding Month)
- Creating a joint recognition week
- Storytelling and testimonials



# HOW TO ENGAGE WITH HEALTH CARE PROVIDERS ON SOCIAL MEDIA

This toolkit was created to help WIC agencies learn best practices for interacting with health care providers and other health care-related organizations on social media. If you have any questions, please contact the CMRignite marketing team at [NWA@cmrignite.com](mailto:NWA@cmrignite.com). Thank you!

## FINDING HEALTH CARE PROVIDERS TO PARTNER WITH ON SOCIAL MEDIA

Partnering with health care-related organizations is a great way to help WIC participants access health resources online. It also can increase the engagement on your social media pages and earn more followers.

To find organizations to partner with on social media, you can:

- Go to the social media channels of health care-related organizations you're familiar with.
  - » From there, you can see who they follow – it's highly likely that they follow other health care providers in the area!
  - » Then, after exploring the social media pages of those providers, if WIC participants would find their content useful, you can reach out to them and inquire about partnering with them to produce social media content.
- If your WIC agency has worked with health care providers in the past, revisit their social media channels. Even if they weren't active in the past, they may have more resources now!
- Visit the social media channels of nearby WIC agencies – they may follow health care providers you may not be familiar with yet.
- See who follows you! Your WIC agency social media pages may already have health care providers as followers. Now, you can close the loop and follow them back!

Here's a list of nationwide health care-related organizations that you could partner with on social media. We recommend reaching out to local chapters rather than nationwide chapters, as local organizations will be more likely to connect with other organizations in their area.

- [American Heart Association](#)
- [American Cancer Society](#)
- [American Liver Foundation](#)
- [HealthyWomen](#)
- [National Health Council](#)
- [National Institutes of Health](#)
- [Centers for Disease Control](#)

## INTERACTING WITH HEALTH CARE PROVIDERS ON SOCIAL MEDIA

Like, share, or comment on social media posts from health care providers to help them gain more reach or to establish an online relationship with those organizations. Not only does this help the organization interact with more people online, but it also positions your WIC agency as relevant, and could help you gain more partnerships in the future.

You can engage with all types of content, including:

- Posts containing nutrition, mental health, or physical health information that WIC participants would find useful
- Posts that promote the use of WIC
- Posts that discuss health care rights or health care in the workplace
- Posts about pregnancy, breastfeeding, and other topics covered by WIC

If you're planning on posting about health care or a topic related to a health care provider or organization on your WIC page, you can tag them to get their attention. They may even repost to help it get more traction! Only tag another organization where it makes sense, including:

- Posts that encourage WIC families to schedule health appointments, such as annual doctors' visits
- Posts that discuss OBGYNs, doulas, breastfeeding support personnel, or other health care providers
- Posts that explain what type of health care appointments are covered by WIC
- Posts from health care-related organizations that your WIC agency refers participants to

## CREATING EVERGREEN HEALTH CARE PROVIDER CONTENT

You can create your own social media posts to engage health care professionals online! Types of professionals include:

- OBGYNs
- Pediatricians
- Doulas
- Nutritionists

When creating content, make sure it ties back to WIC and is useful to the reader. You could create posts about:

- Pregnant parents making sure their blood levels and nutrition are in a good place during pregnancy (and postpartum)
- Learning how to breastfeed before a baby arrives, and which health care professionals can assist with that
- How WIC and health care professionals work together to provide holistic care for WIC families

**Evergreen content available in the NWA WIC Share Portal.** These posts can be used any time of the year!



# HOW HEALTH CARE PROVIDERS CAN INCORPORATE WIC INTO SOCIAL MEDIA CONTENT

This toolkit was created to help health care providers (HCPs) interact with WIC agencies on social media to help both entities reach their outreach goals.

## THE BASICS

Social media is a great place to reach new members of your audience and provide useful resources to current followers, including WIC participants. Commenting on posts, following new accounts, and sharing content can help you engage WIC participants, earn followers, and get your content seen by more people.

