

DEPARTMENT OF HEALTH

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

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IN RE: WIC ADVISORY BOARD MEETING

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BEFORE: DEBRA BOGEN, Secretary of Health, Chair
Britney Zwergel, Vice Chair
Sally Zubairu-Cofield, Member
Kelly Kane, Member
Lisa Sanchez, Member
Katja Pigur, Member
Gerria Coffee, Member
Essence Cohen-Fields, Member
Raeni Yock, Member
Cathy Moffitt, Member
Theodor Deitman, Member
Michael Howells, Member

HEARING: Tuesday, April 22, 2025
1:00 p.m.

LOCATION: Via Microsoft Teams

Reporter: Samantha Bruer

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A P P E A R A N C E S

NICHOLAS KIGER ESQUIRE

Pennsylvania Department of Health

625 Forster Street

Harrisburg, PA 17120

Counsel for Board

Also Present:

Jeffrey White

Marla Breitbarth

Joseph McLaughlin

Alex Baloga

Heather Baker

Sean Burrows

Tiffany Carper

Cristina Codario

Kim Holdsworth

Cynthia Findley

Tiffany Heckard

Marie Ford

Melissa Bishop

Melissa Maust

Mark Shirk

Danielle Stimely

A P P E A R A N C E S

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Also Present:

- Sue Mahakey
- Tracey Ziegler Michelsen

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DISCUSSION AMONG PARTIES	6 - 49
CERTIFICATE	50

E X H I B I T S

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		Page
<u>Number</u>	<u>Description</u>	<u>Offered</u>

NONE OFFERED

P R O C E E D I N G S

1
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SECRETARY BOGEN: Hello, everyone.

Good afternoon. On this beautiful spring day, Earth Day today. I'm officially calling this meeting to order. This is the Women, Infants and Children's State Advisory Board meeting being held at 1:00 on April 22nd, 2025. As you probably know, I'm Dr. Deb Bogen. I'm the Secretary of Health for Pennsylvania, and I also have the honor of chairing this Board.

Just a few reminders. This meeting is being recorded. By staying on you are consenting to being recorded. And two, this meeting is being transcribed by a stenographer. So when you - introduce yourself so they know who's speaking.

A couple of procedural matters. First is roll call. So after I read your name and role please acknowledge that you are present. If you are not able to unmute for some reason you can put it in the chat, but preference is for you to unmute and say that you're present.

We have Kelly Kane, medical professional.

MS. KANE: Present.

1 SECRETARY BOGEN: Thank you.
2 Lisa Sanchez, medical professional.
3 We have Lisa on.
4 Miriam Seidel, food and - food
5 security advocate. No.
6 Brittany Zwergel, food and security
7 advocate.
8 MS. ZWERGEL: Present. Present.
9 SECRETARY BOGEN: Is that Britney?
10 MS. ZWERGEL: Yes, Sorry. That's me.
11 SECRETARY BOGEN: Perfect. Great.
12 Katja Pigur, maternal child health
13 advocate.
14 MS. PIGUR: Present.
15 SECRETARY BOGEN: Thank you.
16 Gerria Coffee, maternal child health advocate.
17 Essence Cohen-Fields, current OR former WIC
18 participant.
19 MS. COHEN-FIELDS: Present.
20 SECRETARY BOGEN: Raeni Yock, current
21 or former WIC participant.
22 MS. YOCK: Present.
23 SECRETARY BOGEN: Bobbie Johnson,
24 current or former WIC participant. I think I saw
25 Gerria Coffee join us.

1 Gerria, are you on?

2 MS. COFFEE: Yes, I am. Thank you.

3 SECRETARY BOGEN: Thank you so much.

4 MS. ZUBAIRU-CORFIELD: And Lisa

5 Sanchez also joined after you called.

6 SECRETARY BOGEN: Perfect. Thanks.

7 Lisa, can you confirm you're here?

8 MS. SANCHEZ: Yes. I'm present.

9 SECRETARY BOGEN: Wonderful. Thank
10 you.

11 Bobbie Johnson, current or former WIC
12 participant. Charlotte Dorsey, WIC local agency
13 rep. Cathy Moffitt, WIC local agency rep.

