

SECTION V

Outreach and Coordination

Refer to WIC Procedure Manual Section 500
WIC Operations Manual Section 5

Goals 2002 Section V Outreach And Coordination

V

Outreach and Coordination

OUTREACH PLAN

Goal: To communicate the availability of WIC services to all potentially eligible Rhode Islanders.

Healthy People 2010 Objective 16-6

Objective 1: Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy and the proportion of pregnant women and infants who receive risk-appropriate care.

Evaluation: Statewide, Vital Records data for 1994-1998 show the state is nearing the objective (89.6%). There are, however, vast differences along racial/ethnic lines. For Whites it was 90.9%, The rate for African Americans (78.3%) and Asian Americans (80.5%) was more than twice that of Whites; as was the rate for Native Americans (80.5%). For Hispanic women, it was 82.6%. WIC provided referrals to Rite Care and Rite Start for uninsured pregnant women to improve access to health care.

Plan: Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary.

Objective 2: Increase to at least 75% the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionist or dietitians.

Evaluation: WIC Outreach information was distributed by Neighborhood Health Plan, United Health Care, and Blue Chip Plan. A WIC Provider relation's position was added, which provided physicians information about WIC and the Kidsnet program. The WIC provider relations position along with local agency staff, provided in-services to physicians clarifying the WIC eligible population and WIC policies and procedures. On-going coordination continues with Division of Family Health program (Early Intervention, Lead Program, Kids Net) to improve access to needed services.

Plan: Ensure referral of all appropriate hospital and health center patients to clinics and ensure that WIC nutrition services are included in team managed care for patients. Coordinate WIC risk assessment procedures and WIC risk-criteria definition with other Division of Family Health programs so as to complement and not duplicate nutrition assessments for pediatric and prenatal clients. Contact, at least annually, by phone, mail, or visit local health care providers to educate, solicit referrals and

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encourage sharing of information. Target providers who serve Ritecare populations and provide prenatal care.

Healthy People 2010 Objective 1-5

Objective 1: **Increase the proportion of persons with a usual primary care provider to 85%.**

Evaluation: Continued to screen and refer applicants for health care needs, and provided risk appropriate nutrition services. Provide information to families on new Rite Care age and income eligibility.

Plan: Identify all high risk areas in Rhode Island and target them for outreach to pregnant women. Bring women, infants and children into the health care system and provide risk-appropriate nutrition services. Analyze Local WIC Agency Risk Reports to identify local agencies' high-risk caseloads. Assist local agencies in targeting outreach effectiveness.

WIC Objectives

Objective 1: **The State and Department of Health have developed an automated tracking and follow up system to ensure a comprehensive approach to monitoring children's individual services and needs. The system is titled Kids Net.**

Overview: Enrollment of additional providers is continuing. WIC provides demographic and certain health data to KidsNet. Plans include developing data systems links to obtain participant/applicant information needed for WIC purposes to simplify client access to WIC by reducing duplicate information submission.

Kids Net is a designated public organization to receive WIC participant information only for purposes of establishing eligibility for services and conducting outreach to WIC participants, in conformance with 246.26, (d) of WIC regulations.

WIC is completing an automated immunization and lead outreach and referral link with KIDSNET which will accept out of compliance and shots due messages from KIDSNET for transmission to parents, reinforcement and follow-up.

WIC and KidsNet will establish a KN transmission to WIC of lead screening results for follow-up and WIC eligibility determination.

Kids Net will provide WIC outreach information to potential WIC eligibles.

Evaluation: WIC continued to collaborate with Kids Net during the development phase of the Kids Net MIS.

Plan: Continue with Kids Net collaboration, working towards full implementation of system in 2002. Coordinate the installation and training of Kidsnet at pilot WIC sites, arranging for site training of lead screening and referral guidelines.

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Objective 2: Share relevant need data, with local agencies including socioeconomic and demographic data by census tract.

Evaluation: Local WIC sites were able to request reports to assist in needs assessment and strategic planning.. Periodic reports were provided to local WIC coordinators highlighting participant profiles (demographic and socioeconomic data) and use of certifying risks.

Plan: Continue to provide socioeconomic and demographic data by census tract to focus outreach to under served areas. Share with local WIC agencies the Providence analysis by census tract.

Objective 3: Saturate identified high risk areas with outreach materials, including posters and brochures in churches, Laundromats, grocery stores, resale shops, PSAs etc.

Evaluation: Reviewed and monitored local agency outreach plans (in Nutrition Education Plans). Provided outreach materials to local WIC sites. Ensured that accurate outreach materials were available in Spanish. Outreach mailings targeted licensed day-care facilities, major employers Human Services Offices, Unemployment Offices, Head Start Programs and health fairs. Organized a Statewide Outreach Committee to develop, coordinate and evaluate outreach services.