When talking about WIC on social media, it's important to:

- Explain that parents and guardians can apply for WIC – it's not exclusive only to mothers
- Pregnant people can sign up for WIC as soon as they know they're pregnant – they don't have to wait until their baby arrives
- Kids up to age 5 can receive WIC (many people think only babies are eligible)
- Talk about WIC in a positive light
- Refrain from mentioning income or specific eligibility requirements

## SOCIAL MEDIA BEST PRACTICES

There are so many ways to post on social media, and it's important to maintain your organization's brand voice so your content is consistent. Here are a few other best practices to follow when posting on social media:

- Whether you post once a day or once a month, try to keep your cadence steady so your audience knows when to expect content from you.
- Use wording that is easy to understand, leaving out terminology that may be specific to health care professionals.
- Try posting during different times of the day to see when your audience is most active!
- Include a call-to-action in each post – something you want your audience to do, whether that's visit your website, give you a call, schedule their next appointment, or comment on a post.



- Post copy should be between two and four sentences long. If longer, cut it up into shorter paragraphs so it's easier to absorb.
- Experiment! Try posting different types of visuals (still images, graphics, or videos), and different content topics, and see what your audience engages with most. Social media is a learning process specific to your brand, so it may take some time to figure out what works best for you.

## CREATING EVERGREEN CONTENT

You can create your own evergreen social media posts to use any time of year! These posts could cover topics that will always be relevant to WIC participants, including:

- What is WIC, and how it can help families live happier, healthier lives
- How WIC foods can increase physical and mental health
- How you work with WIC, or how WIC participants can use your health services

You can customize your content to make it seen by more people in your industry by:

- Adding relevant hashtags for your industry
  - » For example, OBGYNs can add #OBGYNDoctor, and pediatricians can add #PediatricianApproved
  - » You can search for other popular hashtags using the search function on Instagram
- Add imagery that reflects health care professionals in your field
  - » Using your own photos is a great way to make your posts more authentic! If you don't have your own photos, you can always use a free website like [Pexels](#).

**Evergreen content available in the NWA WIC Share Portal.** These posts can be used any time of year!

# HOW TO ESTABLISH REFERRAL AND DATA SHARING PROCESSES WITH HEALTHCARE PROVIDERS

## THE BENEFITS OF ENHANCED COORDINATION BETWEEN WIC AND HEALTHCARE PROVIDERS

As an evidence-based, targeted intervention associated with improved health outcomes for its participants, WIC is critical to strengthening the healthcare system's efforts to improve maternal and child health. While many healthcare providers understand the value of enhanced coordination with WIC, few have established standardized or electronic WIC referral channels, often relying on paper and fax, or encouraging their patient to contact WIC. In addition to referrals, there are opportunities for healthcare providers such as pediatricians, OBGYNs, etc., and WIC to establish data sharing systems, whereby data already collected in the physician's office that is needed for WIC certification is securely shared with WIC to streamline the enrollment process and reduce burden on both WIC participants and staff. Improving coordination with healthcare providers can not only increase referral volume, but also has the potential to get eligible families connected with WIC earlier so they can benefit from all of WIC's services.

## HOW TO RECRUIT HEALTHCARE PARTNERS TO ENHANCE REFERRAL AND DATA SHARING SYSTEMS

NWA has been working with WIC local agencies to understand the barriers and enablers to partnering with healthcare providers. In addition to conversations with WIC local agency staff, the below recommendations are informed by pilots funded under the NWA's "Reducing Barriers to WIC Enrollment" grant from the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation. Under the grant, NWA subgranted funds to two projects piloting enhanced models of WIC-healthcare collaboration: Lāna'i Community Health Center WIC in Lāna'i City, Hawai'i and the California WIC Association who led pilots at Northeast Valley Health WIC and Watts Healthcare WIC in Los Angeles, California. For more information on these projects, please see the case studies in the Appendix. The projects involved recruiting and engaging healthcare providers in streamlined WIC referral and data sharing systems, which depended on buy-in and coordination with health center medical providers and staff.