14 MS. MOFFITT: Present.

15 SECRETARY BOGEN: Theodore Deitman,
16 WIC local agency rep.

17 MR. DEITMAN: Present.

18 SECRETARY BOGEN: Great.

19 Michael Howells, WIC authorized
20 vendor or food merchant.

21 MR. HOWELLS: Good afternoon. Here.

22 SECRETARY BOGEN: Wonderful. Thanks.

23 Alex Baloga, WIC authorized vendor,
24 food merchant. And Amaka Nnamani, designated
25 breastfeeding expert.

1 All right. So has anyone else joined
2 that I missed, Sally?

3 MS. ZUBAIRU-CORFIELD: No.

4 SECRETARY BOGEN: Okay, great.

5 So, Mr. Kiger, can you please confirm
6 that we have a quorum for today's meeting?

7 ATTORNEY KIGER: We do have a quorum,
8 secretary. I count ten, so you may.

9 SECRETARY BOGEN: Thank you so much.

10 We have a quorum. So again, a quorum
11 for this board is 10 of 15 voting members. So
12 everyone's presence, whether virtual or in person,
13 at each meeting is very important. As you know,
14 there must be a quorum for the Board to conduct
15 business.

16 I have a couple of quick reminders.
17 Board members should make efforts to let us know
18 ahead of time if they're unable to attend a specific
19 meeting. Additionally, Board members are expected
20 to remain on camera during meetings to the extent
21 you're able to do so. But, for instance, I'm going
22 to turn my camera off for just a minute to finish my
23 lunch and then I'll turn it right back on.

24 Our second order of business is to
25 approve the meeting minutes from the February Board

1 meeting. Please note that the January meeting was
2 moved to February due to technical difficulties.
3 You were all sent the meeting minutes for the
4 meeting held February 11th, 2025 on March 12th. I
5 hope you had a chance to review those minutes.
6 There were no requested edits.

7 So at this time, may I get a motion
8 to approve the meeting minutes for the February 11th
9 Board meeting?

10 MR. HOWELLS: This is Mike Howells.
11 I move.

12 SECRETARY BOGEN: Thank you.

13 Second?

14 MS. COFFEE: Gerria. Second.

15 MS. SANCHEZ: Lisa Sanchez. Second.

16 SECRETARY BOGEN: All right. Thank -
17 so we had Gerria gave it as a second. Thank you,
18 all.

19 For those in favor of the motion say
20 aye, please.

21 AYES RESPOND

22 SECRETARY BOGEN: Anyone - we've got
23 some more ayes coming in. Keep going.

24 AYES RESPOND

25 SECRETARY BOGEN: Excellent.

1 Any opposed? Okay. I don't hear any
2 opposed. So the minutes for the February meeting
3 are approved.

4 Again, thank you for your
5 participation, your dedication and commitment to
6 serving on this WIC Advisory Board. Again, I always
7 look forward to these meetings, hearing about what
8 the work is done and suggestions the Board has to
9 continue to make advancements to ensure we have
10 access to WIC services for all those who would
11 benefit. So thanks. I'm going to turn things over
12 to Sally to guide us through the rest of the meeting
13 agenda. Thanks, Sally.

14 MS. ZUBAIRU-CORFIELD: Thank you, Dr.
15 Bogen.

16 All right. Our third order of
17 business is to make the Board aware of our
18 Pennsylvania WIC statewide participation. I want to
19 take this opportunity to extend a special thanks to
20 Cristina Codario and her team at Thriving PA for all
21 of their support and assistance with regularly
22 updating and creating our PA WIC fact sheet. That
23 is truly, truly appreciated. So to provide a brief
24 update on our February and March participation, I'm
25 going to turn things over to Mr. Joseph McLaughlin,

1 who's the director of finance and technology here at
2 the state agency.

3 MR. MCLAUGHLIN: Thank you, Sally.
4 Good afternoon WIC advisory members. We do have
5 participation enrollment numbers for March 2025. A
6 special thank you and echo of thanks to Cristina
7 Codario and her team for putting together -

8 COURT REPORTER: Did he freeze?

9 MR. MCLAUGHLIN: -= PA WIC enrollment
10 for March. Our numbers come in for participation at
11 181,722 participants. And our enrollment for March
12 came in at 196,333 enrollees. Both categories are
13 slightly up from April of 2025, which is good news.
14 You will also notice that from the fast fact sheet
15 that for the year, April of 2024 through March of
16 2025, the graph does represent a decrease on the
17 participant side overall at 2.05 percent and just
18 less than one percent decrease in enrollment
19 overall.

