

MN WIC Advisory Group July 27, 2020 Meeting Notes

ADVISORY GROUP (AG) MEMBERS PARTICIPATING:

Jessica Allred (Winona Co.); Nikki Bennett (St. Louis Co.); Amy Caron (Dodge/Steele CHB); Maggie Domski (Washington Co.); Kathy Duffy (St. Paul/Ramsey Co.) for Karen Mayer; Katlyn Hubbard (Becker Co.); Kris Klopp (Mille Lacs Co.); Amber Koski (Pine Co.); Miriam Lindblad (Countryside); Marlee Morrison (Hubbard Co.); Wendy O'Leary (Olmsted Co.); Stephanie Olson (Polk Co.); Arlin Penner (Nicollet Co.); Kathy Roycraft (Waseca Co.); Wendy Schoon (Otter Tail Co.); Ellie White (Kanabec Co.) and

AG MEMBERS ABSENT: Lenora Yellow Bird (White Earth Reservation).

MDH STAFF IN ATTENDANCE:

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, Fiscal Analyst.

Welcome & Introductions State Staff Update

Kate introduced Tami and Tina. Tina Breitenbach is in Pat Faulkner's former position, Breastfeeding, Training and Communications Unit Supervisor. When Carol Rowe retired, there was a hiring freeze and we were not able to hire for her position. Tami Matti is in the interim role of MIS and Data Unit Supervisor.

Due to COVID, all state agencies had a hard hiring freeze. All MDH WIC positions are federally funded, however, now require a request to Human Resources for approval for an exception to hire.

MDH - WIC Job Openings

Posted

• Breastfeeding Coordinator: Mary Johnson's former position. She retired in July.

Other MDH WIC positions, hoping to hire in the fall:

- **Communications Coordinator**—(NEW position) This position will be under the Breastfeeding, Training & Communications Unit.
- **Policy/Civil Rights** (previously Candy Wegerson's position). This position will manage MOM and Civil Rights and will be in the Breastfeeding, Training & Communications Unit.
- **Program Integrity** (previously Beth Shaw's position) This position will continue to be under the Food Delivery Unit.
- MIS and Data Unit Supervisor (previously Carol Rowe's position).

Regional Meetings

Consultants provide a summary of regional meetings to inform state staff about the discussions. State staff review the notes from each region, discuss comments, and any needed follow up from the meetings. Rebecca highlighted additional follow up from the May regional meetings for AG members.

Topics mentioned and Feedback/followup:

Grant Amendments – There were requests for notice to go out in the WU when grant amendments are sent to administrators.

Contract Formula Changes – A memo was out in August with details. There will be additional discussion at August regional meetings if needed.

App Update – A HuBERT Hints about notifications and messages will go out with more information. Local Agency staff would like the ability to control messages going out to participants from their agency. This will be part of a future enhancement.

Building Bridges/CLS Course- Concerns were made about in-person meetings. These meeting have been moved to online trainings.

WIC is Open Radio and News Release templates – Some agencies sent the release to local newspapers and radio stations. Local Agency suggestions are to outreach on other radio stations (e.g. Somali and Spanish). MDH WIC will explore this in the future through the office of MDH Health Equity.

Shopping Guide – Comments collected at the regional meetings were sent to the Shopping Guide WG to provide feedback from the discussions at regional meetings. The feedback collected will be considered in the next revision of the Shopping Guide.

Need for continued Participant Centered Services (PCS) staff training. – Watch the upcoming webinar on July 29th and modules coming out by the end of the year for new staff and on advanced PCS skills training.

COVID Discussion

Each agency shared information about concerns and challenges in offering WIC services remotely during the pandemic. Here are themes that emerged from the discussion:

Summary – LAs have adjusted to working remotely due to COVID-19. Waivers helped. :

Participants – Generally hearing participants "love remote services". LAs report participants are talking more during phone appointments. Some share those participants with English as a Second Language (ESL) prefer to have visits in person. ESL can be hard if participants are new to WIC and need to use language line since there often is a lot of information covered.

WIC Local Agency Staff – Hearing that staff "love working remotely. Staff feel participants are more engaged and they have richer conversations. It can be challenging during these times since there are some "gray areas." Staff miss seeing families, kids, and babies.

Management – Supervisors find it hard to keep in touch with staff. Check in's are important to help with morale and teamwork. During these times, we can view this as an opportunity to look at how we do things and make adjustments, for example, the local agency/state calls. Agencies have appreciated the guidance for reopening.

Other: Some staff comment wichealth.org usage has gone down. There are concerns over food shelf use over the long term and if the value of WIC will still be there since it can be easier to get food from food shelf. The consensus expressed is hope that the waivers will be extended again.

Vidyo – WIC staff like this as another option for offering WIC services, however, some agencies that have implemented it, thought participants would select it more often. Some coordinator's comment they wish they had used it sooner, so it would have been offered the same time as the phone option. Then participants might be more inclined to select it. Would like to see this option count for physical presence, current federal regulations do not allow this.

Appointments – Some agencies report fewer missed appointments. An agency comments they are enrolling babies sooner. They do a phone cert with mom in the hospital after baby is born. There can be a lot of information provided to participants over the phone. Participant like the phone option and the flexibility it allows, for example a participant can do an appointment on a work break over the phone.

Reopening -

Phased approach – Many agencies are looking at implementing reopening in a phased approach, but question how to offer it fairly to participants.

Appointments – Local Agencies recognize they will not be able to offer appointments the same as before since appointment days were full of people. There will need to be fewer people in clinic at one time.

Lab only and physical presence – Some agencies are looking at having participants come in for lab only and then finish the remaining portion of the certification by phone from home. Agencies that are considering this option brought up concern about making it fair for staff and the need to rotate staff to different roles. LAs want video visits to count for the physical presence requirement, however this is not allowed under current federal regulation.

