

July 28, 2025, Advisory Group Meeting

In attendance: Jenny Barta, Kirsten Lejonvarn, Terrie Jorgenson, Wendy O’Leary, Teresa Severson, Hillary Spray, Amy Wittnebel, Kristy Rott, Marianne Nelson, Jill Wilson, Katie Galloway, Somadee Cheam, Michelle Weberg, Maria Bernhardt, Polly Ahrens, Kris Klopp, Kate Franken, Tina Breitenbach, Rebecca Gruenes, Jessie Zins. **Absent:** Tami Matti, Tammie Edmundson

Agenda

WIC employee training for 2026

Advisory group members requested a discussion on the training plans for 2026. We invited Carole Kelnhofer, our MDH WIC training coordinator.

No formal plan for 2026, usually developed later in year after budget received. Working on a neurodivergence training. One consideration and suggestion would be for each local agency to assess their local agency current trainings and complete a needs assessment of staff. Links can be found on our website under [Continuing Education Overview](https://www.health.state.mn.us/people/wic/localagency/training/contedassess.html) (<https://www.health.state.mn.us/people/wic/localagency/training/contedassess.html>)

Local agencies can then use the needs assessment results to support staff by sharing results with state consultants or training coordinator to help with our training plan.

Advisory group members provided input on topics and most effective methods of training. Overall, the group recognized the complexity and challenges to meet the needs of all local agencies across the state.

Various topics and ideas shared: basic nutrition needs, time management during appointments, nutrition beyond basics, participant-centered services skills, high risk, food insecurity, trauma informed decisions with food, what is in our foods, staff burnout and infant feeding such as baby-led weaning.

Suggestion to have breakout sessions during virtual trainings to help practice using skills learned and be more engaged, debrief on the information, and discuss how to apply it to the WIC world. We are not currently doing breakouts because they don’t show up on a recorded session.

Positive feedback was provided on in person trainings such as the lactation skills day and PCS training. Both were in person and done regionally. Of note for lactation skills day, two regional trainings were offered and in one region only six registered. Some local agencies feel they are already doing OK with participant-centered services, some feel hands on lactation skills is the best training.

Staff like being able to get together with other agencies for trainings, also discuss how they and others have applied the content, should be tailored toward WIC and what it looks like, how it is applied. This is currently done with the trainings Melissa Nelson provides. Several agencies said

travel can be hard, so the regional trainings are appreciated. Virtual trainings – length of time varied from one to two hours max and two to three hours.

Make sure trainings are recorded. A reminder provided that they are recorded, we discussed where to find all recorded trainings. [WIC Nutrition Continuing Education \(https://www.health.state.mn.us/people/wic/localagency/training/conted.html#NaN\)](https://www.health.state.mn.us/people/wic/localagency/training/conted.html#NaN)

Some members mentioned they prefer in person trainings be one to two days so it's worth the travel time, but some said half day training as they need board approval for closing clinic longer than half day.

Overall cost is the main driver for length of time, venues, and food. All costs are considerably more post COVID. Comments were heard that the 2024 Conference was one-day and fast paced, making it hard to network. A decision was made to do one day conference due to cost. Pré-COVID cost for a two day conference is what the current cost is for one day, plus we tried to maximize credits. Overall conferences are expensive, and many states are offering fewer and offering more virtual training options.

Text message survey

The State WIC office is looking at the use of text messaging services across the state. Advisory group members were asked to complete the survey before the meeting about text messaging for their agency and give feedback on the survey before it is sent to all local agency coordinators. 15 members completed it. No questions were brought up on the survey and no suggestions on survey input. Tobi Afolabi our MIS vendor business analyst attended to help lead the discussion.

MDH WIC is looking to fill the gap and better understand from local agencies what mobile management doesn't have. There are a variety of systems and providers, and we are looking into other programs. For instance, Twilio. Twilio is the platform, and it is currently used for mobile management for our mobile app. We're exploring what other services for messaging Twilio could provide and we could work with our developer contractor to add to the mobile app.

Goal is to make it easier for local agencies to reach participants in a timely and efficient manner for things such as appointment reminders, outreach, etc.

Some mentioned mobile management is a great tool, but many participants didn't opt in on the new app. Tobi discussed how usual updates will be better and shouldn't have to delete app.

In mobile management there are different functions that can be added. We don't have a timeline yet as it's early in the discussion and we are getting costs from Gainwell. It might be best to hold off if your agency was planning on paying or looking into a texting platform. It can be cheaper for state to purchase a platform for agencies to use for texting. Some local agencies pay for separate contracts for texting services, if the state could purchase for all local agencies, there could be better rates versus each county purchasing on their own.

A question was raised about county issued phones versus through the app. Twilio can message directly to the participant cell phone number. It comes through as a text from mobile management, through the platform.

Prevention Pays – Dakota uses. Requested that they be informed so they can make decision if continue with this program.

