

Use these Steps to Take guidelines with your office protocols, which are your facility's procedures for delivering CPSP health education, nutrition, and psychosocial services, as well as related case coordination.

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There are essential elements to remember every time a CPSP staff person works with a client. These are:

- Believe that each client can help herself
- Focus on the client
- Look for the client's strengths and build on them
- Keep an open mind
- Support the client's right to choose

Steps to Take

■ Believe that each client can help herself

It is commonly accepted that the health care practitioner can help the client. However, the most effective interventions occur when both the health care practitioner and the client believe in the **client's ability** to help herself.

Once the client leaves your office, she only has herself to rely upon. When staff show confidence in the client and the client's abilities, the client is more likely to trust the staff and participate in the plan. For example:

- ◆ Take time to ask the client how she is feeling. Really listen to her as an individual.
- ◆ Look at the client, rather than looking through the chart, typing on the computer, or arranging pamphlets.

Believing that the client can truly help herself leads to the next step: focus on the client.

■ Focus on the client

By believing the client can help herself, the focus naturally shifts away from the CPSP staff and toward the client; first by understanding and identifying her goals and then by helping her to achieve them.

No matter what the issue is, begin by finding out what the client knows, what questions she has, her level of experience, and how she prefers to

CPSP is a client-centered program. Each client has her own unique concerns, way of learning, experience, knowledge, strengths, and risks.

learn. Then, help her decide what more she needs to learn and provide her with the knowledge and skills she needs to help herself. For example:

- ◆ Encourage the client to bring up her concerns or questions in the beginning.
- ◆ Encourage her to write a list of questions to ask the health care practitioner, so she can better remember them.
- ◆ Provide support and encouragement to a client who, for example, is very nervous at 15 weeks of pregnancy because her last pregnancy ended in a miscarriage at 16 weeks. It may be more appropriate not to spend time on other areas of her health education plan at this time.
- ◆ Design a different health education plan for a client who has never had a baby and prefers to read, as opposed to a woman who has had two babies and finds reading difficult.

■ Look for her strengths and build on them

Every client has strengths. However, health care practitioners are trained to look for problems and solve them, so it takes a conscious effort to shift away from looking for risks to also looking for strengths.

When an interaction "focuses on the client," it is a two-way discussion during which some of the client's strengths will become evident. When a CPSP staff person comments on the client's strengths, the client's confidence in her ability to help herself increases. For example:

- ◆ Commend a client who called in after spotting for two days. Her strength is that she understood that she should be checked.

Use that understanding to teach her about calling right away if she feels any danger signs in the future.

- ◆ A client may not know the anatomical names of her reproductive organs, she may have a lot of experience in supporting other women during their pregnancies. Her strength is that she knows what to expect as her body changes.
- ◆ A client may continue to smoke or use other drugs throughout her pregnancy. Even if she is risking her health and the health of her baby, she has the right to make those decisions. Praise her for taking an interest in her pregnancy; encourage her to attend all of her appointments and to decrease her smoking/drug use to lessen the risks to herself and the baby.

■ Keep an open mind

When talking with a client, take care to keep your own values and opinions out of the picture, even if some of her attitudes, beliefs, or behaviors seem new or unusual to you. For example:

- ◆ Listen with an open mind to cultural or religious beliefs about food or activities. This information will help when making a plan for the client's care.
- ◆ Even if a client is behaving in ways that you think are not appropriate for a pregnant woman (using drugs, not married, etc.), praise her for showing interest in her baby's health by seeking prenatal care.

■ Support the client's right to choose

Each woman has the right to decide if she will participate in CPSP. All CPSP services are voluntary and a client can turn down any or all parts of these services. For example:

- ◆ A client may choose not to learn all the details

of labor and delivery. Accept that she prefers to let nature take its course.

- ◆ A client can choose who she wants to involve in her care. After explaining the client's right to confidential medical records and any legal limitations, it is important to explain what will be discussed in the visits so she can decide if she would like others to be involved in her care. For example, explain the sensitive topics that will be discussed in each visit such as history of past pregnancies, substance use, intimate partner violence, and sexually transmitted infections. Then, the client can knowingly choose if/when she wants to include others in her care.
- ◆ Accept a client's choice to quit school and stay home for the last three months of her pregnancy even though she is in good health.



