

# October 24, 2022, Advisory Group Meeting

## Notes

### ADVISORY GROUP (AG) MEMBERS PARTICIPATING:

**Chair** - Nikki Bennett (St. Louis 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:** Maggie Domski (Washington Co.); **Caseload Group Reps: Group 1:** Kathy Duffy (Ramsey); **Group 2:** Katlyn Hubbard (Becker Co.); **Group 4:** Amber Converse (Dodge Co.) **Group 6:** Jessica Allred (Winona Co.); **LPHA Rep** - Marlee Morrison (Hubbard Co.).

**AG MEMBERS Not Able to Attend:** Kate Franken - WIC Director; Southwest: vacant; Group 3: vacant; Group 5: vacant; Group 7: vacant; Group 8: vacant; CHB Administrators: vacant.

**MDH** - Tammie Edmundson: Financial Management Analyst; Tami Matti: MIS & Data Unit Supervisor; Jessie Zins: Food Delivery Unit Supervisor; Rebecca Gruenes: Nutrition & Clinic Services Unit Supervisor; Tina Breitenbach: Breastfeeding, Training & Communication Unit Supervisor

### Agenda Items:

**Advisory Group Chair** – current chair's (Nikki Bennett) term is up at the end of December. The Chair is selected at the October meeting of the out-going chair's last meeting and assumes the role at the following January meeting. The chair serves 2 years, and helps coordinate Everyday Hero awards, attends monthly NWA Midwest Call (2<sup>nd</sup> Thursday: 9-10am), and helps lead quarterly AG meetings.

The group discussed interest or nominations for position for the next two-year term. Katlyn Hubbard expressed interest and if she is not able to Nikki Bennett is willing to chair again.

### Advisory Group Members

Discussion was focused on AG member representation in particular caseload representatives. We noticed the caseload representations for AG are based on outdated information. Do we still want regional and caseload representatives? Most regions are represented by one to two representatives now as we are structured. Consensus was yes, still would want both, but perhaps look at caseload levels now and adjust representatives accordingly. There was discussion about how members should communicate w/the groups they represent. Perhaps a group email. Tina and Tami will come up with some ideas for AG representation and plan to share back with the group. It was also suggested that current AG members can be great advocates to encourage others to become a representative on AG (regional or caseload).

### **Idea & discussion for NWA Local Agency Reps**

As part of the new NWA by-laws, there will be four NWA local agency reps. We discussed that it would be advantageous to have three caseload representatives plus the Advisory group chair serve as the four NWA Local Agency reps for Minnesota. Since caseload reps serve on the Advisory Group already, it will be an easier way to fill these roles. The terms would coincide with the terms of serving AG. We have some questions that we need to answer: term length (could they be the same as our AG), meeting frequency, would it be more for voting? Should keep up to date with national and state updates and current events. Starts in 2024, will have more information later. For now, group agrees to have three caseload (perhaps small, medium, large) and chair as NWA local agency reps.

**Overview of recent USDA Funded Projects** –Reviewed WIC Projects At a Glance document.

### **MN AAP (Minnesota American Academy of Pediatrics) Project Summary –**

In early September we were the recipient of an AAP grant award for a project to collaborate with MN providers to improve referrals. We are partnering with Hennepin County Medical Center, Hennepin and Ramsey Counties, MN AAP, and other partners. The goal is to improve the referral from the medical clinic to WIC local agencies using the Electronic Medical Record (EMR), EPIC. We hope to adopt this broadly for other systems that use this EMR. We are early in the planning process and are currently holding bi-weekly meetings. The funding is good for one year. We're also exploring if there is a way to share height, weight, and hemoglobin data.

### **Data Privacy Agreements Decision –**

The Minnesota WIC Program responded to a request about exploring a data sharing agreement between the WIC Program and Family Home Visiting in Minnesota. The question originated from a WIC Local Agency as to whether the WIC Program could routinely share WIC participant contact information at the local agency level with the Family Home Visiting program for outreach and referral purposes. Currently, for WIC participant information to be shared with FHV, a release of information must be signed by the parent or caregiver involved.

Any data sharing agreements established in the WIC Program require certain steps to be taken at the state level to establish in writing the allowable data sharing through the WIC State Plan, the chief state health officer, and via a data sharing agreement between the appropriate entities.

MDH legal shared that while establishing the required steps and process to allow data sharing from the WIC Program to FHV is possible, there were questions about if any other solution has been tested. The following ways have been tested and are currently meeting the regulations:

- A signed release of information for a referral from WIC to FHV.
- Some WIC Local Agencies have FHV staff in their WIC clinic provide outreach to WIC clients in the waiting room to identify those interested in enrolling in FHV services.
- Some agencies at the end of their WIC phone appointment during remote operations have offered the participant a FHV referral and they can be transferred to the FHV staff right away for next steps.

This level of consultation and notice with the WIC participant allows each individual household the opportunity to opt in or opt out of sharing their contact information with another program like FHV. This provides true informed consent and ensures the participant understand how and why their data is being shared. A data sharing agreement between WIC and FHV does not allow a participant to opt out.

The MN WIC Program is exploring ways to streamline obtaining signatures for things like a release of information. A pilot project is underway to offer DocuSign to WIC local agencies which would allow a secure, remote option for obtaining signatures from WIC applicants and participants. We also have an online WIC Program referral form we will continue to promote with partners.

In addition to conversations with MDH legal, state staff met with FHV leadership. They indicated that obtaining program referrals from the WIC Program is considered a minimal level of outreach and indicated that FHV grantees should be taking additional steps to reach out to and recruit families for FHV services outside of the WIC Program. Also, not all data collected at the local level in FHV is shared with the state FHV program/system, so a data sharing agreement would have to be established at each local agency level between WIC and the FHV grantee to accomplish such sharing. Not all FHV grantees are housed in the same organization as the WIC Program across the state. FHV grantees include non-profit organizations that do not administer the WIC Program and who would be at a disadvantage by not being housed together as they are in local public health agencies.

For these reasons, the MN WIC Program has chosen not to pursue a data sharing agreement process at this time between WIC and FHV.

#### **Infant Formula Brand Substitutes –**

This past Friday our Mead Johnson rep stated nationally things are still unsettled and distributors have expressed Enfamil stock level concerns for the coming weeks. Texas and Iowa (both a part of our contracting states with Mead Johnson) are putting substitutes back on their product list. Additionally, almost all other states are following suit which is impacting supply. Mead Johnson is allowing us to use the USDA waiver to allow flexibility through December 31. Once Similac products are no longer on the program after 10/27, we will adjust the Approved Product Listing (APL) to add 12oz cans of Similac and select substitutes under the Enfamil products.

To initiate this change quickly, a communication plan to Point of Sale (POS) providers, suppliers, vendors, and corporate offices is underway. We want to encourage Enfamil, but vendors are being told to provide WIC- allowed substitutes if they are on the shelf. We will also be communicating this with participants in an app notification on Saturday 10/29. The substitution list will be posted ahead of the app notification and linked for participant use. Products will be moved in HuBERT on October 27. Stores will have two days to download the APL so participants can be successful shopping for formula October 29-31 with the allowed substitutes. Information for CPA's will be shared in the Wednesday Weekly Update and to the HuBERT users on Thursday.

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