

DEPARTMENT OF HEALTH
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC PROGRAM)

WIC STATE ADVISORY BOARD

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IN RE: 11/12/24 MEETING

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BEFORE: DR. DEBRA BOGEN, Chair
Sally Zubairu-Cofield
Kelly Kane
Brittany Zwergel
Cathy Moffitt
Lisa Sanchez
Miriam Siedel
Katja Pigur
Gerria Coffee

Reporter: Ian Weeber

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1 BEFORE: Raeni Yock, Member
2 Amaka Nnamani, Member
3 Essence Cohen Fields, Member
4 Michael Howells, Member
5 Charlotte Dorsey, Member
6 HEARING: Tuesday, November 12, 2024
7 1:01 p.m.
8 LOCATION: Virtual
9 WITNESSES: None
10 OTHER ATTENDEES:
11 Nicholas Kiger, Board Counsel
12 Sue Mahokey
13 Tracy Kelley
14 Joe McLaughlin
15 Tiffany Heckard
16 Cynthia Findley
17 Mark Shirk
18 Sean Burrows
19 Ryan Prater
20 Kim Holdsworth
21 Filomena Ahlefeld
22 Marie Ford
23 Heather Baker
24 Toan Nguyen
25 Chandra Dyne

1 OTHER ATTENDEES: (cont'd.)

2 Robyn Gordon

3 Mary Ann Tonrey

4 Susanne Trout

5 Meghan Devine

6 Tracey Zeigler-Michelsen

7 Melissa Maust

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CHAIR: All right, good afternoon, everyone. We are starting our meeting right on time. I'm officially calling this meeting to order. This is the Women Infants and Children State Advisory Board meeting being held at 1:00 p.m. on November 12, 2024. I assume most of you know me by now, but My name is Dr. Debra Bogen. I'm the Secretary for Pennsylvania's Department of Health, and I also have the honor of chairing this great board.

A few preliminary matters. One is that this meeting is being recorded. By staying on, you are consenting to being recorded. And two, this meeting is being transcribed by a stenographer. There are a few procedural matters that we'll need to go through before we get to the heart of the meeting. The first is the attendance via roll call.

So I'm going to read your name and role and please acknowledge that you're present. You can either preferably unmute and say you're here if you can, but if you're not able to, then you put it in the chat. And Sally, can you watch the chat for me and let me know if somebody puts it in the chat?

MS ZUBAIRU-COFIELD: Yes.

1 CHAIR: Fantastic. All right, so I
2 will start at the top. Kelly Kane, medical
3 professional.

4 MS. KANE: Here.

5 CHAIR: Lisa Sanchez, medical
6 professional.

7 MS. SANCHEZ: Present.

8 CHAIR: Miriam Seidel, food insecurity
9 advocate.

10 MS. SEIDEL: Present.

11 CHAIR: Brittany Zwergel, food
12 insecurity advocate.

13 MS. ZWERGEL: Present.

14 CHAIR: Katja Pigur, fraternal child
15 health advocate.

16 MS. PIGUR: Present.

17 CHAIR: Gerria Coffee, maternal child
18 health advocate.

19 MS. COFFEE: Present.

20 CHAIR: WIC participants. Raeni Yock,
21 current or former WIC participant.

22 MS. YOCK: Present.

23 CHAIR: Bobbie Johnson, current or
24 former WIC participant. Charlotte Dorsey, WIC local
25 agency representative. Cathy Moffitt, WIC local

1 agency representative.

2 MS. MOFFITT: Present.

3 CHAIR: Theodore Deitman, WIC local
4 agency representative. Michael Howells, WIC
5 authorized vendor, food merchant.

6 MR. HOWELLS: Here, good afternoon.

7 CHAIR: Alex Beloga, WIC authorized
8 vendor, food merchant. Amaka Nnamani.

9 DR. NNAMANI: Present.

10 CHAIR: Great. Looks like maybe a
11 couple more people showed up while I was doing roll
12 call. If you are a member of the board and you
13 didn't say present, can you unmute now and let me
14 know who you are so I can check you off as present or
15 not?

16 MS. COHEN FIELDS: Hi, this is Essence
17 Cohen Fields, former president.

18 CHAIR: Great, thank you.

19 MS. TROUT: Susanne Trout.

20 MS. DEVINE: Meghan Devine.

21 CHAIR: I'm sorry, I didn't catch the
22 last one.

23 MS. DEVINE: Meghan Devine.

24 CHAIR: Great. Anyone else?

25 MS. HOLDSWORTH: Kimberly Holdsworth.

1 ZUBAIRU-COFIELD: We're only asking the
2 board members?

3 CHAIR: Yeah, just board members.

4 UNIDENTIFIED SPEAKER: - here or
5 present during the roll call, I think it's Charlotte
6 Dorsey.

7 MS. DORSEY: Yeah, I'm here. Sorry
8 about that.

9 CHAIR: Okay.

10 So we don't have Bobbie Johnson,
11 Theodore Deitman or Alex Baloga. Is that right?
12 Okay, perfect.

13 So, Mr. Kiger, can you please confirm
14 if we have a quorum for today's meeting?

15 MR. KIGER: We have 12 secretaries, so
16 you may proceed.

17 CHAIR: Thank you so much.

18 So, thank you. We have a quorum. A
19 quorum for this Board is 10 of 15 voting members. So
20 everyone's presence, whether virtual or in person at
21 each meeting is very important. There has to be a
22 quorum for the Board to conduct any business.

23 I have a couple of quick reminders.
24 Board members should make every effort to let us know
25 ahead of time if they are unable to attend a specific

1 meeting. Additionally, Board members are expected to
2 remain on camera during the meeting to the extent
3 they're able to do so. We have not yet received the
4 transcripts for our October meeting, so we will have
5 to wait to approve those until next meeting. With
6 that, I'm going to turn things over to Sally for our
7 second order of business. Thank you again for all of
8 you for attending and participating on this Board.

