

# April 25, 2022, Advisory Group Meeting

#### **Notes**

### Advisory Group (AG) Members Participating:

- Chair -Nikki Bennett (St. Louis Co.); Regional Reps: Jenny Barta (Carlton Co.); Kristen Bricko (Sherburne Co); Sue Olson (Clay Co.); Stephanie Olson (Polk Co.); Maggie Domski (Washington Co.); Caseload Group Reps: Valeesha Halmon sub for Kathy Duffy (Ramsey); Megan Keller (Scott County); Jessica Allred (Winona Co.); Lenora Yellow Bird (White Earth Reservation); LPHA Rep Marlee Morrison (Hubbard Co.)
- AG MEMBERS Not Able to Attend: Jessica Holst (Fillmore Co.); Teresa Cooling (Watonwan)retired; Katlyn Hubbard (Becker Co.); Amber Converse (Dodge Co.); Amber Koski (Pine Co.);
- Vacant Southwest Region, Group 5 & CHB Admin
- MDH STATE STAFF PARTICIPATING:
- Kate Franken, WIC Director; Tina Breitenbach, Breastfeeding, Training, & Communications
  Unit Supervisor; Rebecca Gruenes, Nutrition & Clinic Services Unit Supervisor; Tami Matti,
  MIS & Data Unit Supervisor; Jessie Zins, Food Delivery Unit Supervisor, and Tammie
  Edmundson, Financial Analyst; Megan Leonard, WIC Communications Coordinator; Sandy
  Sather, East Central Consultant

## **State Staff Updates**

**New MOM Policy and Civil Rights Coordinator**. Jenny Skinner will move into this role on April 27. Jenny is a Registered Dietitian with a Bachelor of Science in Nutritional Science & Physiology. She also holds a Master of Science in Nutrition and is an IBCLC. Her experience includes working with the WIC program in Hennepin County as a Competent Professional Authority (CPA) for the past nine years. Jenny took on various additional tasks and assignments during her time in Hennepin County. She was a PCS mentor, a clinic coordinator and one of the medical formula specialists. These additional roles, her educational background and years of local WIC work experience will help her in this position.

New State WIC Consultant is hired for the Northwest Region. Stephanie Olson moved into this role on April 13. Stephanie is a Registered Dietitian with a Bachelor of Science in Food and Nutrition. Her experience includes working with the WIC program in Minnesota as a Competent Professional Authority (CPA) and WIC Coordinator. She has 27 years' experience working with WIC and Public Health (PH) Programs. In her role in WIC and PH, she has held leadership positions as the WIC Coordinator, Advisory Group representative, WIC LA funding, food package, pilot projects and communications workgroups. She has held other leadership positions with the Crookston Early Childhood Initiative and Crookston Community Education Advisory Board and provides Consultation to Tri-Valley Head Start and Intercounty Community Head Start. Stephanie's experiences and education and her years of work as WIC Coordinator will be very advantageous to staff in the Northwest region and the state WIC team!

**New WIC Vendor Consultant**. Katie Walz joined the Food Delivery Unit on April 6. Katie has over 2 years of WIC experience in Hennepin County. She also has a Bachelor's degree in Dietetics from St. Kate's.

Her experience includes working with the WIC program in Minnesota as a Competent Professional Authority (CPA) and WIC Schedular in Hennepin County. She additionally has served In the United States Navy as an Aviation Maintenance Administrationmen for 4 years. Katie's experience with Hennepin County WIC, the Navy, her native Spanish speaking skills along with her Nutrition education are an exciting addition to SNP and the Food Delivery Unit.

