

# Telling Missouri's Public Health Stories



## Unique Regional Partnership Provides Support when 'Life Happens'

A tradition of collaboration empowers nine local public health agencies in south central Missouri to successfully operate a regional Women, Infants and Children (WIC) program.

The collaboration began more than 35 years ago when local public health agencies (LPHA) in Douglas, Howell, Oregon, Ozark, Shannon, Texas and Wright counties formed a 501c3 called Southern Missouri Association of Public Health Administrators for the sole purpose of providing WIC services in their communities. In 1994 the name of the group was changed to South Central Public Health Services Group, Inc. and the focus shifted to facilitating the provision of public health services in Howell County. Howell was the only Missouri county without a local public health department at that time, so for the next nine years the Group acted as fiduciary agent and Board of Directors to allow Howell County residents to receive public health services. In 2003 Howell County residents approved a mil tax to support its own local health department, and the South Central group formally dissolved. However, its members determined to continue to meet quarterly to share ideas and work together on public health issues.



Over the next decade, the LPHAs collaborated on major issues like bioterrorism response planning, pandemic influenza, Ebola, and Zika. About ten years ago they decided to join hands again to form a regional WIC program.



Responders participate in regional training on donning and doffing personal protective equipment to protect against Ebola.

Wright County Health Department volunteered to hold the WIC contract from Missouri's Department of Health and Senior Services (DHSS) and provide administrative oversight. The other eight LPHAs sub-contracted under Wright County. Each county maintains its own client case load and is reimbursed accordingly, and Wright County receives additional funding to cover administrative costs. Wright County Health Department administrator Tracy Hardcastle says she spends the administrative funds on staffing and overhead, and buys all the medical supplies and educational tools the LPHAs need to run their programs. She is also able to shift funds from one LPHA to another to help offset unexpected costs.

"It is a great model," says Hardcastle. "It allows us to share staff and resources and to save money through bulk purchasing."

But the benefits are not purely financial. Hardcastle hired staff to support the regional program by reviewing client charts, watching for missing or voided WIC checks, and monitoring userIDs. They also provide training to new employees and offer “coaching” before DHSS monitoring visits – all at no extra cost to the LPHAs.

Douglas County Health Department administrator Valerie Reese sees multiple benefits from the regional approach. “They’ll come down and review our charts and get us ready for state audit. They take care of ordering for us and get things cheaper. We can share staff more easily. The biggest benefit, though, is that we have someone local that we are already comfortable working with to freely exchange ideas with.”

The Wright County Health Department also hired a Registered Dietician to provide 24/7 support to the WIC Nutritionists in each county. She fields their questions, provides input, and can even fill in when staff are absent by using an online video conferencing tool.

“Through technology we’re able to continue to provide WIC services to all our clients – high risk and others – when staff sickness or absences occur,” says Oregon County Health Department administrator Shiela Russell. “We could never afford to hire our own Registered Dietician on our budget, or even find one in our small, rural county. The regional contract gives us access to the Registered Dietician whenever it’s necessary, immediately, with no waiting for the client.”

Hardcastle’s staff also develop educational materials and quarterly training packets that meet WIC requirements and provide them to each LPHA for use with clients. She explains that using the same education pieces in each health department helps ensure clients don’t get duplicate education if they visit a neighboring county’s WIC clinic on their next visit.

“We try to keep everything uniform, consistent – education, invoicing, work plans,” adds Hardcastle. “We work with the LPHAs to set goals, objectives and strategies at the beginning of the WIC year, and then each LPHA can always add more of their own.”

Hardcastle says the reason the regional WIC program is so successful is because the nine administrators all get along. “We are so laid back. There is no competition, or wanting to take credit. We work well together and are willing to share whatever we have. It’s less work and worry for the administrators, and they love it!”

Russell adds, “The regional approach protects our funding and our staffing. When I’m in need, they are there helping me out, and I do the same for them. Life happens – but I never have a worry, because I know my region is backing me up.”



Oregon County WIC Coordinator Sheila Risner and HPA Clerk Shauna Huckabee train to use the online video conferencing tool.

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The #HealthierMO initiative is seeking more stories like this one that demonstrate how partners in Missouri’s greater public health system are working together to transform the future of public health in our state and offer every resident the opportunity for a healthier life. If you have a story to share, message us on Facebook @HealthierMO or email Communications Coordinator Jaci McReynolds at [jmcreynolds@healthiermo.org](mailto:jmcreynolds@healthiermo.org). Learn more about the initiative and how you can get involved at [HealthierMO.org](http://HealthierMO.org) or on Facebook @HealthierMO.