Use the outreach strategies outlined in the preceding chapters to find and engage healthcare provider offices. Once you are in contact, gauge their interest in developing a more streamlined referral and communication system with WIC.

**1. FIND A WIC CHAMPION:** Determine who at the health center is involved in referrals and communication with WIC. Keep in mind that in addition to healthcare providers, care coordinators, social workers, community health workers, and medical assistants may also be involved in referring and sharing information with WIC. Find someone who is passionate about WIC and making referral systems more efficient so that they can champion the cause and bolster long-term buy-in and engagement among their colleagues. Involve other partners at the health center depending on project needs, including administrative and IT staff.

**2. UNDERSTAND CONTEXT:** How do they currently refer patients to WIC? Is this the same referral system they use to refer patients to other healthcare providers and social programs? Do they have interest and capacity to partner to streamline referrals and/or share data with WIC? What data linkage opportunities are available? Does the health center have access to a Health Information Exchange?

**3. MEET THEM WHERE THEY ARE:** By understanding where the health center is on the spectrum of coordination with WIC, you can offer to use existing referral workflows as they are, or build off of them to minimize burden on providers and staff and ensure the system is achievable and sustainable. For instance, if a health center currently faxes a paper referral form to WIC on an as-needed basis and is most comfortable with a paper-based system, propose standardizing and enhancing this system so that all prenatal, postpartum, infant, and well child visits (up to 5 years) are screened for interest in WIC and referral forms are faxed to WIC in batches. Update the referral form to include space for clinical data (e.g. height, weight, hemoglobin) that can be sent to WIC with patient consent.

## ELECTRONIC LINKAGE OPPORTUNITIES

Establishing electronic linkages between WIC and healthcare providers to facilitate referrals and data sharing can streamline processes, reduce duplicative testing, and improve coordination of care for WIC families. There are a variety of methods for establishing electronic linkages between WIC and healthcare providers, including those described below:

An **Electronic Health Record (EHR)** is the digital version of a patient's medical chart, including medical history, medications, immunizations, allergies, laboratory data and more. EHRs update in real time and are accessible by multiple care providers across different healthcare settings. EHR-WIC linkage opportunities include adding a WIC referral within the EHR referral workflow and providing WIC agencies with read-only access to clinical data needed for certification. For an example of linkages using an EHR, please see the Lāna'i Community Health Center WIC case study in the Appendix.

A **Health Information Exchange (HIE)** is an electronic system that securely shares patient health information across different healthcare organizations. It improves interoperability and care coordination by allowing various EHR systems to communicate, providing centralized data access, and reducing redundant testing. HIEs have strict privacy and security measures to protect patient information, ensuring data is shared only with authorized users and in compliance with HIPAA and other state and federal laws and regulations.

A **Community Information Exchange (CIE)** is similar to an HIE, but involves a wider base of community partners in addition to healthcare providers, including social service providers, schools, housing, and other community resources.

## STEPS FOR ESTABLISHING WIC-HEALTHCARE LINKAGES USING A HEALTH INFORMATION EXCHANGE

Where there is interest and capacity to develop electronic linkages between the WIC agency and healthcare providers, utilizing an HIE is a promising option. Below are suggested steps for working with an HIE, which were informed by the California WIC Association project piloting data linkages between WIC local agencies and their associated Federally Qualified Health Centers using the regional HIE, LANES.

### 1. ESTABLISH PROJECT TEAM AND OBJECTIVES

- Identify the HIE, which may be regional or state-designated. WIC Agencies that are part of a larger health center may already have access to an HIE.
- Recruit and form the project team, including HIE operations and IT staff, health center administrators, IT, healthcare providers and staff, and WIC agency administrators, IT and staff.
- Develop objectives for the electronic linkages to be established (i.e. referrals, data sharing, and/or care coordination messaging between WIC and healthcare providers/staff) and outline the general proposed workflow for each.