9 MS. ZUBAIRU-COFIELD: Thank you very
10 much. Our second order of business is to make the
11 Board aware of any Pennsylvania WIC State agency
12 vacancies that we have. At the current moment, the
13 following positions are vacant and need approval to
14 post. The Outreach Coordinator, the Diabetic
15 Internship Director and Clerical Assistance Group.
16 Once these positions post, we will be sending
17 notifications that these positions have posted. And
18 a candidate has been selected and approved to begin
19 November 18th. The role of the Fiscal Management
20 Specialist II position. This position reports to the
21 Division of Finance and Technology.

22 I'll now continue along with our third
23 order of business which is with funding. I'm sure by
24 now many of you are aware that we're currently in a
25 CR what we call it a continuing resolution. And I

1 can take a few minutes just to help you all better
2 understand this, which is federally funded by the
3 government, that funding should be - must be approved
4 each year in the budget process. If there's no
5 budget or we can't agree on a budget, then a program
6 that face severe funding issues. The continuing
7 resolution or CR is a temporary measure that the
8 government uses when Congress just can agree on a
9 full budget or Congress can't agree on funding for a
10 particular year. Essentially this says that we don't
11 have a full budget right now, but we're going to keep
12 things funding just like we did last year a little
13 bit longer. It's a short term fix to help programs
14 like the WIC program continue running without
15 disruption.

16 Since Congress didn't pass a full
17 budget by the end of the last fiscal year, which was
18 September 30th, they're free to pass a continuing
19 resolution to keep programs like WIC funded. We've
20 been kept funded at last year's level for a few more
21 months. This prevents a government shutdown and
22 prevent programs like WIC to stop operating or be
23 able to operate very limited.

24 As of today, the Continuing
25 Appropriations and Extensions Act does run through

1 December 20th, 2024. The United States Department of
2 Agriculture and Food and Nutrition Services, which is
3 a branch that covers the WIC program have provided
4 all states with additional funding through the first
5 quarter of 2025 fiscal year. Local agencies will be
6 updated as soon as we receive more information on
7 funding.

8 Now some of you may be aware a couple
9 years back Pennsylvania WIC received funding which
10 was used to design a program that would strengthen
11 our relationships within Pennsylvania WIC and
12 healthcare providers. Particularly those that were
13 involved in the care of WIC participants have been
14 excited to hear more about what happened with that
15 grant, want to know what's going on, what we're doing
16 around the Commonwealth.

17 The Pennsylvania WIC Medical Liaison
18 Branch allows WIC programs and Pennsylvania WIC
19 programs to collaborate with medical professionals
20 like doctors, nurses, dietitians to ensure that the
21 nutritional needs of women and men and children in
22 the program are being properly addressed.

23 To provide a brief updated of what
24 happened in this project, what went on during that
25 grant period, some successful successes and

1 opportunities, I'll now turn things over to Robyn
2 Gordon who is the Director of Quality Assurance and
3 Program Integrity at our state agency to walk us
4 through the fourth order of business.

5 MS. GORDON: Sorry, I was on the -
6 thank you, Sally.

7 The Pennsylvania WIC Medical Liaison
8 Grant was a program designed to strengthen the
9 relationship between the Pennsylvania WIC program and
10 healthcare providers relationship. Those
11 particularly involved were medical professionals such
12 as doctors, nurses and dieticians to ensure the
13 nutritional needs of women, infant and children in
14 the program were being popularly addressed.

15 Our team has put together a brief
16 presentation explaining the purpose and findings as
17 well as the successes and learning outcomes through
18 the process. Mary Ann Tonrey and Lisa Sanchez will
19 provide the outcomes of this grant.

20 MS. TONREY: Good afternoon. I'm
21 going to try to share my screen here. Tracey, can
22 you give me access to share? Okay, can everybody see
23 my screen? Perfect, okay.

24 My name is Mary Ann Tonrey. I'm the
25 dietetic internship director currently. At the time,

1 I was administering this grant. I'm going to give
2 you a little overview of the grant itself and what we
3 went through. But prior to actually presenting, I
4 would like to just make a quick comment that the
5 resiliency of the local agencies who participated in
6 this grant was overwhelmingly unbelievable
7 considering the timeframe that it occurred. I can
8 honestly say that I don't think it was expected, but
9 the cooperation was definitely appreciated and you're
10 going to see why as we go through this grant.

11 So I'm going - these are some of the
12 items I'm going to review with you. I'm going to
13 talk about the introduction - give you an
14 introduction about the actual grant and a background
15 about it. We're going to talk about the project
16 overview, we're going to look at some key findings,
17 project conclusions and lessons learned. And then
18 Lisa Sanchez, who's on the line, is going to talk a
19 little bit about her real time overview and give you
20 a clinic or a local agency point of view with this
21 grant since she was involved with it. And if time
22 permits, I think Missy's on, Missy Maust is going to
23 maybe tell us a little bit about where we're at with
24 telehealth IT digital status going forward.

25 Okay, so initially this grant was

1 considered a consortium model. We partnered with
2 West Virginia and we partnered with them because
3 they're a border state. They also had an HIN which
4 was perfect because this grant centered around the
5 fact that we were going to gain access to our health
6 information exchanges. And what that is, is a
7 network of medical information that you can access
8 statewide on patients in order to get information
9 that you may need.

10 There was a little difference between
11 us and West Virginia, and the difference that we
12 didn't realize until we got into this project was
13 that if you're not aware of it, Pennsylvania is an
14 opt out state. So if you're asking what's an opt out
15 state, an opt out state is a state that your
16 information is automatically put into this HIE system
17 without your consent. It's just considered ---
18 that's why it's considered opt out. And then in
19 order to opt out, you would have to actually complete
20 a form that actually says you do not want your
21 information being accessed or placed on this exchange
22 system.

23 West Virginia, on the other hand, was
24 an opt in state. And so in order to access their
25 patient information, we were going to require a

1 consent form of some sort in which they opted in and
2 gave us - gave them permission to actually post their
3 information by their medical organizations.