20 We are seeing some good news on the
21 breastfeeding numbers, as represented in the chart
22 on the lower left of your screen there. From April
23 2024 to March of 2025, PA WIC has seen an increase
24 in women who are breastfeeding by 1.71 percent. I
25 will now turn things over to Sally to go over for

1 the fourth order of business.

2 MS. ZUBAIRU-CORFIELD: All right.
3 Thanks Joe for providing that update. So now for
4 our fourth order of business. We're going to be
5 discussing some exciting and transformative
6 initiatives for Pennsylvania WIC, as we continue to
7 seek innovative strategies to improve health
8 outcomes and reduce barriers for families all over
9 Pennsylvania that we serve. I really want to take
10 some time to discuss the integration of WIC mobile
11 units and teaching kitchens as a proper step in
12 enhancing the accessibility, effectiveness and the
13 impact of Pennsylvania WIC services.

14 Mobile WIC units have potential to
15 bridge gaps and geographic issues, transportation
16 scheduling gaps by bringing vital services to the
17 communities and really meeting the participants
18 where they are, especially in our rural and
19 underserved areas. This coupled with the
20 implementation of our onsite teaching kitchens, now
21 that we are trying to enforce at local agencies and
22 clinics, we have the opportunity not to just deliver
23 WIC benefits or WIC foods, but really, really
24 enhance the services that we have at the WIC
25 agencies with our professional staff to empower

1 families with a hands-on culturally relevant and
2 accepted nutrition education and cooking skills
3 that's really going to support long-term health and
4 wellness for the families. It's always important
5 that we not just give the participants food and
6 provide the access, but really teach them what to do
7 with it and how to make it work for them.

8 Both of these approaches, the WIC
9 mobile units and our teaching kitchens, create a
10 more engaging and responsive model. As we all know,
11 coming to a clinic or coming to receive any type of
12 service can be dreary sometimes. So we really try
13 to make it fun and engaging for the participants.

14 They really do meet the participants
15 where they are at the same time while enforcing our
16 WIC mission of nutrition support, education and
17 equity. I really look forward today to discussing
18 how these initiatives can strengthen participation
19 and improve health literacy to help us reach even
20 more families across the Commonwealth. So I'm now
21 going to take this opportunity to turn things over
22 to Mr. Jeff White and Mr. Mark Shirk, our WIC State
23 Agency Project Officer and Director of Regional
24 Territory Coordination, to share what we're
25 currently doing with our Pennsylvania WIC mobile

1 units.

2 MR. WHITE: It's appreciated for the
3 intro there, Sally. I just wanted to get
4 confirmation that you are able to view the slides
5 that I have up. Okay.

6 MS. ZUBAIRU-CORFIELD: Yeah.

7 MR. WHITE: Okay. Very good.

8 MS. ZUBAIRU-CORFIELD: Thank you.

9 MR. WHITE: Awesome. So I'm going to
10 be providing some information today on the mobile
11 clinics and we'll just jump right into that here.
12 If you have any questions on any of the slides that
13 I have up. Please don't hesitate to, you know, ask
14 any questions at all. I've been working on this
15 project since September of '22. So I've been in
16 this project for quite a while and happy to answer
17 any questions you might have.

18 So jumping right into it. So what
19 are the PA WIC mobile clinics? The PA WIC Mobile
20 Clinic is a fully functional connected clinic on
21 wheels capable of all types of WIC appointments as
22 well as outreach. Platforms are based on the
23 Transit Sprinter box vans, and the one in the
24 photograph up on the slide is actually a Sprinter.
25 And these are fully customizable. In fact, I don't

1 think out of the local agencies that have opted into
2 the project and have a mobile clinic, all of them
3 are actually unique.

4 So the objectives for the project are
5 they're customized to operate as a fully functional
6 connected satellite clinic and outreach units
7 serving underserved area - underserved areas
8 throughout PA. Through the program purchase and
9 implementation of the WIC clients, PA WIC aims to
10 increase participation and also to increase the
11 program access. And I do want to highlight under
12 the increased program access, one of the key areas
13 is to be able to leverage the mobile clinics during
14 emergencies. And actually, we've already had the
15 opportunity as a program to be able to do that.