### 2. PLANNING & DEVELOPMENT

- Establish regular meetings with partners to share organizational needs and processes and develop implementation plans.
- Sign agreements among partners to allow for data access and sharing, such as Business Associate Agreements (BAAs), Memorandums of Understanding (MOUs), and Data Sharing Agreements (DSAs).
- Review data sharing regulations, data availability, and the data governance structure of the EHR to be able to mine and extract data into the HIE on a regular basis. Patients provide consent for their information to be shared with the HIE, but you may need to establish consent procedures if the WIC agency plans to send information back through the HIE on WIC enrollment status or other data points.

- Identify existing workflows for healthcare providers and staff in the EHR and HIE (if any) as well as WIC staff workflows in the HIE (if any) and the WIC MIS. Develop each partner’s new proposed workflow for referrals and data sharing. For example, the team might identify the care encounters at the health center at which patients will be referred and certain characteristics of referred patients (i.e. to match WIC categorical eligibility).
- Define roles, technology needs and parameters of each organization, and create work plans for developing each linkage.
- Design the “WIC view”, which is the data that WIC staff will be able to access in the HIE. This includes the minimum data needed for referrals (to allow WIC staff to conduct outreach and identify matches in the WIC MIS) as well as required anthropometric and clinical data necessary for certification. The “WIC view” may also include additional relevant data for enrollment and certification, as described below.

### DATA TO CONSIDER INCLUDING IN THE “WIC VIEW” OF THE HIE

<b>Minimum data necessary for referral</b>	Patient Name, Date of Birth, Address, Phone Number
<b>Data required for certification</b>	Height/length, weight, hemoglobin/hematocrit
<b>Additional data collected at certification</b>	Immunization record, blood lead level, demographic information
<b>Health data which can be used to tailor nutrition education and food packages.</b> (Medical conditions can be extracted into the HIE using EHR diagnostic codes)	<u>Diet</u> : Food allergies, therapeutic infant formula, nutritionals for women and children <u>Medical conditions</u> : breastfeeding complications, prematurity, failure to thrive, Neonatal Abstinence Syndrome, diabetes, preeclampsia, hypertension, inborn errors of metabolism, gastrointestinal disorders, etc.
<b>Data to allow for WIC eligibility screening</b>	Medicaid identification number, if available

## 2. PLANNING & DEVELOPMENT (CONTINUED)

- Design training plans and job aids based on each partner's roles and determined workflow for referrals and/or data sharing.
- Identify staff that will be involved in the referral and/or data sharing systems and conduct training at each organization: WIC, health centers, and HIE.

## 3. TRAINING

- Design training plans and job aids based on each partner's roles and determined workflow for referrals and/or data sharing.
- Identify staff that will be involved in the referral and/or data sharing systems and conduct training at each organization: WIC, health centers, and HIE.

## 4. IMPLEMENTATION, MONITORING & EVALUATION

- Determine internal management protocols at the WIC agency: assign staff to access the HIE at specified intervals, decide how the referral status for each patient will be coded and tracked, develop outreach protocols for referred patients, and outline procedures for transferring referral and clinical information for patients to be enrolled in WIC from HIE into WIC MIS.
- Design regular reports that are sent from the HIE to the WIC agency, which provide summaries on the number of referrals received, contacted and enrolled in WIC.
- Solicit ongoing feedback from all partners to inform adjustments. Topics may include ease of access to data in WIC view, cases of missing data, refining the data available in the WIC view and in the status reports, and feedback from WIC participants.

## BENEFITS OF USING A HEALTH INFORMATION EXCHANGE

Utilizing an HIE to form electronic linkages between WIC and healthcare has numerous potential benefits:

- The HIE provides access to historical and real-time data, including historical contact information which can make it easier for WIC to contact the family
- Families are connected to WIC earlier and in a more systematic manner, ensuring no one falls through the cracks
  - If prenatal patients are referred at one of the first care encounters, they receive WIC supplemental foods and breastfeeding and nutrition information earlier, which has the potential to improve diet quality during critical early months of gestation and increase breastfeeding rates.
  - Referring children at well child visits helps WIC increase participation among children aged 1-5 and re-engage participants who may have missed an appointment.