Plan: Assist and ensure that local agency Nutrition Education Plans include outreach targeting high risk areas, continue with targeted outreach efforts, and collaborate with implementation of Outreach RFP with the Division of Family Health. Work with HEALTH Communications unit to evaluate effectiveness of outreach efforts.

Objective 4: Identify any migrant populations and target them for outreach, if appropriate.

Plan: Coordinate with the R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training to identify areas of the state which offer migrants jobs. Employers will be provided with WIC outreach brochures.

Note: Full funding may be necessary to serve those WIC clients who may be certified based only on migrancy due to the low priority level (as currently proposed).

Objective 5: Solicit public and legislative support for WIC by promoting positive accomplishments through press releases, human interest stories, presentations to groups and appearances on radio and television shows.

Evaluation: Had television and radio broadcast (Spanish channel) re: WIC services, and presentations to parent and professional groups, initiated news articles about local agencies with positive Management Evaluation findings; issued press releases about national and state awards to WIC program. Provided information to congressional staff.

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Plan: Continue with outreach efforts to solicit public and legislative support for WIC.

Objective 6: Publicize availability of WIC services and eligibility information to general population through monthly classified ads posters, distribution of pamphlets, annual public notice in a statewide newspaper, Hispanic directory and billboards.

Evaluation: WIC services were publicized by distribution of new WIC outreach brochures (targeting working eligibles), and annual public notice in a statewide newspaper along with 5 community meetings; arranged for special telephone directory listing of all local agencies and state (800) info line. A WIC listing was added to a Hispanic directory.

Plan: Continue outreach efforts as above. Collaborate with the Division of Family Health in the implementation of an integrated RFP for outreach initiatives targeting underserved populations. Develop outreach connection with Kids Net.

Objective 7: Increase by 10% the proportion of all WIC pregnant women who enroll in the WIC program in the first trimester of pregnancy.

Plan: Continue target WIC outreach to health care providers, with particular emphasis on health care providers not associated with community health centers, this will be accomplished by our provider relations person. Evaluate the current WIC data related to month of entry into WIC during pregnancy.

Objective 8: Enroll at least 85% of estimated eligible pregnant women in designated high priority areas. (Refer to Goals Section IV)

Currently 65% are being served statewide.

Plan: In collaboration with Family Planning, complete the development of a WIC /Family Planning brochure which would inform pregnant women of WIC when their pregnancy is confirmed. Continue visits and mailing to health care provider's offices once a year.

Objective 9: Contact Rite Care (expanded Medicare program) HMOs and care providers to educate and solicit referrals for newly adjunctively eligible clients (185% to 250% of federal poverty level).

Evaluation: Trained Dept. of Human services Outreach Workers on WIC services, eligibility and referral mechanisms. Rite Care distributed WIC information to new enrollees.

Plan: Continue with outreach plan for HMOs and care providers regarding WIC eligibility. Identify and target Ritecare providers through MCO physician directories. Encourage MCO's distribution of WIC materials at new site visits.

Objective 10: Support partnerships between non-health center providers and WIC site staff.

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Plan: Build communication links. Invite WIC staff to join provider relation's staff at provider's visits. Identify provider needs and share with WIC. Educate WIC eligibility and criteria guidelines.

Objective 10: Monitor telephone calls to state agency by line used and source of referral.

Evaluation: 2189 calls were received from October 1, 2000 to October 1, 2001, a 27% increase from 2000. .

Plan: Continue to periodically evaluate telephone calls to state agency by line used and source of referral.

Objective 11: Monitor use of referral fields on QWIC system, which document how a WIC applicant heard of WIC.

Plan: Prepare and analyze local agency use of QWIC system re: type and frequency of referrals documented on QWIC system. Provide technical assistance as needed.

Objective 12: Compare WIC referral data with data collected by RItE Care.

Evaluation: RItE Care implemented but referral data not yet available.

Plan: Develop strategy for using RItE Care data to improve referrals to WIC.

Objective 13: Distribute outreach materials, annually, to shelters and organizations serving the homeless, including program availability and eligibility information.

Evaluation: Ensured that local agencies included homeless shelters and other organizations serving the homeless in their outreach efforts as documented in the LA Nutrition Education Plan submitted on a yearly basis.

Plan: Continue outreach to shelters and organizations serving the homeless.

Objective 14: Provide all local agencies with up-to-date lists of homeless facilities in their vicinity, which comply with required conditions.

Evaluation: This objective was not met last year.