Orientation to other patient services may also be offered later in the pregnancy or postpartum when needed; for example, describing a procedure such as amniocentesis, or explaining how to prepare for her first ultrasound are both examples of orientation on new topics and can be documented using orientation units.

What to Discuss with a New CPSP Client

Inform the client that all services are voluntary and she may accept or decline any services. During your initial orientation, ideally done during the first visit, discuss the topics below with the client.

These topics are covered in the *Welcome to Pregnancy Care* handout in the Health Education section of this manual. You can use this handout as a guide to help you cover the information. Be sure to include your address and phone number on the handout. Topics include:

- Types of service
- Schedule of service
- The team of caregivers
- Where services are provided
- Appointments and procedures
- Emergency procedures
- Clients' rights and responsibilities
- Danger signs to watch for when a client is pregnant

Types of service

- **Medical:** Exams, routine laboratory tests, and other tests needed to check the client's health and the health of her baby
- **Health education:** Assessments, information and/or classes about pregnancy, childbirth, breastfeeding, infant care, etc.
- **Nutrition:** Assessments and help with eating healthy foods and addressing family issues

Orientation explains what the client can expect from CPSP services and should be provided during the client's first visit to your clinic or office.

- **Psychosocial:** Assessments and counseling regarding personal problems or family issues
- **Referrals:** Outside sources that can provide additional help and services such as Medi-Cal; smoking cessation programs; Women, Infants and Children (WIC); etc.

Schedule of services

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- Review the frequency of prenatal visits; i.e., when and where they will occur.
- Explain that health education, nutrition, and psychosocial services will be offered at least once every trimester, or more often if needed, as part of the client's prenatal care.
- Discuss meeting days and times for health education groups or other services.
- Discuss the importance of postpartum care to provide support for breastfeeding, assess the client's adjustment to being a mother, and answer questions about infant care.

The team of caregivers

- Go over the background and training of clinic or office staff.
- Explain the differences between a nurse practitioner, nurse, nutritionist, health educator, social worker, medical assistant, health worker, etc.
- Review each staff person that provides CPSP services in your clinic or office, including their names, titles, and roles; if you have a photo display board, show the client pictures so she can see the people she will be interacting with.

If only part of the orientation was provided, document each topic. The orientation can then be completed at a subsequent visit and documented accordingly.

For example:

3/26/16, 15 minutes, orientation on clinic visit procedures, danger signs, and emergency procedures.

J. Doe, RN.

Patient verbalized understanding of danger signs of pregnancy, when to call the doctor, and when to go to the emergency department.

Resources

Prenatal Screening

California Prenatal Screening Program (PNS)

<https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/pns/default.aspx>

The California PNS provides prenatal screening services to all pregnant women in California as well as follow up services where indicated. Education materials and consent forms are available to help families understand basic prenatal screening and diagnosis information for some birth defects.

The purpose of CPSP assessments is to identify the client's issues, strengths, and learning and resource needs in order to develop a plan for the best pregnancy outcome.

It is best for women to begin care as early in the pregnancy as possible so that the initial assessment occurs early in the first trimester. The initial nutrition, health education, and psychosocial assessments should be completed within four weeks of entry to care. Additional assessments should be conducted in the second and third trimester and postpartum.

CPSP providers complete all assessments in face-to-face interviews. Each assessment area (nutrition, psychosocial, and health education) should be a minimum of 30 minutes or a combined three-part assessment totaling at least 90 minutes (all three of the support disciplines must be assessed).

CPSP providers must conduct assessments that address all elements required by Title 22. The Provider Handbook includes a list of these elements. All assessments and changes to assessment forms must be reviewed by the local area Perinatal Services Coordinator (PSC) for compliance with Title 22. PSCs can provide sample assessment forms that include all required elements. Providers must also allow for periodic updates to the assessments to comply with best practices.