- Families are given a warm handoff between their healthcare provider and WIC and do not have the burden of contacting WIC, and locating and providing data that WIC requests at certification.

## **APPENDIX**

Lāna'i Community Health Center WIC

Health Information Exchange Pilots at Two WIC Local Agencies in Los Angeles



CASE STUDY

# HEALTH INFORMATION EXCHANGE PILOTS AT TWO WIC LOCAL AGENCIES IN LOS ANGELES

## STREAMLINING WIC REFERRAL AND DATA SHARING SYSTEMS

For 50 years, WIC has improved pregnancy, birth, and child nutrition outcomes for millions of participants and is a critical program in strengthening the healthcare system’s efforts to improve maternal and child health. Yet, WIC agencies and healthcare providers are often siloed. Enhancing WIC-healthcare coordination is essential to simplify the WIC referral and enrollment process and more holistically coordinate care for WIC families. The National WIC Association (NWA) funded two projects—in Lāna’i City, Hawai’i and Los Angeles, California—to build on partnerships with healthcare providers and pilot enhanced models of WIC-healthcare collaboration.

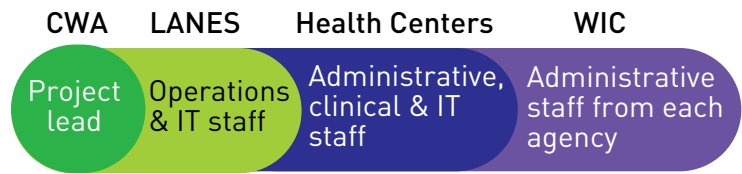
### CONTEXT & PROJECT OVERVIEW

The California WIC Association (CWA) led pilots at two Federally Qualified Health Centers (FQHCs) in Los Angeles: Northeast Valley Health Corporation (NEVHC) and Watts Healthcare, each having an associated WIC local agency. Both health centers worked with the Los Angeles Network for Enhanced Services (LANES), a regional health information exchange (HIE), to establish a referral and data sharing process with their respective WIC agencies. LANES serves as a central hub aggregating data across multiple Electronic Health Record (EHR) systems and providers in the Los Angeles area.

Both WIC local agencies serve mainly urban areas with participants who identify predominantly as Latina/Hispanic, Black, and Asian American.

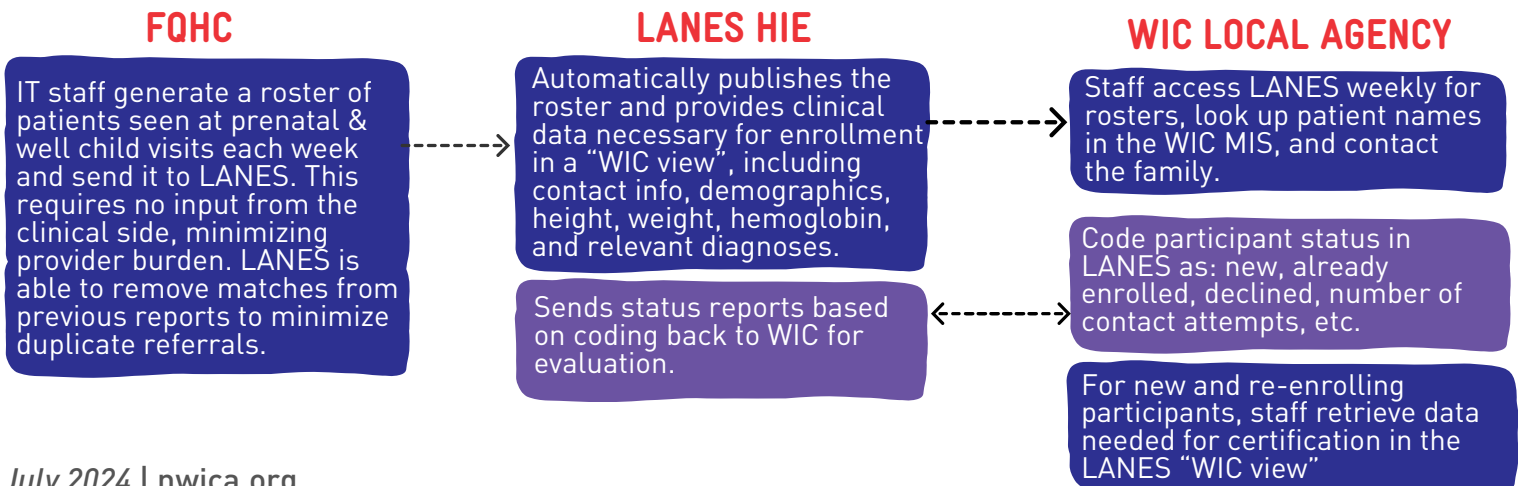
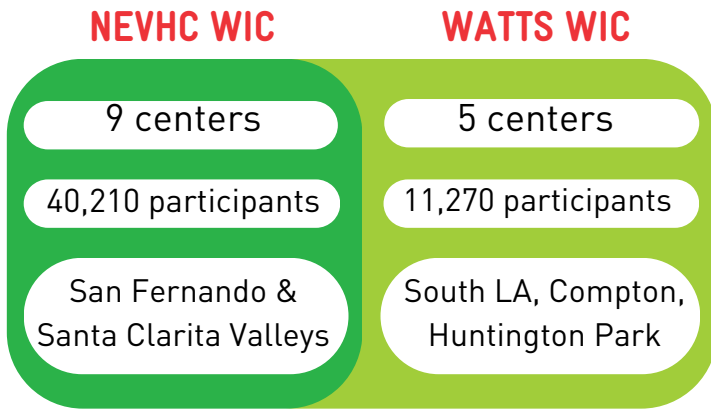
### PLANNING & IMPLEMENTATION