4 Okay, so the initial plan was for both
5 of us to access our HIEs and to actually pre-certify
6 participants by accessing their information through
7 the HIE so that by the time they actually came into
8 the appointment, we had the majority of their
9 information already documented. So part of the
10 appointment was already basically completed and we
11 had information on them - the process before they
12 actually came through the door. And we were actually
13 going to compare the in person process versus those
14 that actually - the in person versus those that
15 actually came in person, on traditional in person
16 certification appointments to try to see if there was
17 a time difference based on actually the pre-
18 certification aspects of the program that we wanted
19 to see.

20 So we were going to look at
21 intervention versus non-intervention tracking, which
22 we are planning to do. The next medical liaisons
23 were supposed to go out and educate physician offices
24 about WIC, about the HIEs in order to facilitate the
25 referral process for us. We are also going to obtain

1 a secure document portal to help with ease of
2 transferring medical information or HIPAA information
3 across lines at the time.

4 So what changed? So the actual grant
5 was granted in March of 2021 at a time when we all
6 know COVID was rampant still and the PHE was still in
7 place. We kept hoping the PHE would not continue,
8 but we kept getting 90 day extensions on the PHE,
9 which was unexpected when we actually applied for
10 this grant.

11 So the PHE continuing extension did
12 have an impact on the grant and what we can do, what
13 we could actually go forward with as far as the
14 physical presence, because it waived physical
15 presence, it kind of eliminated people coming in
16 person. So we couldn't actually precisely document
17 the times that they were actually in person.

18 The other issue that we had is that
19 Pennsylvania was having a hard time accessing their
20 HIE, which is called the P3N in Harrisburg. So we
21 were working closely with DHS and what we found out
22 was that state employees were considered a covered
23 entity and that we could access the information with
24 that agreement actually being in place. But because
25 a lot of our local agencies or all of our local

1 agencies are contracted, they were considered non
2 covered entities. So we had a hard time actually
3 accessing the HIE information that we had wanted to
4 access. In the meantime, West Virginia, however, was
5 able to access their HIN, which was really good
6 because that did help us with the grant. The other
7 thing that we both ran into problems with was
8 actually procuring a secure document portal during
9 the grant period because of the timeframe.

10 Okay, some of the project goals that
11 we had to actually go in and readdress was the
12 medical liaisons were to conduct outreach and track
13 participant certifications. The West Virginia
14 medical liaisons, however, were supposed - they
15 actually instead prescreened and processed their
16 participants throughout the whole process. Our
17 medical liaison basically went out and connected with
18 primary care physicians in order to help the referral
19 process. So we had to make those changes. PA, we
20 were hoping to increase referrals to WIC from the
21 PCPs and both of us were looking to streamline the
22 certification process as well as the redundancy of
23 tasks and the cost of doing those tasks.

24 The target audiences varied a little
25 bit. West Virginia, because they're a sparse state

1 and doesn't have the population we have, they were
2 able to do all certification appointments, whereas PA
3 actually had to specify and we had to narrow our
4 pool, our target audience down to pregnant and
5 breastfeeding participants.

6 For this grant, 12 out of 22 of the
7 local agencies participated and it was a total of 42
8 actual clinics that participated. In West Virginia
9 they had five local agencies and 35 clinics that
10 participated. The Innovation Grant again was
11 actually issued in March of 2021 and it went till
12 September of 2022. We provided medical liaison
13 training for consistency December 2nd of 2021. Data
14 collection for PA and West Virginia vary a little
15 bit. In Pennsylvania, our data collection went from
16 January 2022 to September. And West Virginia was
17 able to start documenting some of their data November
18 1st to September 30th. And then we submitted our
19 information to GFCN November of 2022.

20 Okay, so what we did was enhance the
21 program, the actual certification program by having
22 our medical liaisons increase WIC program
23 participation. We increased referral data from PCPs
24 looking at anthropometric and hemoglobin data, while
25 West Virginia was looking to pre-certify WIC

1 applicants and decrease initial certification time
2 and customer satisfaction. So we are both actually
3 still looking to streamline the certification process
4 in some manner.

5 We actually developed medical liaison
6 job descriptions and training in order to provide
7 consistency so that all the local agencies were
8 processing consistent and in the same manner. West
9 Virginia did have to provide training on the HIN. We
10 did not have to do that. We did - both of us had to
11 come up with standard operating procedures again for
12 processing the participants and standard operating
13 procedures for collection and submission of data.

14 These are just some of the outreach
15 materials we developed for the medical liaisons to
16 take out. We had a packet which was called the
17 Physician's Packet and it had pockets in it. It had
18 layers of information about Pennsylvania WIC. And
19 then we developed kind of like an infographic that we
20 put in one of the pockets that just had an overview
21 of the more important stuff if you wanted to just
22 look real quickly at, you know, what resources WIC
23 provided, you could do that with this form. We did
24 develop a 40 minute and a 20 minute shortened version
25 of presentations for the medical liaisons to be able

1 to actually show when they went into physicians'
2 offices.

3 We came up with referral forms for
4 both women and PEDs that could be used, they were
5 fillable documents that could be used. And at the
6 time, because of the PHE they were able to be faxed
7 in. And we also had in the packet a bunch of
8 stickers that the PCPs were required to actually
9 place on people's discharge papers so that when they
10 left the office, if they were interested in WIC, they
11 would have that information.

12 Data collection consisted of following
13 the medical liaison. We had to track their time and
14 that they actually worked on the grant, their
15 salaries, things like that. We used our MIS system
16 to actually track the referral detail report that we
17 needed. We developed tracking documents that
18 actually track the participants, any kind of medical
19 liaison outreach, and the consent forms that West
20 Virginia had actually developed in order to send out
21 to their participants.