After completing an assessment, the CPSP provider and the client should develop an Individualized Care Plan (ICP) to address the needs of the client. CPSP assessments and reassessments may identify complex conditions best addressed by a registered dietitian, master's prepared psychosocial practitioner or a master's prepared health educator. It is a best practice to refer clients with complex conditions to these experts for in-depth assessment, intervention, and referrals as needed. Instructions on these procedures are included in your site-specific protocols.



See the CPSP Provider Handbook (Chapter 2) for information on assessment guidelines and requirements.

Follow up and completed reassessments are required by regulations. These should be done at each trimester and postpartum.

Assessments and Reassessments

All CPSP services are voluntary. If a client declines the assessment, you must document this in her medical record. Continue to offer assessments or other CPSP services at subsequent visits when you feel she may be ready to participate. Document each invitation to participate in CPSP services and the client's response.

Guidelines for interviewing

- The setting should be private and ideally have a phone for communicating with outside resources.
- Try to put the client at ease. Introduce yourself and explain the purpose of the assessment.
- Adopt a nonjudgmental, relaxed attitude.
- Tell the client that her responses are part of her confidential medical record and will not be shared outside the health care team, with a few exceptions:
 - ◆ If she has a plan to hurt herself or others.
 - ◆ If she has physical injuries as a result of assault or abuse.
 - ◆ If there is suspicion of abuse/neglect of a child, elder, or dependent adult.
- Ask open-ended questions to get information; that is, questions that require more than a "yes" or "no" answer. For example:
 - ◆ Start with, "How do you prefer to learn new things?" instead of, "Do you like to read?"
 - ◆ Try, "What do you know about breastfeeding?" instead of, "Do you plan to breastfeed?"

- ◆ Use, “How does your partner feel about your pregnancy?” instead of, “Is your partner happy about your pregnancy?”
- Focus on the client, not the form. Try not to read the assessment form word for word. Use words and phrases that you feel comfortable with and that are culturally appropriate for the client. Maintain frequent eye contact while completing the form.
- Take special care to fill in an answer to every question. Do not leave any questions blank. If a client does not want to answer, document “client declined to answer.”
- Ask sensitive questions in an accepting, straightforward manner. Clients often report sensing when they are being judged. Be aware of your own attitudes and body language. Most clients are willing to answer, especially if they understand why the question is being asked. Explain that responses are voluntary; she may choose not to answer a specific question.

As you educate clients, you can help them in the following ways:

- Provide necessary information
- Help clients make informed decisions about their pregnancies (see *Helping a Client Make Decisions*)
- Make linkages to appropriate services (see *Making Successful Referrals and Developing a Community Resource List*)
- Help clients change behaviors to have healthier pregnancies and babies (see *Helping a Client with Behavior Change*)

This section will focus on the first point above, providing information. The goal is to provide information so the client learns what she needs to carry out a healthy pregnancy. Keep in mind, people learn in different ways, so no two clients will assimilate information in the same way.

Learning New Information

Overall, people remember:

- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 50% of what they hear and see
- 70% of what they say or write
- 90% of what they say as they do a thing

The more a person actively uses information, the more they will remember. Passive methods of learning, such as reading or listening, are less effective. Use active methods, such as asking the client to practice a skill or having the client explain what she understands.

Pay attention to the assessment form question about how she likes to learn. One person may like to read instructions, while another may prefer having

Teach-back

Ask the client to “teach-back” the main points. With teach-back, you ask the client to teach you/explain the most important part of your message. For example, say:

- “Just to be sure I have explained the danger signs clearly, could you tell me the danger signs you remember and what you will do if you see them?”
- “What suggestion on this handout seemed like something you could do to quit smoking?”
- “Tell me what you will do now to help your nausea.”

someone explain instructions. Some people may be terrified of groups, while others prefer group learning. Adjust the way you teach to each client’s learning preferences when possible.

Another important factor is the client’s interest in the subject. For example, a client in her first trimester may not care about breast or bottle feeding; however, in her third trimester the same client may be very interested in how she will feed her infant. Find out what the client is interested in and provide information at the relevant time.

