FROM THE DIRECTOR

A Policy Lever for Healthier Communities - WIC

ON JUNE 13 AND 14, I attended the excellent Minnesota Public Health Association Annual Meeting focusing on Health in All Policies (HiAP). I was very impressed by the potential of the HiAP approach. The Health in All Policies approach is an interesting lens through which to look at the WIC Program and its activities and strategies as they impact the broader community. During the conference I thought about how the WIC Program impacts the health of the whole community, not just individual participants.

Since the beginning of the WIC Program, there have been improvements in food access in communities as a result of WIC stocking requirements for grocery stores. I recall an example of this impact from the early years of WIC in the state of Oregon. When WIC started on the Warm Springs Reservation in Oregon the only grocery store on the reservation carried no milk and only one brand of very sugary cereal. To meet WIC minimum stock requirements, the store ordered and provided several healthier foods including milk and iron-fortified, low sugar cereal. The WIC Program requirements were the lever which improved the food environment on the reservation for all of its residents.

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After a long period of funding uncertainty, we are happy to report that the WIC Program has sufficient funds to serve all eligible participants through the end of the fiscal year (September 2013).

The FOOD GRANT is reduced from FY 2012 levels but still more than we spent in FY 2012. The FY 2013 PER PARTICIPANT RATE remains $13.50. We have sufficient funding to sustain this level.

We are also anticipating an end of year payout of expenses above the grant amount. The amount of the payout may be lower than in previous years. We anticipate receiving a July reallocation, though the amounts are typically smaller than the other reallocations we receive during the fiscal year.

Our primary concern now is the effects of the ongoing Sequester on the funding for future years. Without a legislative change, the WIC Program will be subject to ongoing reductions of five to seven percent in each year under the Sequester.

Up until 2003, the WIC Program received about $5.5 million from the State of Minnesota. In 2003, the WIC funds were moved into the state per capita funds for community health boards. About 15% of per capita funds are funds which were designated for the WIC Program. Now, CHBs may decide how those funds are used. We invite you to consider using those funds for WIC in the future.

Cover Story Continued

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Since 2009 with the introduction of the updated food package, the Minnesota WIC Program has required WIC stores to carry healthy foods like fresh fruit and vegetables, whole grains, low-fat milk and tuna. The new WIC minimum stock requirements have improved the availability of healthy foods in lower income communities and other neighborhoods where the WIC stores are located. Several studies that looked at healthy food availability before and after the introduction of the updated WIC food package found significant improvements in the availability of healthy foods for WIC participants and the community at large. Currently, the city of Minneapolis is exploring further use of the WIC healthy food standards/minimum stock requirements. The city is considering the use of the WIC stocking standards as a requirement for all stores licensed by the city to improve access to healthy foods in all areas of the city. Minneapolis could become the first city in the country to use WIC standards to set healthy food standards for all stores in the city.

WIC policies contribute to improvement of the health of the broader community.

Another example of WIC influencing policy in the broader arena is our work with the Minnesota Breastfeeding Coalition and the recent Perinatal Hospital Leadership Summit. The Summit and other work with the Coalition helps to shape the hospital environment for moms and newborns into one in which breastfeeding is the norm. For WIC to continue to increase breastfeeding initiation and duration rates in our population, the whole community needs to work together on policies to make breastfeeding the norm.

The WIC Program contributes beyond the original intent of the program to improve the health of women, infants and children; WIC policies contribute to improvement of the health of the broader community. We appreciate the opportunity to work collaboratively with the leadership of local public health in many different policy arenas and look forward to working with you in the future on policies which improve the health of WIC families and the whole community.
Participant Centered Services (PCS) is a comprehensive systems model for providing WIC program services. Developed by WIC programs in the USDA Western Region, the PCS model influences all aspects of WIC service delivery. It encompasses every interaction between the participant and WIC staff members, as well as between and among WIC staff and supervisors, and the State Agency and Local Agencies — always with the goal of facilitating participants’ adoption of positive nutrition and health-related behaviors. The model is flexible in design, adapting to the unique needs of participants and diverse local WIC programs.

In this model, the CPA and participant form a partnership to engage in interactive discussions based on the participant’s needs, interests and circumstances. Nutrition education focuses on the topics and issues that are relevant to the participant.

Seven Minnesota WIC local agencies are piloting PCS this spring and summer, including Anoka County; Dakota County; Freeborn County; Isanti County; Otter Tail County; St. Paul-Ramsey County; and Sherburne County.

Each agency had a facilitated kick-off, assistance planning how they will implement PCS in their agency, training for all their staff, and specialized training for locally-selected PCS “mentors”. In collaboration, with these 7 agencies, the Minnesota State WIC program will identify “lessons learned” and develop a plan for implementing PCS statewide. We will launch the PCS initiative and provide an overview of the implementation plan at the WIC Conference in October. The state WIC Program is committed to this model and working at all levels to strengthen interactions and build partnerships.

WIC SERVICES

Emphasis on collaboration between CPAs & participants

Focus on participants’ capacities, strengths and developmental needs

Enhancing self-efficacy, building skills, and facilitating participants’ behavior change

WIC HEALTH DATA

Did you know that select WIC data is available online as part of the Minnesota County Health Tables? WIC demographic and health data are available by county in the Morbidity Tables under WIC Selected Indicators. MN County Health Tables http://www.health.state.mn.us/divs/chs/countytables/

Since 2009, Minnesota WIC has contributed data to the Minnesota County Health Tables. Minnesota WIC plans to continue providing updated information on WIC participation, weight status and breastfeeding. This information can be located within the morbidity excel files under the WIC tables. The Minnesota County Health Tables provide large amounts of demographic and health risk data by county across time in both excel and PDF formats. Look in the Minnesota WIC Surveillance and Evaluation web page for new content. http://www.health.state.mn.us/divs/fh/wic/statistics/index.html
As a nutrition program serving pregnant and postpartum women and their infants, WIC promotes breastfeeding as the standard for infant feeding. The state agency works with local agencies to ensure local staff have the knowledge and skills needed to promote and support breastfeeding, but also recognizes that for our participants to be successful, women need to be supported in their communities and by their health care providers. We look for opportunities to partner with other programs and organizations to provide that support.

The Minnesota WIC Program partnered with the MN Breastfeeding Coalition (a non-profit organization of 28 local breastfeeding coalitions and associate organizations), to host the first Perinatal Hospital Leadership Summit on May 7, 2013 at the Earle Brown Heritage Center. The overarching goal was to connect with the leadership from MN birthing hospitals and centers to share information on the importance of perinatal breastfeeding support to the quality of the mother-baby care they provide. A panel of providers from MN birthing hospitals discussed their challenges and successes in improving perinatal services to support breastfeeding.

A work group comprised of state and local agency staff will be assembled to identify next steps. Once next steps are identified and prioritized, we will begin working with local agencies on the opportunities they might pursue. The full report and executive summary is available on the WIC website under What's New.

http://www.health.state.mn.us/divs/fh/wic/whatsnew.html

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