#### Multidisciplinary Project Team



Prior to this project, healthcare providers referred patients to their associated WIC agency through paper referral forms or by encouraging them to contact or visit WIC to apply. The team began by considering the different options for the referral system that would build on existing workflows across pediatric and women’s health departments and require minimal provider time. Providers were already familiar with LANES, using it to send some specialty referrals and access their patients’ records if seen at other health centers.

The team initially designed a one-click button in the EHR for providers to refer individual patients via LANES, but realized that in addition to providers, staff were often the ones making the WIC referrals. To reduce provider and staff inputs, maximize referrals, and maintain consistency across departments, the team devised a roster system, as described below. The team also designed a “WIC view” in LANES, with only the data necessary for enrollment and certification. They ensured data collection complied with regulations and that they understood the data governance structure of the EHR to be able to mine and extract all available data on a regular basis into LANES.





## IMPACT ON WIC PARTICIPANTS, WIC STAFF, AND HEALTHCARE PROVIDERS

To date, NEVHC has received 6,471 referrals through LANES, 70% of whom were already enrolled in WIC, while Watts has received 3,100 referrals, of which 90% were already enrolled. Nearly all referred patients were income eligible for WIC. While most referred families were already enrolled, having access to the clinical data through LANES reduces the burden on the participant of having to locate and provide it, and on staff to obtain the data, in the case of a remote WIC appointment. Project lead Karen Farley said, "having an HIE, with so much more access to historical and real time data across care encounters, is such a benefit that you can't get anywhere else."

*"As we continue to ramp up [...] I certainly foresee the lag time between seeing your provider and then getting connected to WIC getting a lot shorter [...] If we are able to get new patients identified faster, we can do that outreach and remove that barrier, the cognitive load of having to juggle all those different appointments."*

- Christine Cho, Watts Healthcare WIC Associate Director

Additionally, with the new system, WIC is able to re-engage children aged 1-5 who may have fallen off the program due to a missed appointment, as well as capture prenatal patients earlier in their pregnancy. NEVHC WIC Associate Director Christine Goulet adds that earlier contact has the potential to improve breastfeeding rates "because we're going to start to educate mom earlier on in her pregnancy." The response from participants has been overwhelmingly positive; **"they are really appreciative because we're saying your doctor recommended we contact you."** WIC staff also reported that because LANES provides historical contact information, there may be multiple phone numbers for a participant, making it easier to contact them.