## **WU/Gov Delivery**

Reminder of the transition/trial of the Wednesday Update from email to GovDelivery, beginning Wednesday, May 4. All information will be in the body of the document rather than in attachments & we will use GovDelivery platform. The goals are to make it easier to consume, read, scan and be more visually appealing. We are interested in hearing feedback from this trial period to hear thoughts, ideas, and comments. At bottom of GovDelivery there will be a place to submit comments. **Questions that were asked: Are Job postings still there?** Yes, there will be a link to a webpage & we will call out new postings on GovDelivery. Also refer to the April 13 Wednesday Update memo <u>Opportunity to Post Positions on MAND job site</u>

(https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/2022/04/13mand.pdf) for details on how to submit a job posting request to MAND (Minnesota Academy of Nutrition and Dietetics) website. Who will receive GovDelivery during the transition period? Currently anyone on the WU distribution list. Can we share with staff now if we want? Yes. Will you still find topics from GovDelivery on our website for reference? Yes. A April 27 Wednesday Update memo will also outline some details on this change. New Wednesday Update Begins May 4 (https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/2022/04/27newformat.pdf)

# **Report on Regional Meetings**

# February Regional Meetings

Agenda/Summary Items	Action Items
Advisory Group – Notes/Summary	
<ul> <li>Updates/Reminder:         <ul> <li>Financial Procedures</li> <li>Wednesday Update – Aspects they like: WU is posted and can go back to read, format on the webpage, posted timely &amp; archived, appreciate the live links in documents, can email a particular memo, appreciate when action items are flagged. Suggestions: Streamline information into a more readable format. All the memos can be overwhelming-prioritize what is most important.</li> </ul> </li> </ul>	Wed. Update: Heard the suggestions, trial of Gov delivery (Tina, discussed)  WIC App: There have been additional communications put out in LAs trying to help differentiate between the two. There is a section on the MN WIC website with additional information

Agenda/Summary Items		Action Items
0	My MN WIC App – Reviewed upcoming proposed changes for App. Some questions raised about Notifications and Messages.	regularly updated in <u>Cross</u> <u>Reference</u> .
0	<b>WIC Breastfeeding Curriculum</b> –WUs have gone out on this topic and Q & A documents.	
Na <sup>†</sup>	tional Nutrition Month – Reviewed activities in WU.  Affordable Flavors (AF) – Reviewed powerpoint regarding affordable flavors. Appreciation was mentioned about being able to offer this to participants. Announced how agencies would receive access information.	Additional guidance on how to access AF information was shared in individual emails to coord. and follow-up on LA calls.
CVB -open discussions. Overall, no issues. Participants appreciate increase in benefits.		
Formula Recall -open discussions (variation of issues across the state)		Continue to share information as we learn it through the WU and LA calls.
Fut	cure Meetings:  O May	

## **Local Agency Health Equity**

It was shared that the two-Day Diversity, Equity, and Inclusion Breastfeeding Workshop given by Lactation Education Consultants was a great training. Limited spots were available since we had various trainings planned for 2022 and had to make decisions in late 2021 for 2022. Great feedback that this training was well received, we will keep that in mind for 2023 training planning. The group also discussed that sharing any resources that other local agencies have access.

A Conversation on the Impact of Racial Injustices, Health Inequities, and Paths for Moving Forward (https://vimeo.com/426025124?utm\_source=Master+List&utm\_campaign=5d1cbd5143-Racial+Injustice+Webinar+Recording&utm\_medium=email&utm\_term=0\_e80a08c624-5d1cbd5143-243154563)

Racial Equity Tools (https://www.racialequitytools.org/)

# **Everyday Hero Reminder 2023**

Last year the Advisory Group voted to change the Everyday Hero award to every other year. So next awards will be given in 2023.

# Future Advisory Group Meetings – Virtual vs In Person

Tina will send the Advisory Group a survey asking for preferences for the July and October Advisory Group meetings to be virtual or in person. Location may vary based on room availability.