Scrubs – Some agencies are looking at using scrubs for staff. Some counties are paying for this option while some staff are choosing to pay for it on their own.

Staff – WIC staff are nervous about returning to in-person visits. They like working from home. There are concerns from agencies with few staff. What if they get sick and there is no one to replace them. Agencies are contemplating having some staff work a few days from home and a few days in clinic and those agencies with several staff could rotate shifts working from home and in clinic.

UPDATES:

WIC Conference – Still trying to decide how to move ahead now that many conferences are converting to virtual attendance. Pushed the conference to next fall because we want to increase our odds of having an in-person conference and Carole Kelnhofer, Training Coordinator, is on COVID reassignment. Asked AG attendees for interest in in-person vs. virtual attendance and if full or half day is preferred. **Feedback:**

- In-person fall 2021 is first choice.
- A few interested in in-person spring 2022.
- Some interested in half-day virtual conference in spring 2021 and then in-person or virtual for a full day in fall 2021.
- Everyone agreed they would like something virtual or in-person next year for a full day if possible.

AG Visioning Activity – We have not lost the importance of this activity but will focus on this at later date. Kate mentioned that just because we didn't actively discuss visioning at the meeting, we have made progress in some areas like technology during COVID.

Comments mentioned: Continue to explore opportunities during this time. We have learned a lot about offering remote services.

Using WIC Helpdesk:

Contact the MN Help Desk when you need assistance with cards, food benefits, shopping and transaction issues.

Chapter 1 in MOM Exhibit 1-H: AUTHORIZATION AND MONITORING OF WIC VENDORS-STATE ROLE, will be updated to include changes to reflect the new process to call the MN Help Desk for assistance. Exhibit 1-I (The Store Incident Report Form) will be removed along with Exhibit 1-J (Customer incident report form). An online survey is now available to WIC vendors on the MDH website to report WIC customer issues.

Here is the corrected text that will soon be found in MOM Exhibit 1-H to explain the Help Desk.

When a participant has concerns about a shopping experience, the agency should troubleshoot using the <u>Common Questions from Participants guidance</u>. If there is enough information to follow up on the issues reported, the local agency should contact the MN Help Desk. They will provide support and if a resolution is not found, will determine if the issue should be passed along to the Food Delivery Unit. The MN Help Desk will direct agencies to fill out the <u>eWIC Transaction Issue</u> form. Staff should be as specific as possible in completing the form (i.e., time of day incident occurred, name of person at the store involved, describing what was said or done, etc.) Once the Food Delivery Unit is notified by the MN Help Desk, they will research food inconsistencies and address store reports.

Questions raised during the meeting and follow up responses:

- Question Can pregnant woman use an exception reason for physical presence? Can we use a Physical Presence exception when a participant is not at risk of complications from COVID-19, but a household member is at risk? If a pregnant woman feels she is at risk of complications from COVID-19, use the exception "A Serious Illness that may be exacerbated by coming in to the clinic". During the COVID-19 response, the exception "A Serious Illness that may be exacerbated by coming in to the clinic" has been expanded to include members of the household who are at risk of complications from COVID-19, rather than just the participant. Also, use this reason if a participant or member of the household has COVID-19, or is in isolation after exposure. Physical Presence Requirements/Exceptions when In-Person Clinics Resume (https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2020/topic/0 624physpres.pdf)
- Physical Presence
 (https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sct n5 2 5.pdf)
 WIC In-Person Clinic Operations During COVID-19
 (https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2020/topic/c ovid19reopen.pdf)
- Question: How can staff sign WIC Rights and Responsibilities when they are getting
 Ht/Wt/Hgb measurements or must a signature be obtained at the end of certification? MOM
 policy has stated the Rights and Responsibilities must be signed after the certification is
 complete. However, to allow more flexibility this policy was revised and sent to USDA for
 review. FNS has approved the policy change. Watch the Wednesday Update next week for
 more information.
- Question: Can a report be run to see if participants are not using benefits? Then the LA could reach out to them and discuss any issues using food benefits?
 This was requested previously and was determined the information about expired benefits is not saved in HuBERT. When the information regarding expired benefits is displayed in the Transaction history screen it is pulled real-time from the processor.
- Question: Can we bypass midcert measurements after age 1 and instead offer remote services unless there is a need to get measurements at that time? "It can be a lot when families have multiple children who do not line up for midcerts/recerts and so they have to schedule multiple WICappointments in-person along with their other doctor's appointments, etc."
 Once waivers expire, anthropometric data reflective of the participant's category will be required at certification, re-certification and mid-certification. Anthropometric and hematologic information should be obtained using standard procedures outlined in the anthropometric and hematologic assessment policies. Reassure the family of the safety precautions used in WIC clinic to reduce risk of COVID-19 transmission. Explore other options such as:
 - Schedule some certs/midcerts a month early/later to help sync family member appointments.
 - Have the family come in for only height/weight/hemoglobin check and complete the remainder of the appointment remotely. Brief interactions of less than 15 minutes may have lower risk of COVID-19 transmission. Responding to and Monitoring COVID-19 Exposures in Health Care Settings. This brief interaction for height/weight/hemoglobin counts as Physical Presence.
 - o If the parent/caretaker is at risk of complications from COVID-19, ask if a lower-risk proxy could bring the child in for the appointment.

Nutrition Risk Assessment

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3.pdf)

• Question: Agencies like the monthly calls w/state and in September maybe have more than one per month if needing to reopen in October?

Set meetings August 19th and September 9th and 23rd

Preliminary Agenda for October Advisory Meeting

- COVID
- State WIC Conference
- Visioning Progress Update

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