Teaching Effectively

You can be a more effective educator by remembering two things: (1) limit and focus the information you give and (2) involve the client.

The following are some suggestions that will help you involve the client in your education session.

The beginning

- Establish rapport. Ask the client how she is feeling or make a friendly comment.
- Find out if she has any concerns, and address her concerns.

The middle: getting and giving information

- Ask what the client knows/has heard about this topic.
 - ◆ Use a phrase such as, “What do you know about breastfeeding?” instead of, “Do you plan to breastfeed?”
- Explain jargon or unfamiliar words.
- Give only the most essential information in small “bite-sized chunks.”
- Ask questions to find out what the client understands after explaining a chunk of information.
- When using a handout:
 - ◆ Explain the information in chunks. Name the topic before you give the details of each chunk.
 - ◆ Highlight any important points with a pen, pencil, or colored highlighter.
 - ◆ Ask the client to circle or point out what is important to her.
- When teaching skills, show and tell.
 - ◆ For example, show and tell the client how to use a condom or how to perform prenatal exercises.

The end

- Review the main points.
- Ask the client to show you any skills you’ve taught. For example:
 - ◆ Ask the client to show you how to do kick counts or safe lifting techniques.
 - ◆ Ask the client to how she will ask her partner to smoke outside to avoid second hand smoke.

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- Ask the client what questions she has.

Open-ended questions

One easy way to involve a client is to use open-ended questions throughout her education. Use open-ended questions whenever you want to find out what a client has learned or knows. Open-ended questions start with words like, “what,” “tell me,” or “how.” By using these types of questions, you are not allowing a “yes” or “no” answer. Instead, you are drawing out a longer response. Try not to start questions with words like, “do you,” “is,” “are,” or “can you?” These beginnings lead to “yes” or “no” answers. For example:

- Start with, “How do you like to learn new things?” instead of, “Do you like to read?”
- Try, “What will you do when you want to count your baby’s kicks?” instead of, “Can you count your baby’s kicks?”
- Use, “How does your partner feel about your pregnancy?” instead of, “Is your partner happy about your pregnancy?”

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- ◆ Listen with an open mind to cultural or religious beliefs about food or activities. This information will help when making a plan for the client's care.
- ◆ Even if a client is behaving in ways that you think are not appropriate for a pregnant woman (using drugs, not married, etc.), praise her for showing interest in her baby's health by seeking prenatal care.

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Each woman has the right to decide if she will participate in CPSP. All CPSP services are voluntary and a client can turn down any or all parts of these services. For example:

- ◆ A client may choose not to learn all the details



Orientation to other patient services may also be offered later in the pregnancy or postpartum when needed; for example, describing a procedure such as amniocentesis, or explaining how to prepare for her first ultrasound are both examples of orientation on new topics and can be documented using orientation units.

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- Schedule of service
- The team of caregivers
- Where services are provided
- Appointments and procedures
- Emergency procedures
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Types of service

- **Medical:** Exams, routine laboratory tests, and other tests needed to check the client's health and the health of her baby
- **Health education:** Assessments, information and/or classes about pregnancy, childbirth, breastfeeding, infant care, etc.
- **Nutrition:** Assessments and help with eating healthy foods and addressing family issues

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- **Psychosocial:** Assessments and counseling regarding personal problems or family issues
- **Referrals:** Outside sources that can provide additional help and services such as Medi-Cal; smoking cessation programs; Women, Infants and Children (WIC); etc.

Schedule of services

- Discuss the purpose of regular prenatal visits and the benefits of prenatal care.
- Review the frequency of prenatal visits; i.e., when and where they will occur.
- Explain that health education, nutrition, and psychosocial services will be offered at least once every trimester, or more often if needed, as part of the client's prenatal care.
- Discuss meeting days and times for health education groups or other services.
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The team of caregivers

- Go over the background and training of clinic or office staff.
- Explain the differences between a nurse practitioner, nurse, nutritionist, health educator, social worker, medical assistant, health worker, etc.
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- Try, “What will you do when you want to count your baby’s kicks?” instead of, “Can you count your baby’s kicks?”
- Use, “How does your partner feel about your pregnancy?” instead of, “Is your partner happy about your pregnancy?”