## **Local Agency Returning to In Person Services**

The Public Health Emergency is in place until July, and there is a 90-day buffer beyond that for transition which is October. Currently, local agencies cannot require participants to come in person. Look to MDH, CDC and local health authorities for guidance when considering in-person services. On a national level this is likely the last extension. MDH WIC is updating our guidance document and thought this would be a good time to share and learn from one another. Local agencies are all different and some agencies are offering hybrid services (some virtual & some in person), some opening for new certifications and then gradually adding other types of appointments, for example – July: mom/baby, August: Add infant and children, September: infant midcerts. Some do a quick health screening on their reminder call. They ask if sick/fever, discuss what verifications are needed, reminder that masks need to be work at this time, etc.). Evaluate in-person services based on community spread, if levels increase, they may need to be a transition back to remote services. One agency returned to all phone/remote appointments due to high level of cases. On the reminder call, if participants are ill or express in-person concerns or concerns about wearing a mask, then plan a virtual appointment. Those agencies that have started some inperson services, mention that they sanitize between each person, making sure participants know about cleaning and safety measures. Other agencies that have returned, express the importance of in person services. They found a couple babies with extremely low hgb's that require extra follow-up and some weight issues. For staff, some are excited and some more cautious. They hear from participants questions as to why there is a need to return to in person. There is an adjustment to get back in the routine of face to face. Some new staff have never done any measurements, and they suggest a cushion for appointment times. Agencies describe their approach with participants and say because COVID cases are low, we would like to see (name) for an appointment. We are opening, taking extra precautions, appointments might take a little longer because of measurements. One local agency send an email to all their Public Health & Human Services staff, to let everyone know they are open to seeing participants in person again. Overall, this is a well-received by staff. Another noted it is helpful to have support from your local PH dept.

Tentatively on May 11, there will be additional communication and more guidance in a Wednesday Update on reopening. It will have some messaging local agencies can use within their community and will cover exceptions in federal regulations for physical presence. A question was asked about how many local agencies are in person vs virtual. We are uncertain of a number, and this will be discussed more at regional meetings in May.

One agency shared they had a technician from Agiliti Health come to assess if hemocue machines were working properly. Some agencies asked for more details, and the following was provided. Agiliti is a medical equipment management and services company dedicated to helping healthcare organizations access, manage and maintain medical equipment.

Agiliti (https://www.agilitihealth.com/)

Duluth Office-218-727-8333 Fargo Office- 701-232-1087 Sioux Falls Office- 605-371-2005

## **WIC Local Agency Staff**

What is working well and what concerns might you have – round robin.

Challenges varied across the state. Some find challenges w/hiring and noted a smaller pool of applicants. In the past, nutrition or RD positions would get 20 applicants, lately 5-7. Additional comments heard:

- In the future, CDR will require masters to be RD. Is WIC attractive to new graduates? What would attract them?
- Some are hiring locally trained paraprofessionals, and looking for diverse staff, but lately they are harder to find. Local Agencies appreciate staff that know the communities we serve and are bilingual.
- There were questions raised about the DTR program and is that going away? Do we need to look at public health or social work degrees since it can be challenging at times to find staff w/nutrition degrees?
- One region stated not all their local agencies have an RD and tend to ask more questions to their regional consultant on some high-risk participants. Staff find many high-risk participants are connected w/clinical RD.
- Challenging to find RD if the position is a part time.
- An agency commented that for them, they see an advantage for a WIC nurse as a CPA and feel that already they have that trust built. However, there is even a noticeably smaller pool of MCH nurse applicants lately.
- Last 5 years turnover immense, it can be a challenge to find RD in small town. An agency plans to keep virtual options due to distance to WIC.
- Utilize contracting with RD's in hospitals to help.
- Can we consider internship or pathway?
- Some local agencies don't experience turnover and want to keep staff happy w/their work.

Some ideas shared that might help retain staff:

- Offering a hybrid model.
- Take student interns and work w/schools in your area.
- Nice to allow staff other duties/projects when able to mix up the day and can help reduce burnout.

It was helpful to hear concerns and ideas in this area. There is a workgroup at MDH looking at CPA qualifications, policy and how to help find CPAs. Kate also shared there is discussion at the national level to recruit and maintain staff in response to the CDR master's requirement. There is no clear solution, and it is good to discuss and think of potential solutions together. Share any other ideas to Rebecca, Sandy, and Tina.

# Agenda Items for July Meeting

**NWA Conference Sharing** 

## APRIL 25, 2022, ADVISORY GROUP MEETING

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