From the FQHCs' perspectives, they see immense value in using LANES since their providers are already familiar with the platform. Generating the weekly roster is an easy lift for IT staff and ensures no patient falls between the cracks.

### WATTS HEALTHCARE PROJECT TEAM



## LESSONS LEARNED & NEXT STEPS

These pilots provide compelling examples for how an HIE can provide a critical linkage between healthcare providers and WIC agencies, reducing burden on WIC participants, WIC staff, and healthcare providers. The team embraced the fact that their first idea was not what they ended up with, as they designed workflows with consideration of each stakeholder's time, and adapted systems based on emerging needs discovered in open discussion with all partners.

*"WIC is a program that's adjunct to health care, so the closer we can get WIC working with health care providers, the better. [...] the goal is to use this huge nutrition and lactation force more effectively with healthcare."*

- Karen Farley, California WIC Association Executive Director

The team will continue to evaluate and refine the referral system, status reports received from LANES, and data available in the WIC view. With lessons learned from the pilots, CWA will next look to the other five local agencies in Los Angeles to set up similar data linkage systems using LANES. The team has future goals of exploring ways to include therapeutic formula prescriptions from providers into LANES and enhancing WIC-provider messaging for care coordination.

### Questions about this project?

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NWA is grateful for the support of Kaiser Permanente National Community Benefit Fund of The East Bay Community Foundation, who funded this project.

### NORTHEAST VALLEY HEALTH CORP PROJECT TEAM





CASE STUDY

# LĀNA'I COMMUNITY HEALTH CENTER WIC

## STREAMLINING WIC REFERRAL AND DATA SHARING SYSTEMS

For 50 years, WIC has improved pregnancy, birth, and child nutrition outcomes for millions of participants and is a critical program in strengthening the healthcare system's efforts to improve maternal and child health. Yet, WIC agencies and healthcare providers are often siloed. Enhancing WIC-healthcare coordination is essential to simplify the WIC enrollment process, reduce duplicative testing, and more holistically coordinate care for WIC families. The National WIC Association funded two projects—in Lāna'i City, Hawai'i and Los Angeles, California—to build on partnerships with healthcare providers and pilot enhanced models of WIC-healthcare collaboration.

### CONTEXT & PROJECT OVERVIEW

Lāna'i Community Health Center (LCHC) is a Federally Qualified Health Center on the island of Lāna'i, the smallest of the major Hawaiian Islands with 2,888 residents. While walking around the center of town, the tight knit community on Lāna'i is immediately apparent. As WIC CPA Olivia Pascual described it, **"It's like your own blood when you see [participants] [...] we raise each other's kids."** LCHC provides comprehensive medical, dental, vision, and other services to the island.



LCHC serves 69% of the island's population.

### LCHC WIC EST. 2017

110 participants

47% identify as Asian

42% identify as Native Hawaiian / Other Pacific Islander

+ large immigrant population from the Philippines and Micronesia.

Prior to the project, LCHC did not have a standardized way of referring patients to WIC. By launching this project, they aimed to create a streamlined system to ensure that WIC referrals were fully incorporated into primary care services and to remove barriers to enrollment, because **"[WIC] is not just another service, it is really a complement,"** said Interim Executive Director Cindy Figuerres. The project team was multidisciplinary, composed of the Interim Executive Director, Associate Medical Director, Advanced Practice Registered Nurse, and the WIC coordinator, who also served as a Community Health Worker and Referral Specialist. The latter three team members were also WIC CPAs.

### PLANNING & IMPLEMENTATION

Understanding the importance of using healthcare providers' existing workflow, the team decided to add WIC referral capabilities within the Electronic Medical Record's (EMR) established referral system. Provider notes in patient records within the EMR system included a field for referrals; the LCHC team added "Lāna'i WIC" as a referral option, which when selected, is automatically assigned to WIC staff. The referral process is described in the graphic below. Once the new referral system was in place, the Associate Medical Director conducted a training with providers to introduce the new WIC referral system, reinforce that the process followed their existing workflow, and remind providers of the benefits of WIC for their patients.