22 At the end of the grant, we had
23 surveys that we conducted with both WIC participants,
24 staff and PCPs and then we had actual staff
25 interviews that were conducted by GSEN with

1 Pennsylvania WIC staff.

2 This is just an example of the MIS
3 system that we currently use. It's called Pen. And
4 this basically is what we use to actually track the
5 referrals. As a result of this, 26 out of 42 of the
6 participating clinics saw an increase in referrals
7 from medical care providers when they compared the
8 same period of the previous year. That was about a
9 117 percent increase, which was really good.

10 Using the Pen referral system, you can
11 see here the percentage of increases with all the
12 clinics that were - that participated in Pennsylvania
13 of what we saw on the referrals.

14 On tracking reports, we tracked every
15 participant that was processed. And a result of that
16 tracking showed us that in Pennsylvania, 2,308, any
17 type of anthropometric and hemoglobin tests were not
18 needed to be performed in the clinic as a result of
19 us getting that information from the PCP providers
20 ahead of time. And in West Virginia they had 700 in
21 which they didn't have to perform that series of
22 tests that we normally require.

23 For the medical liaisons, on their
24 outreach forms, it shows that we reached out to 275
25 PCP offices where we actually met and provided

1 materials to them. 160 we were not unable - we were
2 unable to actually meet with them and provide the
3 material that we wanted to. Some we just sent
4 materials to, and that was 81 PCPs. And some we just
5 met with but didn't have the material at the time
6 probably to provide that.

7 West Virginia had to develop an
8 authorization to release health information, an ARHI,
9 and one of the issues that we had was that these had
10 to be mailed because we did not have the document
11 portal. So they had to be mailed to their
12 participants ahead of time. Of the 12,826 forms
13 mailed to West Virginia residents, 23 percent
14 basically accepted to participate and complete the
15 information and send it back.

16 Some feedback that we had from the
17 actual - as a result of the surveys that we conducted
18 was we had sent out surveys to 5,430 pregnant and
19 breastfeeding women. And out of that 1,177 actually
20 clicked the survey, but actually 610 completed the
21 survey. So that's still a good sampling. The
22 surveys indicated that based on responses from the
23 participants, that they really didn't feel a big
24 impact with having to complete the anthropometrics
25 and hemoglobin measurements ahead of time.

1 The WIC staff that was surveyed, we
2 had - of the 60 that were sent, 30 surveys were
3 completed. And some of the recommendations that we
4 got from the WIC staff that participated was that
5 more outreach with the PCPs would help them to
6 understand the importance of data of WIC and their
7 participants, and they would like to see us institute
8 a single process where PCPs could routinely collect
9 their height, weight, hemoglobin and proactively send
10 it directly to WIC. They also all felt that digital
11 approaches to sending the data was definitely going
12 to benefit in the end.

13 Surveys that we did to the primary
14 care providers showed that we attempted - that we had
15 at least - this went out three months following the
16 actual survey, and 39 of the surveys were completed
17 by PCPS. The vast majority of them reported
18 referring patients to WIC several times a month or
19 more. And some of their information - some of their
20 feedback that we got, that they were basically
21 satisfied with the process for referring. They were
22 less satisfied with the process of providing
23 patients' recent heights, weights and hemoglobins to
24 WIC, of course. And they did highly recommend digital
25 approaches going forward.

1 The WIC staff that was surveyed,
2 primarily some of the results that we got from them,
3 that they felt that the participation that we had in
4 the innovation was local agency leadership buy into
5 the innovation and projects may streamline and
6 improve participant and staff experiences. And the
7 main reason that some of them could not participate
8 to the degree they might have liked to was because
9 there were a lot of shortages at that time.

10 Some of the conclusions that we have
11 as a result of this survey, some of the opportunities
12 for PA, some of the problems or the opportunities
13 that we'd like to see going forward was we had
14 problems with actually getting into some of the PCP
15 offices because we couldn't utilize the grant
16 funding, if I'm not mistaken, to provide things like
17 lunches, so that when went in and actually provided -
18 we wanted to go in and meet with them and provide the
19 presentation that we had and stuff. But it was tough
20 to do because we couldn't provide money for funding
21 for things like we'll provide you lunch to have that
22 buy in to get in the door. So that was an obstacle.

23 Both Pennsylvania and West Virginia
24 felt that utilizing electronic approaches rather than
25 the hard copy would have benefited us through this

1 process and most specifically using a secure document
2 portal. West Virginia was in the process of actually
3 getting a document portal, but just there wasn't
4 sufficient time to actually get it in place. They
5 probably have it in place at this point though.

6 For us, one of the other opportunities
7 that we are looking at is still pursuing and looking
8 at the health information exchange that we felt could
9 have probably helped us a little bit more.

10 West Virginia felt that they did
11 continue to access the HIN that they're using or the
12 health information exchange to streamline their
13 certification processes and to extend partnerships to
14 include referrals to and from local WIC clinics in
15 their actual system, which is probably something we
16 could not have done. So I give them credit for
17 pursuing that and making that easier for them. I
18 think they're seeing an easier road as a result of
19 this grant.

20 Also, West Virginia felt that - they
21 felt that in addition to the - that using the HIN
22 that we could expand usage of that information to
23 obtain information about immunizations and lead
24 testings moving forward.

25 So some of the sustainable things that

1 we had as a result of this grant was that West
2 Virginia still continued to use access to their HIE,
3 which they felt was sustainable. They actually kept
4 on their medical liaison personnel and integrated
5 their physicians to continue handling the HIN day to
6 day operations to actually prescreen their
7 participants. They are in the process of, like I
8 said, of implementing a document portal to eliminate
9 that time spent that they had with the paperwork.
10 And with PA, we are still using our referral forms
11 that were developed and we are still using that
12 outreach material that we developed.

13 What was unsustainable for both state
14 agencies was PA, of course, the medical liaisons, we
15 didn't have the money to continue funding those
16 positions. However, moving forward we decided that a
17 lot of local agencies were going to basically use our
18 outreach coordinators to continue those outreach
19 efforts. West Virginia, of course, did not feel that
20 paper copies of their ARHI was the sustainable.