Plan: Review and consider obtaining the 2001 Emergency Services Directory from Travelers' Aid for distribution to local WIC agencies.

Objective 15: Review for any barriers to service for children in foster care or protective services care and revise policies and procedures to improve access.

Evaluation: Client Services Unit continued to act as liaison for foster parents/foster services and local WIC sites. Provided technical assistance to local agencies re: foster services

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to ensure continuity of service.

Plan: Continue to review and respond to any barriers to service for children in foster care or protective services. Prepare at least once a year an article for the foster parents' newsletter, or a mailing to all foster parents.

Objective 16 Develop and carry out effective outreach to Native Americans in consultation with the Narragansett Indian Tribe, the Rhode Island Indian Council and HEALTH Minority Health Office.

Evaluation: Preliminary development of options was cooperatively developed with the NIHC nutrition services unit in FY '97.

Plan: Continue in efforts with the NIHC in increasing access to WIC services, working with the HEALTH Minority Health Office.

Objective 18: Distribute outreach videotape to WIC agencies and other agencies in the outreach network, as appropriate.

Objective 19: Provide assistance to prepare / provide targeted outreach to terminated WIC participants.

Prepare / provide postcards and computer generated labels with reminders to all terminated participants, to improve participant retention rates.

Coordination

Goal: To maximize the health gains of WIC benefits by insuring that WIC participants receive all needed health care and preventive health care services. The effectiveness of WIC benefits will be reinforced by ensuring that the families of WIC participants meet basic sustenance needs.

Healthy People 2010 Objectives

Objective 1: Reduce the prevalence of blood lead levels exceeding 10ug/dL to 0 in children aged 1-5.

Evaluation: Assisted in screening and/or referring to health care providers for blood lead levels, documented and forwarded abnormal blood screening results, including elevated lead levels to health care providers, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screening.

Plan: Continue with these efforts, investigate inclusion of WIC referral information on lead screening test slips sent to health care providers, and evaluate WIC enrollment of children with lead poisoning. Implement Kidsnet / WIC lead initiative to assess lead status at pilot WIC site.

Health People 2010 Objectives 16-19

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Objective 2: Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old, and to 25% at 1 year.

Evaluation and Plan: Refer to Section IV, Breastfeeding Promotion

Objective 3: Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births.

Plan: Continue to screen, counsel and refer WIC applicants re: the dangers of alcohol use during pregnant, and fetal alcohol syndrome. Ensure that local WIC agencies are familiar with substance abuse service providers in their communities.

Healthy People 2010 Objective 16 - 17

Objective 4: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women to:

Alcohol – 94%

Binge Drinking – 100%

Cigarette Smoking – 98%

Illicit Drugs – 100%

Evaluation: Evaluated policies and procedures that coordinate operations with and facilitate referrals to and from programs such as special counseling services, EFNEP, DCYF, Food Stamp Program, TANF, Medicaid, Child Support Enforcement Program and Title V funded programs and local breastfeeding support programs. Monitored efforts during local agency management evaluations.

Plan: Continue efforts.

Objective 5: Participate in 90% of planning meetings for Healthy Mothers/Healthy Babies Coalition, R.I. Breastfeeding Coalition, KidsNet, the RI Food Security Coalition and other MCH/DOH advisory committees.

Plan: Continue efforts.

Objective 6: Train local agency staff in scheduling certification, recertification, check pickup and nutrition education appointments for the convenience of clients and to optimize opportunities for nutrition education. Schedule WIC appointments, as much as possible, with other local agency clinic visits and where possible combine intake procedures for other services with WIC. Monitor health appointments.

Evaluation: Continued to uses results of Patient Flow Analysis, client surveys and Management Evaluations to target training for local staff re: clinic efficiency and client satisfaction issues. Statewide average for WIC appointment is approximately 2 - 3 weeks

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Plan: Continue with efforts.

Objective 7: To improve access in high needs areas, investigate and, if feasible and cost effective, provide coordinated WIC services through HMO and PPO sites. If not feasible, develop and implement coordinated referral system from HMO and PPO sites established WIC sites, and improve ability of current infrastructure to handle increased demand.

Plan: Continue with current efforts in improving access to WIC through coordination with HMO and PPO sites, and Narragansett Health Center.

Objective 8: Ensure referral of all appropriate hospital and health center patients to WIC clinics and ensure that WIC nutrition services are included in team managed care for participants.

Evaluation: Continued collaboration with Family Resource Counselors who perform some pre-screening for WIC and Medicaid outreach in health centers. Monitored referral systems during local agency Management Evaluations.

Plan: Continue with efforts. Investigate the development of a WIC participant flyer, which would be placed in waiting areas and carry human-interest stories about WIC.