If you have more questions or have feedback reach out to Tami Matti or Tobi.

We will bring more information back to this group at a future meeting.

Data sharing update

We have been working on this project for a while, and the hope was to start in July. However, recent federal developments and changes are raising concerns over the safety of participants and their data with Medicaid data (C&TC and SNAP). We are pausing moving ahead with data sharing agreements until we have additional conversations with legal and MDH leadership. We could potentially move ahead with lower risk programs; however, we will need to evaluate this further with legal and leadership.

Comments/feedback:

Members appreciate the caution, and if possible, they would like to see us still move ahead with lower risk programs like family home visiting.

New food package changes and timeline input

Food package changes have an implementation requirement of April 2026 apart from the vitamin D in yogurt which is April 2027. Currently, we must change whole grains from pounds to ounces first, and we will not be able to do this until early 2026. Question was asked to advisory group members if we wanted to make changes such as adding tuna, gluten free bread option, wild rice, sun butter with the whole grain changes in January 2026. All members said yes. Summer 2026 more changes will be coming.

Strategic plan review

Discussed the history, the priority areas, completed a status check in, discussed accomplishments and changes. Kate led discussion.

In 2018, strategic plan developed at advisory group, identified priority areas and periodically revisited the plan to see where we made progress. In 2023, a new strategic plan was developed with the advisory group using an external facilitator. The goal was to help visualize what a successful WIC program looks like and strategize what needs to be worked on over the next three to five years. Top tier strategies and tier two strategies were identified at that session. In addition, there were many additional actions suggested for consideration. Last summer we had small group discussions as an AG to better understand the priority areas and this summer, we are looking back to check on the plan and complete a status check.

In 2025, due to a new administration and changes internally and externally, there are some new factors to consider that could impact the strategic priorities. Examples identified were participation being mostly flat – some small increase recently, but not back to 2023 levels, food package changes underway – mostly favorable to WIC participants but some higher cost foods

at state level, WIC staffing challenges, WIC online shopping at Hy-Vee; expansion efforts underway, but USDA final rule not yet published, uncertainty with federal policy and funding changes, future cuts to Medicaid and SNAP from federal legislation, food costs remain higher even after inflation lowers since 2023, infant formula rebates dropping for WIC state agencies, potential impact of tariffs and food/supply costs, public health funding at risk, birth rates declining with near-century low in 2024, ARPA waivers set to expire 2026 without new legislation, USDA WIC workforce projects underway, WIC technology and innovation projects underway.

2023 highest priority strategies identified:

Top tier

- State-level work toward electronic health record access
- Mapping issue for fruits and vegetables at cashier
- Expand flexibility in food package
- Promote WIC as Nutrition Program
- Secure state funding for WIC
- Data sharing agreements

Tier two

- Streamline online application process for local agencies
- Build strong relationship with participants
- Use technology to streamline WIC processes
- WIC mobile app in other languages
- Cultivate healthcare partnerships
- Better/faster communication from state
- Local agencies help set agenda for WIC Advisory Group

AG broke into four break-out groups to discuss the progress we're making, any changes, or barriers to add in. Groups reported back highlights.

Group 1: lots of progress being made, some take longer due to necessary work behind the scenes. Challenging with funding uncertainty, looks different now. Would like to see LA staff wellness on priority list given the uncertainty of public health, how we are taking care of staff, retention of staff. There is shifting at all levels and hard to stay on top of things, hard to get staffing to meet capacity. Need to get back to core functions and do and be OK with B work vs. A plus work. Need to adapt as innovation is key.

Group 2: overall good with progress, appreciate flexibility, like ARPA waivers for remote options helps with options for participants that live 30 miles or further away. Work with electronic health record is exciting and adds new need for processing new referrals. Changes would be to

keep clients safe, data sharing key, overall funding uncertainty, changes in food packages as move ahead look at cost of new foods being added, what can local agencies do to help advocate for remote services, see food insecurity a priority on the landscape. Recognize how agencies are so different.

Group 3: so much change in program over past years. Prioritize nutrition education, food insecurity, access to fruits and vegetables. Minnesota WIC keeping goal at forefront knowing each local agency looks different. Providing education and resources. Online ordering only some have access in their areas across the state. Also, how impacts small vendors and how to maintain small vendors. In Minnesota we have 925 pharmacy and food vendors, some states have 300-400. Hard to keep up with changes even with technology. Appreciation of how open and transparent MDH-WIC is, not all states experience that or have many avenues where local agencies can provide input. We do this with advisory group.

Various communications channels such as the weekly update, monthly local agency call, regional meetings, Kate being an advocate and leader at NWA helps support change. We like to provide flexibility in food package with formula and milk choices as examples. Would like to keep data sharing agreement on the forefront.

Group 4: focused on uncertainty of where things are at in general and overall, nothing new to add.

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