21 So some of the top lessons that we
22 learned was probably understanding the protocols and
23 parameters a little bit more before we actually
24 developed this grant. What we didn't understand was
25 the timeframes that PCP offices used to actually

1 collect the anthros and the hemoglobin were a little
2 bit later on than the initial certification process.

3 So we do know that now, and I think on Lisa's going
4 to talk a little bit more about that.

5 Maintaining consistent leadership
6 throughout the program. So we had issues where we
7 had to change leadership on two or three different
8 occasions. So that kind of was a barrier to us a
9 little bit with moving - with this program moving
10 fluently. Because whenever somebody new came in to
11 take over, they had to then learn the whole project
12 and where we were when we left off, so.

13 Having agreements executed prior to
14 the start of the project. So we had to have legal
15 agreements with CSGN and with West Virginia, and they
16 did - they were very time consuming getting both
17 agencies to agree to everything that went back and
18 forth. So that did take some time. So having them
19 executed ahead of time would probably help moving
20 forward.

21 Research some of the standing
22 agreements that you have. So initially, we weren't
23 aware that we had a standing agreement with DHS that
24 allowed us access to the P3N. Unfortunately, it was
25 just for state employees, but now we know for a fact

1 that's in place. And West Virginia dealt with the
2 same thing. We were all jumping through hoops trying
3 to access our health information exchange, not
4 knowing there was already an agreement in place
5 saying that they would have - they could have access
6 to that automatically. There was a blanket agreement
7 of some sort. So that was something we weren't aware
8 of.

9 When training people for the HI - for
10 the health information exchange, they did come up
11 with the fact that they felt that when the training
12 actually occurs and the same thing if Pennsylvania
13 gets on the HIE, they strongly suggest that you train
14 with real people versus the test cases.

15 Best practices that we learned from
16 this was again in the beginning, starting with all
17 your subject matter experts as part of the team,
18 which we didn't initially include IT procurement and
19 the nutrition section. And I think had we done that,
20 I think it would have been a smoother process and we
21 would have known what we could or could not have
22 done, especially in the IT area. So that was
23 definitely a realistic expectation.

24 The other best practices have to do
25 with integration into clinics, hiring and promoting

1 from within rather than - so some of the medical
2 liaisons we hired were from outside of WIC. And I
3 know West Virginia's were, I think, all outside of
4 WIC. So basically what we're saying here is hiring
5 or training people before you actually go into a
6 grant like this so that they're familiar with WIC
7 protocols and policies before you take on a grant.
8 And to also plan ahead and think through the entire
9 certification process and not just the part where
10 you're trying to gather the anthropometric and
11 hematologic data retrieval.

12 Again, what PA is doing right now, our
13 next steps, we are proceeding with still looking at
14 the avenue for the PA health information exchange.
15 Both PA and West Virginia are still looking to obtain
16 a secure portal for WIC participants and PCPs to
17 utilize for PHI purposes and for both of us to
18 continue to incorporate telehealth into our WIC
19 service provision.

20 So now I'm going to hand this over on
21 to Lisa Sanchez, who's a PA at CHS and she's going to
22 tell us a little bit more about the real life
23 experiences that she had with this grant. Lisa?

24 MS. SANCHEZ: Can everyone hear me?
25 Yes, can you hear me okay?

1 MR. TONREY: Yeah.

2 MS. SANCHEZ: Okay.

3 All right, well I'm going to try to
4 make this as quick as possible so we have time for
5 questions. But in 2021 I relocated. I actually had
6 worked in family medicine for 21 years as a PA and I
7 basically saw kids, babies and teenagers and moms.
8 So that was my practice basically. But it was
9 interesting because when I was relocating to another
10 area a job came available and it was a part-time
11 position for the medical liaison grant and it stated
12 that I would work as a CPA nutritionist. So it
13 intrigued me and I didn't know much about WIC. Now,
14 I saw many pregnant moms and breastfeeding moms and
15 moms that formula fed as well as babies and children.
16 But I didn't know much about WIC other than I
17 thought it provided formula only.

18 So the nice thing was is I was hired
19 in August 2021 to work as the medical liaison. My
20 director thought I would be a good addition to the
21 team just because of my experience. I did end up
22 having about three months of on the job training and
23 I understood WIC policy and procedures. So as Mary
24 Ann just said, it would be good to hire someone or
25 hire a team and then allow them to understand WIC

1 policies and procedures first before sending them out
2 into the field. So - but that was because our grant
3 start date had gotten delayed and I did have that
4 extra experience.

5 But one of the things or a few of the
6 things that I could see that were going to be some
7 problems was at one year old recertification visits
8 we require anthropometric data, so that's height and
9 weight that has been collected within 60 days and a
10 hemoglobin that has been collected within 90 days.
11 Now, PCPs are doing those at nine months of age
12 because the Medicaid insurance's early childhood
13 screening development, that is required around nine
14 months to be done to get that paid for by the
15 insurance company. So when we were going to get that
16 data it was going to probably be a little too old, so
17 we would have to delay our one year old
18 recertification. But then that would make the
19 hemoglobin too old, if that makes any sense. So
20 there was a little discrepancy there.

21 And then one of the other things I
22 could see was going to be an issue is having been in
23 the family medicine field, I was inundated with all
24 kinds of literature and brochures and different
25 things from drug companies and physical therapy

1 companies, all kinds of things. And a lot of that
2 would just get thrown into the trash. So I thought
3 that the state agency, this grant, everything worked
4 really well with the marketing and the outreach
5 materials that we received. They were bright, they
6 were easy to understand, and I was excited to take
7 them out. But then I started making those phone
8 calls or sending letters. And a few of the clinics
9 would say, sure, bring in your information, but they
10 would only let me get as far as the front desk or to
11 the nursing staff.

12 So when I started looking at my data
13 of people who were referred to WIC, I was still
14 seeing a lot of family and friends and relatives were
15 referring them rather than healthcare providers. So
16 then, and during the process, after the first month
17 or so, I think it was maybe a month or two, I went to
18 the director and I said, what about, like, let us
19 just go to the hospitals where babies are born,
20 because 50 percent of all families can qualify for
21 WIC. Why don't we just go there?

