

April 22, 2024, Advisory Group Meeting

Notes

Attendance

Chair: Katlyn Hubbard (Becker Co.); **Regional Reps: Northeast:** Jenny Barta (Carlton Co.); **East Central:** Kristen Bricko (Sherburne Co); **Southeast:** Jessica Holst (Fillmore Co.); **South Central:** Arlin Penner (Nicollet); **West Central:** Sue Olson (Clay Co.); **Northwest:** Kristy Rott (Polk Co.); **Metro:** Marianne Nelson (Bloomington Co.); **Caseload Group Reps: Group 1:** Kathy Duffy (Ramsey); **Group 2:** Katie Galloway (Dakota Co.); **Group 3:** Wendy O'Leary (Olmsted Co.); **Group 4:** Vacant; **Group 5:** VACANT; **Group 6:** Polly Ahrens (Renville Co.) **Tribal Agency Rep:** Kourtney Hoseth (White Earth); **CHB Administrators:** Kristine Klopp (Mille Lacs Co.); **LPHA Rep:** Marlee Morrison (Community Health Director, CHI St. Joseph's Health)

Minnesota Department of Health – WIC Management Team: Kate Franken - WIC Director; Tami Matti: MIS & Data Unit Supervisor; Tammie Edmundson: Financial Management Analyst; Jessie Zins: Food Delivery Unit Supervisor; Rebecca Gruenes: Nutrition & Clinic Services Unit Supervisor; Tina Breitenbach: Breastfeeding, Training & Communication Unit Supervisor

Not able to attend: Southwest: Alli Orr (Nobles)

July advisory meeting

Meeting will be in person, at Freeman Building (625 Robert St N, St Paul, MN 55155-2538), more details in coming months, 9:30 a.m. – 3:00 p.m.

Strategic Plan

At the October 2023 WIC Advisory Group Meeting, staff from MDH's Center for Public Health Practice helped facilitate conversations to inform the development of strategic priorities for MDH's WIC program and the WIC Advisory Group. We developed a set of vision elements for the next 3-5 years.

At that same meeting, the advisory group also brainstormed strategies for how the WIC program can make progress towards that vision in the next 1-3 years. The group voted on high, medium, and low priorities. These votes were spread out across several ideas and the pattern of votes suggested substantial consensus around a few key items. Also, important actions not voted as top priorities were captured.

We now want ideas on how to best incorporate this plan moving forward. For the last strategic plan in 2018, we identified and voted on top priorities as well. Last time we reviewed the plan annually to check if there was progress being made and if not, did we need to rethink or adjust. Currently there were no big surprises, and many top priorities are being worked on or are being considered. The July 2024 meeting would be a good opportunity to get into small groups and talk about high priority items and strategies so we can come up with a common understanding

and action steps. It is a longer meeting and in person. Is there interest in using the July meeting for that purpose? Group members answered yes, there is interest in using the in-person time. How often should we have a status check of the plan? Group suggested twice a year in July and January. The January review allows new advisory group members to get a review of the plan and the July is a great chance to give additional follow-up.

Friend of WIC

In 2013, the Minnesota WIC program introduced the Friend of WIC Award. The award acknowledges the contributions of our partners in advancing the cause and success of the Minnesota WIC Program. Eligibility is any partner or stakeholder who has shown an outstanding accomplishment or achievement in the areas of advocacy, leadership, management, and services to the WIC program. The award was given at the 2013, 2021 conferences. Currently there is no written procedure on this award, but one is being drafted. Advisory group will weigh in on future nominees. This year's nominee was approved, but we have not yet informed the nominee. We plan give the award and recognition at the conference. The advisory group would like to consider future nominees be discussed at regional meetings and perhaps be submitted to the state electronically. A reason or letter for the recommendation will be required. More details to be developed and shared on this process in future advisory group meetings. Award only offered during the years we have a conference.

Participant Advisory Group (PAG) overview

Plans were shared for our first Minnesota WIC participant advisory group. The hope is to recruit with flyers at local WIC clinics that include a QR code for an interest form in July/August/Sept. Goal is to hold first meeting in November 2024. More information will be shared on the local agency call in June.

New process of advisory group agenda items & voting

Overall good feedback on the new advisory group agenda request form found on our advisory group webpage. Group would like all agenda items sent in one email for approval next time. Will adjust deadline for submission of agenda items for adequate time to collect submissions, and send to members for approval. Agendas are communicated in weekly update two weeks prior to the advisory group meetings.

Final pay outs and caseload funding – Kathy Duffy

Suggest MDH consider look at tweaking how they determine agencies final payouts. Should reimbursing agencies for actual caseload served be the priority if agencies are serving a growing caseload.

Talking Points: In 2019 there were changes made to how local agencies are funded. There were valid reasons for making the change and at the time we didn't think fluctuations in caseloads over the year would lead to significant changes in funding levels. However, in larger agencies that difference can lead to significant changes in funding levels.

End Goal of Discussion: As the large agency representative, my goal would be that larger agencies would be reimbursed accordingly if there are extra money at the end of the year.