WIC: A Required CPSP Referral



PSP providers must refer all pregnant, breastfeeding, and postpartum women, as well as children under age 5, to the WIC program. In addition to the initial referral, CPSP providers must follow up with CPSP clients to inquire about their experience with the WIC program and/or why they chose not to participate. CPSP providers play an important role in supporting and encouraging perinatal women to participate in the WIC program.

What is WIC?

WIC serves women, infants, and children by providing nutrition education, breastfeeding support, referrals to health and social services, and checks for nutritious foods to eligible families. WIC provides supplemental nutrition services in every county in California.

Services provided

The following types of services are provided to eligible women, infants, and children under 5 years of age:

- Nutrition and health education
- Breastfeeding promotion and support
- Nutritious supplemental foods
- Referrals to health care and social services

Who Is Eligible For WIC Services?

Category

Persons in the following categories may be eligible for WIC services:

- Women who are pregnant, breastfeeding women up to one year after delivery, and non-breastfeeding women up to six months after delivery
- Infants from birth to 1 year of age
- Children one to 5 years of age

Income

Women in families with income that is 185% of the Federal Poverty Level or less are eligible for WIC. All women, infants, and children receiving CalFresh (federally known as the Supplemental Nutrition Assistance Program (SNAP) or Food Stamps) or CalWORKS meet the income eligibility criteria for WIC. Most Medi-Cal and Child Health and Disability Program (CHDP) beneficiaries also are income eligible for WIC. Babies and children cared for by fathers, other guardians, or foster parents are also eligible. In addition, many working families and migrant families may be eligible.

Nutrition and health indicators

The WIC program determines the applicant's eligibility based on information provided by the health care provider and the client describing the client's nutritional need.

Federal regulations

Federal regulations specify that pregnant and breastfeeding women and infants are given the highest priority for program enrollment. Please advise clients who are referred that they must provide the WIC program with the following information at enrollment:

- Income verification, including any of the following:
 - ◆ Adjunctive eligibility documentation: Medi-Cal benefits, CalWORKS, or CalFresh card
 - ◆ Other documentation: Pay stubs, income tax forms, unemployment benefit card
- Residence verification, including but not limited to current:
 - ◆ Utility bills, rent receipts, or bank statements; post office boxes are not acceptable



Client caseloads are often made up of people from different age groups. At different ages, people are in different stages of emotional development, physical growth, have different ways of thinking and making decisions, and have varying levels of abilities when it comes to getting along with others. Knowing a client's age and paying attention to how she thinks, makes decisions, and relies on others are helpful when choosing the most effective approaches for working with her.

Adolescents (13-18)

Pregnancy interrupts a teen's normal growth, development processes, and a crucial stage of life. It requires the teen's body to expend energy developing a new life instead of devoting that energy to her physical growth. A teen also must face the adult responsibilities of parenthood when she would ordinarily be learning how to make decisions and relate to others.

Thinking and reasoning traits

- An adolescent tends to make decisions based on personal principles that are heavily influenced by peer pressure; decisions are seldom based on fear of punishment or fear of adult disapproval.
- Her view of everything is in relation to herself; she is self-focused and unable to see herself as others see her; the world revolves around her.

Relating to others

- She seeks to establish herself as an individual, while at the same time, trying to connect with her peers in order to be accepted.

Recommended approaches

- Keep a nonjudgmental attitude.
- Focus on "self-care" during pregnancy versus "caring for the baby."
- Present subjects in the here and now, as opposed to the future.

- Acknowledge the difficulty of mastering motherhood at this time in her life.
- Use group activities such as classes, parties, games, and outings.
- Use written materials and pictures that are oriented toward teen language and culture.
- Incorporate a variety of teaching methods such as movies, computer, music, etc.
- Use social media and phone resources if they are available (see the Tobacco Use guideline or the SmokeFree.gov resource, which has instant messaging and a mobile phone application to help teens stop smoking. The Text for Baby Campaign also sends messages about the different stages of pregnancy, etc.)
- Link with schools, social service agencies, and pediatric facilities.
- Engage the father of the baby as much as possible.
- Use mentors and peers as appropriate.
- Be flexible.