22 So we made meetings with - in
23 Meadville Medical Center, where we're affiliated
24 with, they're actually our grant holder for our WIC
25 program. We met with - the director and myself met

1 with the nursing - the nurses on the labor and
2 delivery floor, and we met with the nurse manager and
3 we brought those referral forms in.

4 I brought all kinds of things, like items,
5 some of the marketing materials and things like that.

6 But they were very excited about the referral forms
7 because what they started to do was just go in and
8 ask every mom, are you on WIC? Do you want to be on
9 WIC? And they would actually send us those referral
10 forms before mom left the hospital. Just like as she
11 was being discharged it was part of their process.
12 And actually a takeaway from that is it actually
13 worked really well. To this day, they are still
14 doing that. And we have fostered that relationship
15 with hospitals. We also do that in our Warren Clinic
16 now.

17 And it seemed like my experience was
18 I'm not going to get that time to spend with the
19 healthcare providers, the PAs, the nurse
20 practitioners and the doctors, but it was much easier
21 to get into the labor and delivery floors where we
22 could get those postpartum moms and the infants
23 referred. And that has been a huge success for us.

24 But other than that, also too - I just
25 have some notes here. I think the big thing was - is

1 just fostering those relationships. You know, once
2 we do outreach, it's good to reconnect with them. So
3 a couple weeks ago, I was just at our labor and
4 delivery unit in Meadville, just touching base with
5 them, making sure those referrals were still coming
6 in. Because occasionally you'll see things slack off
7 a little bit and getting back in.

8 But I agree, Mary Ann did mention the
9 one takeaway point, it's a little hard to get into an
10 office when you can't take their lunch time to sit
11 and do a presentation. They made a wonderful video
12 for us. It was called WIC 101. They had a short and
13 long version. No one wanted to sit and meet and
14 listen to that. But I did find that connecting with
15 the resident, like if you have a resident program,
16 that was a great thing to educate residents because
17 they don't learn typically too much about WIC, I
18 would assume, in medical school, but that was a nice
19 thing. And then that opened up a little bit of a
20 connection with our family medicine residency program
21 too.

22 So I don't want to take too much else
23 away from that other than, like I said, there was
24 some - it was just hard to access the physicians, the
25 healthcare providers, and if we could have scheduled

1 meetings and taken their time and made it worth their
2 while. We did have some nice outreach items like our
3 agency ordered, like umbrellas and coffee mugs and
4 things like that. And they were well received, but
5 we probably could have did a little bit more with
6 that. So, I mean, I think that's all I have to say
7 right now.

8 MS. ZUBAIRU-COFIELD: Thank you.
9 Thanks, Mary Ann and thanks, Lisa.

10 MS. SANZCHEZ: Thank you.

11 MS. ZUBAIRU-COFIELD: We have a hand
12 raised. Dr. Kane?

13 DR. KANE: We have a vigorous
14 Pennsylvania American Academy of Pediatric Division.
15 And I would encourage involvement of the PAAP moving
16 forward if you need to try to obtain advocacy and -
17 to your project and to try to open doors. I think
18 it's disgusting that in 2024, doctors and practices
19 think that they need a prize or lunch to try to work
20 with people who are trying to help their patients.
21 So I'm not down with that. And I think that we need
22 to make sure that we are being professionals as
23 doctors and practices.

24 MS. HOLDSWORTH: Thank you very much,
25 Lisa. Oh, sorry, I didn't have my hand up.

1 Brittney, go ahead.

2 MS. ZWERGEL: No, please, go ahead.

3 MS. HOLDSWORTH: Okay.

4 Thank you, Lisa. That was very
5 helpful. And to Dr. Kane's point, I am one of the
6 AAP outreach coordinators, actually. So I already
7 started the conversation, so it's something that we
8 will hopefully work on.

9 But, Lisa, I just have a question.
10 So, based on Mary's prior presentation, she mentioned
11 that in Pennsylvania the medical liaisons no longer
12 exist, it's more of an outreach coordinator thing.
13 Is that something that you're doing currently in with
14 your relationship with - at the Meadville Medical
15 Center? And are you using outreach coordinators or
16 is it still medical liaisons, because that's a
17 beautiful -.

18 MS. SANCHEZ: It's not called - that's
19 right. We - so myself and the director share the
20 outreach coordinator position. We don't have an
21 established one, but yes, I'm still doing that under
22 outreach.

23 MS. HOLDSWORTH: Okay. All right,
24 thank you.

25 MS. SANCHEZ: Uh-huh.

1 MS. ZWERGEL: I was just going to
2 share about two questions. One, if there's any
3 opportunities for state partnership working, like Dr.
4 Kane mentioned, the PAAP to help get the word out
5 about WIC across the state. A lot of local agencies
6 do have outreach coordinators, but they don't always
7 have the time and capacity to be the boots on the
8 ground at all the doctor's offices to get that word
9 out. So if we could get some kind of establishment
10 statewide to really help educate the next generation
11 of our healthcare providers, that would be beneficial.

12 And then two, Mary Ann, do we have any
13 updates on where we're at with the HIE status? Are
14 we still working towards that in Pennsylvania or have
15 we kind of put that on the back burner?

16 MS. TONREY: Sally, do you want to
17 take that or you want me to?

18 MS. ZUBAIRU-COFIELD: I can jump in.
19 We are still working on that and we do have some
20 stuff in the works for our document portal and we can
21 share and provide an update on that at a future
22 meeting. I think that's something especially for our
23 local agencies who are interested. But that is in
24 the works.

25 MS. TONREY: Yeah, it makes sense to

1 get the document portal first in place possibly and
2 then look at the HIE again.