### HEALTHCARE PROVIDER

When seeing an obstetric, postpartum, or pediatric patient, the healthcare provider discusses the benefits of WIC and asks the family if they would be interested in participating, if not already enrolled. After the visit, the healthcare provider writes a note in the patient's record in the EMR. If the family expressed interest, the provider selects "Lāna'i WIC" in the referral field of the note.

WIC

The WIC team accesses the EMR, is alerted to a new patient in the referral work queue, reaches out to the family and schedules the WIC appointment. The WIC team adds a note to the referral documenting the status (contact made, appointment scheduled, enrolled).

The provider can then look back at the note to see the status of the referral.

The WIC team also has read-only access to the patient's chart to find the patient's height, weight, hemoglobin, and immunization record, which they use for certification.

## IMPACT ON WIC PARTICIPANTS, WIC STAFF, AND HEALTHCARE PROVIDERS

### FIRST 8 MONTHS OF NEW REFERRAL SYSTEM

20 WIC referrals made

14 eligible for WIC

14 enrolled

The team noticed that engaging healthcare providers in the WIC referral process and encouraging them to discuss WIC with their patients improved coordination of care and provided a “warm handoff” between providers and WIC.

With the new EMR-integrated referral, WIC Coordinator Tanisha Magaoay noticed she was getting a larger number of WIC referrals and receiving them in a more organized manner. She shared that it made it “easier to keep track” of referred families and to update the provider via the referral note when appointments were scheduled and then completed.

Associate Medical Director Jared Medeiros reported that the referral system has **improved his ability to create “measurable and achievable treatment plans”** and follow through to “hold ourselves accountable”. As a provider being pulled in multiple directions, he noted that having the referral within the EMR and assigning it to the WIC team to follow up on simplified his workflow.



“As a provider, that's really helpful for us to make sure that our patients are actually following through with things that we're referring them to. And by having [the WIC referral] a part of [the EMR], where we can actually document and see, okay, yeah, they got an appointment, and they came to the appointment, [...] is really helpful and useful.”

- Jared Medeiros, FNP,  
Associate Medical Director,  
WIC CPA

### Questions about this project?

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## LESSONS LEARNED & NEXT STEPS

This project exemplifies the many benefits of integrating WIC referrals into primary care in a small community setting and the importance of adapting the system to best suit the needs of the health center and WIC participants. The team originally planned to transition to a different EMR used across most health systems in Hawai'i but had to pivot due to unanticipated lengthy timelines and cost; they wished they had allotted more time in the initial stages of the project to research feasibility. However, continuing with the same EMR and utilizing the existing referral workflow had its benefits; the new system did not require providers to learn and adopt a new workflow or go outside of the EMR to send a referral. The Associate Medical Director said, **“I think when approaching medical providers, make it really straightforward and easy and try to make it integrate into what they already do is key...”** The team also reported that being willing to change and recognizing that the standard of care may no longer be the best system enabled LCHC to implement improvements to better serve their patients.

Following the success of the new referral system, the LCHC team will explore partnering with the other healthcare system on the island to integrate an electronic WIC referral into their EMR. While the EMR-embedded referral system has improved efficiency, LCHC says their future goal is improved interoperability between the EMR and WIC MIS to reduce WIC staff burden and minimize data entry errors in manually transferring referral and clinical data from the EMR into the MIS.

“Having this technology to be able to integrate with other organizations will help us have a better workflow overall, get more WIC participation, and more community exposure.”

- Olivia Pascual, APRN, WIC CPA



Site Visit at Lāna'i Community Health Center, June 2024.  
Pictured from left to right: Chloe Dillaway (NWA), Olivia Pascual (LCHC), Tanisha Magaoay (LCHC), Cindy Figuerres (LCHC), Jared Medeiros (LCHC), and Marie Gualtieri (NWA).

NWA is grateful for the support of Kaiser Permanente National Community Benefit Fund of The East Bay Community Foundation, who funded this project.