Adults (19-35)

Pregnancy complements the adult's physical growth, thinking and reasoning patterns, and social relationships. However, the potential for a short interval between pregnancies and the likelihood of working outside the home may result in the client lacking the energy and good health needed for a healthy pregnancy.

Thinking and reasoning traits

- An adult makes decisions based on logic and can solve problems and think in an orderly manner.
- She is ready to make commitments and set realistic goals; an adult is anxious to achieve, be responsible, and bring different people and ideas into her life.

Relating to others

- There is a need to share life with someone else, a desire to be private, personal, and in a close relationship.

Recommended approaches

- Assist her in setting goals and making choices and commitments.
- Present information in a logical manner.
- Focus on the sharing aspect of the experience. Encourage the client to include her partner or another support person in her prenatal care experience.
- Be sensitive to existing stress and fatigue.

- Respect the many questions and concerns she may express.
- Do not assume she is knowledgeable about pregnancy because of her chronological age. Explore beliefs about pregnancy and introduce factual information as appropriate.
- Be sensitive to possible feelings of embarrassment, shock, self-doubt, or conflicting feelings about the pregnancy.

Mature Adults (36-45)

Pregnancy may challenge the mature adult's place in her life cycle, depending on the planned or unplanned nature of the pregnancy. If this is a first pregnancy, her current lifestyle will soon change dramatically; if it is a subsequent pregnancy, added responsibility may stress the client in new ways. Her age may also place her at higher risk for complications during the pregnancy and for birth defects in the baby. Fatigue comes more quickly and previous pregnancies and/or life experiences may leave her less able to carry pregnancies to term.

Thinking and reasoning traits

- A mature adult is capable of thinking about many things at once and seeing things from different perspectives.
- She is more likely to have a strong sense of "self" and see herself as an individual.

Relating to others

- She is interested in looking at and evaluating previously made goals.

Recommended approaches

- Relate pregnancy needs to her education and life experiences.

Some clients may need assistance with making health-related decisions, such as:

- To attend all prenatal appointments or not
- To wear a seatbelt or not
- To breastfeed or not
- To have a newborn boy circumcised or not
- To have a baby immunized or not
- What contraception to use after the baby is born

You can help the client with the steps involved in making a decision, but in the end, the decision is for the client to make.

In some cases, the client's decisions may be influenced by a family member (such as mother or mother-in-law) or by a group (such as her spiritual support system, co-workers, etc.). Find out who influences her decisions and how strong that influence is. Take that into consideration when you talk with her about her decisions. Many decisions can be worked out by using the following problem solving technique:

1. Ask the client to:
 - ◆ State her choices clearly
 - ◆ List all the benefits and barriers she can think of for each choice
 - ◆ State her values as they relate to each choice

For example, if a client is trying to decide whether to breastfeed or not, she may tell you that she feels strongly about wanting what is best for her baby. She is also concerned about whether she can make enough milk, her modesty, and a need for independence.
2. Clarify information about her choices to help her make a decision

For the client above who is trying to decide

whether to breastfeed, you might tell her:

- ◆ Breast size does not determine the quantity of breast milk (frequency of feeding does).
- ◆ Other people can give a bottle to a breastfed baby (the mother can pump breast milk for a bottle).
- ◆ A woman's modesty can be protected and her breasts do not have to be exposed during breastfeeding.

Now the client can re-evaluate her values and beliefs. She can understand how strongly she feels about it and has the information she needs to balance with those beliefs.

3. Include "significant others" as appropriate.

Ask the client if she would like to bring a family member or someone important to one or more office visits. Let her know that her supportive relationships are important. For example:

 - ◆ Invite a family member to come along to learn about breastfeeding.
 - ◆ Invite a family member who smokes to come along and learn about ways to help avoid exposure to secondhand smoke.
4. Follow up with the client about her decision next time you see her. If she still is undecided, let her know it can take time to make a decision and repeat steps 1, 2, and 3 above.