3 MS. ZUBAIRU-COFIELD: Thank you.

4 MS. TONREY: Thank you.

5 MS. ZUBAIRU-COFIELD: And I don't see
6 anything else in the chat, but thank you, Mary Ann,
7 because I appreciate you, Dr. Kane and Dr. Nnamani,
8 and I'll now turn it over to -.

9 DR. BOGEN: Sally, can I interrupt for
10 one second?

11 MS. ZUBAIRU-COFIELD: Absolutely.

12 DR. BOGEN: I appreciate the focus on
13 pediatrics and I'm a pediatrician so you know I focus
14 on pediatrics, but I've also been seeing and
15 traveling around the state to many parts of our rural
16 communities and many of them don't have pediatricians
17 in their communities and it's entirely family
18 physicians. So we have to work with the American
19 Academy of Family Medicine just like we do with the
20 Pennsylvania AAP. And I just can't emphasize that
21 enough to everybody. Most of our rural communities
22 do not have pediatricians in them. They have family
23 physicians. So please reach out to them and do as
24 much work with them as you are with the AAP. Thank
25 you.

1 MS. ZUBAIRU-COFIELD: Thank you, Dr.
2 Bogen for noting that. We'll keep that in mind.

3 I will now turn things over to
4 Brittany Zwergel and Charlotte Dorsey, the vice chair
5 and secretary for the advisory board, and they'll
6 walk us through the -.

7 MS. ZWERGEL: All right. Hi everyone.
8 Last time - and we kind of had limited time as well
9 today. We started to talk about the operation of
10 programs to increase enrollment and utilization of
11 the program. So we had a great conversation. So we
12 wanted to just give two minutes to see if anyone had
13 any thoughts that they didn't share last time that
14 they wanted to share today before we kind of move on
15 to our next piece.

16 Go ahead, Katja.

17 MS. PIGUR: So I would like - because
18 this was a really interesting piece that we just
19 finished. And before I talk to this, I think we also
20 probably should include OB-GYN offices because we
21 want women to enroll during pregnancy. Right? The
22 earlier the better. And then I was wondering as I
23 heard now about this outreach coordinator position,
24 because in order to kind of have a conversation, what
25 else can we do to increase participation, it would be

1 helpful to know so what is actually being done. Has
2 there been maybe, you know, I would think that WIC
3 agencies have deliverable around outreach to increase
4 participation. And it would be interesting to know.

5 So what have the WIC offices been
6 doing? What type of outreach? And has that been
7 evaluated to see what has been actually be - you
8 know, what has been effective. And obviously that
9 also depends where you are. Right? In rural areas,
10 that might look different than in urban areas. But
11 definitely to kind of learn what the agencies have
12 done. And then it's easy also to identify, well,
13 what hasn't been done because it's kind of hard to
14 kind of say, oh, you could do this, you could do
15 that. Maybe that's already done. So it would help
16 to kind of identify the things, the strategies that
17 maybe are missing.

18 MS. ZUBAIRU-COFIELD: Thank you.

19 MS. ZWERGEL: And I was going to say,
20 Sally, do you or maybe Robyn want to talk about the
21 outreach plans for the state?

22 MS. ZUBAIRU-COFIELD: So right now we
23 do have an interim outreach director for our state
24 agency and they make sure every local agency is set
25 up with an outreach coordinator or someone who serves

1 in that entity. And we do have outreach plans that
2 are submitted to the state to address participation,
3 recruitment, enrollment, things of this nature,
4 things that we can do to increase our participation,
5 but the awareness of the WIC program itself.

6 So thanks for noting that, and it will
7 be interesting to take it a step further, Katja, so
8 we'll definitely work on that. We will be recruiting
9 to fill this position soon. So and in doing so, we
10 will be looking for someone that is very experienced,
11 hopefully with WIC experience. But we really want a
12 strong marketing professional and someone that's able
13 to look into analytics, data, research in order and
14 efforts to better serve our WIC participants across
15 the Commonwealth. So thanks.

16 And I don't see any hands raised or
17 see anything in the chat.

18 MS. ZWERGEL: Yeah, ironically, the
19 item we had today was to talk about outreach
20 initiatives to increase participation and enrollment
21 in the program, including any underserved
22 populations. I think we kind of picked on a little
23 bit of that today, but I'll leave it open to the
24 floor if anyone has any thoughts or ideas they'd like
25 to share about innovative outreach.

1 Go ahead, Gerria.

2 MS. COFFEE: Hi, I mentioned briefly
3 in the chat on the last meeting that we could
4 probably engage doulas in this outreach as well,
5 giving doulas some access to this information and
6 creating some sort of partnership through there.

7 I'm the president of the Pennsylvania
8 Doula Commission and we'd be more than happy to kind
9 of add a resource to our resource page, like some
10 sort of downloadable resource to be able to have
11 doulas access something easily that they can maybe
12 print out or some sort of script or whatever that can
13 be designed to help doulas. Because in reality,
14 oftentimes doulas are being reached before someone
15 gets to an OB in a lot of cases. And so the earlier
16 we get to families and let them know about the level
17 of access that they, you know, could obtain and when
18 it comes to enrollment, maybe the better it will be.

19
20 MS. ZUBAIRU-COFIELD: Thank you,
21 Gerria, for that insight. Definitely noted - made
22 note of that. So we'll keep that in mind. And
23 you're absolutely right, especially currently, more
24 currently than ever, doulas are some of the first
25 ones that are getting that contact and getting most

1 of the contact with these prenatal mothers. So
2 appreciate that. Thanks for that advice.

3 MS. ZWERGEL: Any other immediate
4 thoughts for outreach initiatives or underserved
5 populations?

6 Go ahead, Essence.

7 MS. COHEN-FIELDS: I also brought this
8 up at the previous meeting, but it was just looking
9 at ways to have a step by step how to collaborate
10 with schools, WIC in schools, and also kind of health
11 fairs. So I'll I've been attending to different
12 health fairs and - or community resource fairs in
13 particular and I don't see your presence and I know
14 it would be very helpful in community education and
15 just kind of seeing what would the steps be to be a
16 partnership in those arenas.