Additional discussion points: In 2019, a funding workgroup came up with a change to provide funding annually vs quarterly. When it was provided quarterly agencies found it challenging to prepare and plan. However, currently with this plan any agency that experiences a drop in caseload will receive a lower level of funding the following year and may find it challenging to meet any increase caseload demands. Federal closeout for 2024 reflects July 2022-June 2023 and for 2025 it will be July 2023 – June 2024. It is based on caseload x rate per participant. MDH will look at this offline and look at the funding spreadsheet, formulate a response in terms of what they are seeing. Currently, this is the nature of how funding is calculated and it is imperfect. By funding annually vs quarterly it is not as sensitive to caseload changes. What we received from Nutrition Services Administration (NSA) this year is flat funding and a slight decrease in peer funding. Additional funds have been requested, but it is uncertain if we will receive. Each year we take 3% of NSA and food funds as a carry forward, in cases of federal shutdowns we use those funds which don't last long. We could relook at that carry forward % and decrease it. We will continue to discuss and look at numbers and possible ideas.

Online application tracking – Wendy O'Leary

Talking Points: Local agencies have a variety of ways they are processing online applications and tracking when they contact. I have heard some print a copy of the application, some have a spread sheet, others start a record in HuBERT. For larger agencies, the time involved in tracking online applications adds up. Wondering from the group their struggles with processing/tracking online applications. What works well and what are the pain points.

End Goal of Discussion: Would like to see a consistent, easy, electronic way to track if we made a contact, when we attempt a contact and when no longer attempting etc. What capabilities are there from an IT perspective to have something like this and what would be helpful for local agencies. What capacity is there for a state system to easily track what happens to these applications?

Additional discussion points: It is challenging to keep track of online application information. Hard to balance data protections and keeping track of all the emails. Local agencies often try three to four times, takes time to fill out a spreadsheet if no response. Some agencies have their phone lines identified as WIC to help increase answer rate. We are not able to hold private data at the state either for over 3 months, emails are deleted after 90 days. Each organization must decide internally how to handle. MDH is not able to advise or provide legal advice on this. The application does have how an applicant prefers to be contacted in drop down selection that includes a text message, MDH will consider making this a required field and if texting is selected adding a release similar to what is in the mobile app. When attempting to reach out to participants, more responses seem to come from text communication. Also consider prescreening applicants in HuBERT.

MA outreach text schedule

Concerns brought up over MA text. Local agencies appreciate the outreach, but find some months are more difficult to plan and manage for appointments. Would like them to spread out even more. Downside of spreading them out is the data is older, phone numbers might change, might already have signed up for WIC or might also delay enrollment. Currently they are spread out over 5 weeks within each county. Currently that is Feb., May, Aug, Nov. Some ideas were to send text every other month, would have to check logistics on DHS, our data

matching, MNIT capacity. Another idea would be to each year shift the months sent so Mar., June, Sept., Dec. MDH WIC team will discuss and explore more.

Hemoglobin pushback – Kathy Duffy

Agencies are seeing families pushing back about getting a hemoglobin and some inconsistencies in ARPA waivers implementation. Staff are struggling with feeling that it isn't fair to some families.

Talking Points: This seems to be an increasing concern in clinic It feels inconsistent to staff with some families can "get away" without getting a hemoglobin while others families are told they cannot be on WIC without it, depending on how it is presented.

End Goal of Discussion: Discussion around problem solving these situations; clarification around the priority/how much effort agencies should put into getting the hemoglobin.

Additional discussion points: We lean on our policy. Challenging and also don't want reasons defined in policy to be encouraged without just cause. Staff continue to really emphasize why we look at hemoglobin levels and the benefits of it. Hemoglobin measurements & challenges were discussed at the last regional meetings. Currently with waivers participants can defer if you have an upcoming appointment. Would like MDH to perhaps look more at policy and into the medical condition definition and further define it. Rebecca will discuss this further with her unit.

Follow-up from regional meetings

- Graduation certificates for children aged 5 - the education workgroup will discuss more.
- No show rates will be further discussed in May regional meetings. There will be opportunities to discuss what agencies are doing to address. Consultants will review some helpful reports to help with reminders/retain caseload.
- ARPA waivers discussion (a lot of details in guidance, which allows some flexibility for agencies to operationalize procedures, we understand it is complex). In efforts to make the guidance more straight forward, MDH created an [ARPA Waivers At a Glance \(PDF\)](https://www.health.state.mn.us/docs/people/wic/localagency/arpaglance.pdf) (<https://www.health.state.mn.us/docs/people/wic/localagency/arpaglance.pdf>) which was announced March 13 in the weekly update. Interested in hearing from agencies what else is helpful.
- Resources to support Weight Inclusivity. More discussions at regional meetings to help promote a consistent approach. Refer to [WIC Weekly Update - March 13, 2024](https://content.govdelivery.com/accounts/MNMDH/bulletins/3901cee) (<https://content.govdelivery.com/accounts/MNMDH/bulletins/3901cee>).
- Online applications – how are agencies processing, what is helpful. Discussed today at advisory group meeting.

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.

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