During her time in prenatal care, a client may want to change her behavior. For example, she may want to change her smoking habits, or her habit of missing scheduled prenatal appointments, or the way she handles stress.

Clients do not change their behavior because a CPSP staff person tells them to. CPSP clients are just like CPSP staff; we all change our behavior when we are ready.

People approach a change in behavior in stages. At some points in time, clients are far away from being ready to change. At other stages, change is the next step!

The Transtheoretical Model of Behavior Change (also called the Stages of Change Model) explains how people change.

Why is this model helpful to CPSP staff? Once you assess which stage a client is in, you can help her move toward her desired change in behavior.

The Stages of Change are:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

Think of these stages as parts of a cycle. Ideally, clients move little by little toward trying out their desired behavior. However, clients can also move away from the desired behavior.

Pre-contemplation

This is the stage furthest away from making a behavior change. In pre-contemplation, clients are not thinking about changing their behavior. Often, they do not want to change because they don't see the behavior as a problem. A client in this stage may

You can assess which stage the client is in by asking questions that encourage her to explain how she feels about changing her behavior.

say, "I don't think I need to stop smoking. I smoked all through my first pregnancy and my daughter is now 6 years old and has no problems."

To help a client in this stage: Discuss the problem in the abstract. Do not talk about the client's behavior, but talk in a general way about other people who have felt the same way. Talk about statistics. The goal is to give the client some food for thought, so she can move to the next stage, contemplation.

Contemplation:

In the contemplation stage, people begin to think about changing their behavior. A client in this stage may say, "Yes, I know I should stop smoking, BUT..."

To help a client in this stage: Discuss the pros and cons of changing behavior. Help the client to brainstorm ways to overcome each con. The goal is to help the client feel she can overcome the cons, so she can move to the next stage and prepare to change.

Preparation:

In this stage, a client is preparing to take action in the immediate future. She has taken some steps toward changing her behavior. Her preparations may include talking to others to get advice or support, or setting a personal goal such as cutting down to fewer cigarettes.

To help a client in this stage: Applaud her preparations. Discuss any barriers she foresees in making her desired change and brainstorm ways that she can overcome them. The goal is to help her make a plan to overcome any barriers and move to the next stage – action.

Action:

In the action stage, the client is changing her behavior. She is trying her new behavior.

To help a client in this stage: Applaud her actions. The goal is to help her continue her new behavior and prevent relapse. Discuss any barriers she foresees in continuing her desired change. You might ask, "What is the hardest part about (your new behavior)?" Brainstorm ways that she can overcome the barriers. Reinforce the benefits of her new behavior. You might ask, "What is the best part about (your new behavior)?"

Maintenance:

In the maintenance stage, a client has made the change and continued it for six months.

To help a client in this stage: Continue to give the client encouragement and praise. Remind her of the benefits. Brainstorm solutions to any barriers.

Relapse:

A client may relapse after changing her behavior when she encounters a setback. Depending on the strength of the setback, she may go back to any of the stages of change.

To help a client in relapse: Be understanding. Explain that relapse is common, and that it usually takes a person several tries to make a behavior change that is well integrated into their life. Talk with the client to find out which stage she is in now. Guide her using the suggestions for that stage.

Remember, behavior change occurs over time. Ideally, CPSP clients are seen multiple times throughout their pregnancy and into the postpartum period. In these visits, CPSP staff have a unique opportunity to help clients move closer to changing their behavior by nudging them along the stages of change.

Much of the communication within the clinic is between people of different cultures. This page will discuss steps you can take to bridge cultural differences when talking to clients and staff.

Steps to Take

These are steps you can take to be prepared to communicate with staff and clients of different cultures.

- Be aware of stereotypes and your prejudices about other people and cultures. Read Cultural Considerations on the previous page.
- Use language support resources, such as translating or interpreting services (see Resources in the Cross Cultural Communications and Dealing with Language Barriers sections).
- Rely on cultural experts. Identify people who are knowledgeable about the culture of your clients. Ask them to assist you with interpreting people's actions, as well as understanding the subcultures and varying behaviors in a population. Find out as much as you can about cultural rules for the groups that come to the clinic for services.