17 MS. ZUBAIRU-COFIELD: Absolutely. And
18 we do try to attend and have a presence at as many
19 healthcare and community events as possible as we
20 can. There are times where we send local agency
21 representation. We've had people from our state
22 agency show up and present tables at these events as
23 well.

24 If you know of any events, community
25 events out there, you can directly send me an email.

1 If you are aware of the local agency near or closest
2 to you can, you can send them an email. We're always
3 looking for partnerships. We're always looking to be
4 present at these events. And a lot of times I do
5 encourage people to not necessarily try to filter out
6 if this is an event that is appropriate for WIC.
7 Allow us to be the ones to do that because sometimes
8 you just don't know and we miss the mark. There are
9 fathers that are on WIC, there are grandparents that
10 on WIC, caregivers, many different entities that we
11 really want to make aware of the programs and
12 services of each site.

13 So always, always, you can shoot me an
14 email. If you're aware of the closest WIC office to
15 you, please share that information with them. But
16 I'm always interested to hear what's going on in the
17 community and how we can be a partner.

18 I think Dr. Bogen has a hand raised.

19 DR. BOGEN: Yes, thanks.

20 I was, you know, recently walking for
21 a couple of stores and really appreciated in the
22 stores where it says, you know, this is a WIC product
23 or whatever. I don't know what we do in grocery
24 stores specifically around helping people sign up for
25 WIC. So, you know, I'm - I sometimes go to grocery

1 stores with people who don't know anything about WIC.
2 Like, what is that? And so do we, you know, have
3 like a QR code that people can scan in every grocery
4 store that participates, how to sign up, things like
5 that? I don't actually know what we do already. We
6 may already do all that. Thanks.

7 MS. ZUBAIRU-COFIELD: That's actually
8 a great idea, Dr. Bogen, that QR code. I don't know
9 if anyone has ever thought that far, but I actually
10 never heard of that. So that's a great idea.
11 Currently we have the WIC Shopper app where we
12 encourage our participants and family - we encourage
13 people in the grocery store to download the app. I
14 have the app on my phone. I always, if I'm in a
15 grocery store, kind of pay attention to the type of
16 people that may need help or may have questions and
17 see where we can help. We do have Missy on the call.
18 She can jump in to provide any feedback. And then,
19 Michael as well.

20 MS. MAUST: Yeah, I know some of the
21 locals have done some different things. Specifically
22 right now I'm thinking of York. They had little
23 things that they had made for the different shelves
24 that said, hey, if you're interested in WIC, they
25 were kind of like a shelf talker to some extent and

1 they had like a QR code I think that they could - a
2 participate could scan that would get them to, like
3 the website. So some of the locals, I think, have
4 done a little bit of that.

5 MR. HOWELLS: And just to add on, one
6 of the things that we have heard in particular from
7 maybe some smaller members is that there's maybe a
8 little bit of confusion about the level of promotion
9 or advertising that's allowable under the system. So
10 maybe pushing out some material and some resources on
11 what is okay to do and what isn't okay to do.
12 Because I know a lot of folks are very hesitant to do
13 anything that would potentially put them at risk of
14 being able to provide WIC products and being part of
15 the program. So - but they would like to absolutely
16 promote that they are participating more than they do
17 or more than they think they're able to do. So
18 definitely something that we could talk about more.

19 MS. ZUBAIRU-COFIELD: Thank you so
20 much, Michael, for bringing that up. That reminds me
21 of when I first started here, when I was in Maryland,
22 we did outreach at local grocery stores and Giant was
23 one of our biggest ones where we set up tables in the
24 Giant grocery store and actually have participants
25 sign up for WIC. When I came to Pennsylvania, Giant

1 Eagle shared with me that there it's a little
2 different. You can't operate in that nature. So I
3 appreciate you mentioning that, Michael. It is
4 different and there are limitations and restrictions
5 as to how much marketing you can do or what type of
6 marketing you can do.

7 MR. HOWELLS: Sure, and I would just
8 add it would probably be helpful to find out whether
9 that's department regulations or whether there might
10 be a legislative fix, because I'm sure that we have
11 legislative allies who would be interested in helping
12 out if there's something that we can do to change
13 that and help promote the program from within grocery
14 stores for sure.

15 MS. ZUBAIRU-COFIELD: Thank you, I
16 appreciate it. I'll keep you posted.

17 MS. ZWERGEL: Thanks for that great
18 conversation. For the sake of time, I'm going to
19 turn it back over to Sally for the fifth - or the
20 sixth order bit.

21 MS. ZUBAIRU-COFIELD: Thank you,
22 Brittney. Thanks to everyone for the amazing
23 engagement. And our fifth and final order of
24 business is opening this up to be public. We have
25 about a minute and a half or so to open the floor for

1 any questions, comments or anything from the public.

2

3 MS. HOLDSWORTH: I was just going to
4 highlight Gerria's comment in the chat. I think
5 that's also a great potential collaboration with MCOs
6 especially.

7 MS. ZUBAIRU-COFIELD: Thank you.

8 I don't see anything in the chat. I
9 thank you all for attending today's meeting. The
10 next meeting next month, December 10th, will be held
11 at a different time. So I would really like you to
12 pay attention to that. It is 11:00 to 12:00, so it's
13 a morning meeting. 11:00 a.m. to 12:00 noon on
14 December 10th. You should already have calendars for
15 that event. If you don't, please let me know.
16 Again, please note it is not our normal 1:00 p.m.
17 meeting time. It is a morning meeting at 11:00 a.m.

18 If there are no more questions,
19 comments, concerns, everyone have a great rest of the
20 week and thanks for joining. Meeting adjourned.

21 * * * * *

22 MEETING CONCLUDED AT 1:59 P.M.

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CERTIFICATE

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I hereby certify that the foregoing proceedings, hearing held before Chair Bogen was reported by me on November 12, 2024 and that I, Ian Weeber, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 4 day of December, 2024.



Ian Weeber,

Court Reporter