Objective 9: Ensure health care referrals or continuation for all participants whether within the agency or with private providers.

Evaluation: RIte Care implementation resulted in an increased selection of health care providers. WIC continued to assist families through referrals to Medicaid; WIC outreach/referrals were included in the KidsNet Risk Response-Home Visiting initiative which will focus on home visiting, improved coordination and outreach for high risk children and families.

Plan: Continue coordination with Kids Net implementation, and screening and referrals to Medicaid (including WIC families with children up to age 18 now eligible for RIte Care)

Objective 10: Provide written information concerning the Food Stamp Program, TANF, the Child Support Enforcement Program and Medicaid income eligibility to WIC applicants.

Evaluation: Revised and distributed pamphlet which gives information on the above programs and RI's RIte Care Program, and in-service training was provided to local WIC staff regarding it's use.

Plan: Continue efforts for distribution.

Objective 11: Update, annually, eligibility requirements of GPA, TANF, Food Stamps and

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Medicaid and disseminate information to local agency staff.

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective May 10, 2001.

Plan: Continue efforts

Objective 12: Contact, at least annually, by phone or mail, local health care providers to educate, solicit referrals and encourage sharing of information.

Evaluation: Monitored local agencies outreach efforts via the management evaluation and the Nutrition Education Plan. Tracking system development to monitor progress. Outreach to health care providers conducted via office visits, mailings and provision of outreach materials

Plan: Continue efforts. Provide feedback to local agencies regarding their referral profile, include in the newsletter. Develop and outreach packet, including social marketing principles that are effective, easy to use, inexpensive and provide practical example of outreach methods that local agencies may use. Use newly developed tools as WIC Provider Liaison Manager contacts providers.

HP 2010 Objective 21

Objective 13: Achieve immunization coverage of at least 90% among children 19 – 35 months of age.

Evaluation: At WIC sites, staff inquired as to immunization status of WIC children and encouraged caretakers to have children immunized, and referred child to health provider if necessary. Collaborated in the expansion of Kids Net, which will enable statewide tracking of the immunization status of children.

Plan: Continue with immunization efforts in collaboration with the Immunization Program, evaluate effectiveness of collaboration, work to obtain additional funding to support WIC clinics programming and hardware needs for Kids Nets implementation.

Objective 14: Explore available electronic communications devices and systems to communicate between helping agencies.

Evaluation: Attended meetings of statewide EBT development group and Kidsnet Planning Committee. Continued to participate in the development of electronic sharing of eligibility information between agencies (see Kids Net, Outreach Obj. 4).

Plan: Continue investigation of EBT, and collaboration with Kids Net.

JP 2010 Objective 19 – 18 Food Security

Objective 15: Increase food security among US households to 94%, and in so doing reduce Hunger.

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Evaluation: The RI Food Security Monitoring Project (RIFSMP) estimated that 24.4% of households residing in poverty census tracts in RI were food insecure in 1999. The WIC Participant Survey results from '96 – '00 indicated that about 75% of WIC participants surveyed worry they will run out of money to buy food and only 50% indicated they could “often” eat properly.

Plan: To continue assessing food insecurity indicators on the annual WIC Participant Survey and to continue annual statewide monitoring activities of the RIFSMP. Participate in the statewide efforts of the RI Food Security Coalition and other food and nutrition programs that are working to improve food security among low-income Rhode Island individuals and families.

STATEMENT ON SPECIAL POPULATIONS

American Indians

The 1990 census indicates the American Indian population of Rhode Island to be 3987. Based on socioeconomic data all categorically eligible Indians may be eligible. Statewide, 26% of American Indians are below poverty in the 1990 census and 50.3% of American Indians ages 0 to five.

Past data indicated that most Rhode Island Indians were served by the Health Center of South County or Wood River Health Services. Recent census data shows that Indians live across the state and that a significant number live in Providence. Discussions with Native American representatives suggest that Native Americans served by WIC may be under counted or be applying at lower rates than other population groups. The state WIC office plans to work with Native Americans to consider options for better serving this population, including WIC access at the new Narragansett Indian Health Center.

Migrant Farm workers

Migrant Farm workers who come to Rhode Island during the spring and summer number approximately 281, according to the U.S. Department of Health and Human Services Migrant Health Branch. Many may come without their families. Therefore, the estimate for possible migrant WIC participants in Rhode Island is negligible.

There are approximately 178 seasonal workers, according to DHHS. Contact has been made with the New England Farm workers Council alerting them to the WIC Program and location of the WIC agencies in Rhode Island. All Program materials have been made available to the Council. Contact with the representative of the Farm worker's Council is maintained through various social service organizations and meetings.