When talking with clients

CPSP staff should keep these seven recommendations in mind to communicate effectively with clients of varying cultures:

1. Be aware of your own biases
2. Evaluate the client for language assistance needs
3. Establish rapport
4. Respect different cultures
5. Collect information respectfully: "Tell me more"
6. Learn about and appreciate different communication styles
7. Find out the role of family

1. Be aware of your own biases

Explore stereotypes and prejudices about other people and cultures you may harbor.

2. Evaluate the client for language assistance needs

If the client needs language assistance, provide an interpreter. See No Language in Common with Staff and Working with Interpreters.

3. Establish rapport

Take a few minutes at the beginning of the visit for "small talk." This will let the client get used to the setting and establishes common ground. Small talk is an important part of communication in many cultures. A client may want to share her feelings about her long trip to the clinic, recent holiday celebrations, or her problems with her mother-in-law. Small talk establishes a connection and lets the client get ready for a more directed discussion. For example ask: "How are you feeling today?" or "How has your week gone?"

4. Respect different cultures

Show respect. Be open and willing to understand other people's needs, health beliefs, and health practices.

Explain that Western or conventional medicine is just one kind of health care. Other health care models can be just as effective. Accept the client's health beliefs, attitudes, and health practices. Some of her health beliefs may be based on different cultural practices.

Explain tests and treatments in ways that make sense given the client's worldview.

5. Collect information respectfully: "Tell me more"

A client's cultural background may not be obvious. Invite her to talk about her culture, family situation, and about the people who give her advice.

Ask the client about any alternative health practices, medicines, or herbs she may be taking.

This information is important for her treatment plan. While some alternative health practices may be positive, others could be dangerous.

Using the phrase, “Tell me more . . .” is a respectful way to talk clients. It shows that you are open and willing to understand more about the client. It helps you collect important information for her treatment plan. For example, you might say:

- “Tell me more about what you are doing to prepare for a healthy baby.”
- “Tell me more about the herbal remedies you use to ease your morning sickness.”
- “Tell me more about what you might like to do to relax during early labor.”

See *Little Experience with Western Care* in the Psychosocial section for more questions you can ask to find out about the client’s beliefs and experiences.

6. Learn about and appreciate different communication styles

Silence

Some people use silence to let an emotion pass, or to think about what to say next. Different cultures have different traditions for “pause time.” Watch the client to see how she uses silence. Do not jump in to fill a silent pause with small talk.

Non-verbal communication

Some kinds of touching, handshakes, eye contact, and hand or feet movements are impolite or offensive in certain cultures. Sometimes gender or age can influence the cultural rules. Some clients may smile or laugh to cover other emotions or to avoid conflict.

Take your clues from the client as to how close she wants to sit, or whether or not she touches you or looks directly at you.

“Yes” means . . .

Some clients may reply “yes” even when they do not necessarily understand or plan to do what

is being discussed. In some cultures, it may be a way of offering respect. Be sensitive to cues that communication she has shut down. Encourage a give-and-take discussion so the client’s involvement and understanding is evident.

7. Find out the role of family

When appropriate, involve family members in the client’s care (within HIPAA guidelines). HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

Learn the patterns of decision making in the client’s family. In many cultures, family members are responsible for making decisions and giving permission for treatment, medication, and hospital stays. Family members can also provide information about the client’s health practices, alternative medicine use, and can be essential to the client’s adherence to her treatment plan.

It may not always be culturally appropriate to include family members or friends in your discussions with the client, even if she has given permission. Look for cues from the client and be sensitive to her non-verbal messages.

For example, she may not want to share a Sexually Transmitted Infections (STI) test results with friends and family. In addition, family members, friends, or minors should not serve as an interpreter for a client (see *Guidelines for Using Interpreters*).

Resources

Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members

<https://innovations.ahrq.gov/qualitytools/addressing-language-access-issues-your-practice-toolkit-physicians-and-their-staff>