16 There was some flooding that happened
17 to our clinic in Mifflin County and we had to close
18 the clinic due to the flooding. But because the
19 local agency had a mobile clinic, they were able to
20 deploy the clinic up to the area and it operated out
21 of the parking lot of the brick and mortar clinic so
22 that services were able to continue. If we hadn't
23 had that opportunity to deploy a mobile clinic, any
24 participants that were served in that clinic would
25 have actually had to cross into a whole other county

1 in order to get services because in Mifflin County
2 the WIC program only has one clinic. So we've
3 already had the opportunity to utilize in that way
4 and it was very helpful for the program.

5 So primary - primary program
6 objectives are to improve program equity, expand on
7 brick and mortar facilities that we already have
8 within the WIC program and improve program quality
9 by optimizing customer service, by targeting rural
10 and urban areas while addressing transportation
11 barriers.

12 So this is a graphic and it shows the
13 scope of the mobile clinics all across Pennsylvania,
14 which are highlighted in green. So you can see with
15 all the mobile clinics that we have, the scope of
16 the project is substantial.

17 So implications for the mobile
18 clinics. So we're - we're hoping to have a
19 transformative impact on access by improving access
20 to services, particularly for underserved
21 communities. We're hoping to enhance our
22 convenience, provide greater convenience for
23 participants, reducing barriers such as
24 transportation and time constraints, improve health
25 outcomes offering essential WIC services and mobile

1 clinics, as they'll contribute to better health
2 incomes for mothers and children. We're -
3 successful implementation of the program - project
4 requires careful planning to ensure efficient
5 scheduling, routine coordination and communication
6 with participants. Resource allocation, effective
7 resource management is critical for maintaining
8 mobile clinics and ensure they reach target of
9 populations. Ongoing monitoring, regular evaluation
10 is necessary to track program effectiveness,
11 participant satisfaction and health outcomes.
12 Overcoming challenging - addressing logistical,
13 financial, technological challenge is key to keeping
14 the mobile clinic project up and running.

15 So I wanted to talk a little bit on
16 the mobile clinic committee. And this really is the
17 core of the project, which included key local agency
18 and state agency staff to keep the project moving
19 forward with a focus on collaboration and
20 transparency. The first mobile clinic committee
21 meeting was held in so September of '22, and
22 currently we meet every other month.

23 In preparation for that first meeting
24 the committee chair, that's me, collaborated with
25 Melissa Bishop of the Family Health Counsel on the

1 creation of a PA WIC mobile clinic guide to kick off
2 the project at the first mobile clinic community
3 meeting and she helped me to co-present the
4 material. To meet the goal of collaboration and
5 transparency a SharePoint site was also created and
6 reviewed with the committee during the first
7 meeting. SharePoint site includes the minutes and
8 video recordings of all committee meetings, a folder
9 for each local agency to upload their proposals,
10 quotes, prints, the pictures of their mobile clinics
11 for sharing with other - others in the project as
12 it's happening. So there's also a question and
13 answer log to efficiently share info and guidance
14 that has been provided in the committee and the
15 committee later to work together to develop a mobile
16 clinic policy that was approved at FNS.

17 I think we may - I think Pennsylvania
18 would - may have the first mobile clinic policy.
19 I'm pretty - I'm positive it's the first in the MARO
20 region and - but I'm not positive if that's
21 nationwide or not.

22 So for the data piece of the project
23 there was a 355,000 infrastructure funding that was
24 allocated for - with data evaluation on the mobile
25 clinics. PA worked with Mobile Health Map Program

1 of Harvard Medical School and Family Health Council
2 on Developing and implementing an evaluation plan.
3 The evaluation plan consisted of a client feedback
4 survey, intake questionnaire and strategically I
5 identified metrics.

6 One other deliverable from that grant
7 is the Mobile Clinic Toolkit, which is a - it's free
8 and excellent resource for anyone who would be
9 interested in implementing a - the mobile clinic in
10 their own program area. It shares insights,
11 challenges, best practices gathered through key
12 informant interviews with ten mobile clinic programs
13 around the country. It - and it lives on the NWA
14 website at the link I have here and it is available
15 to anyone.

16 So in federal fiscal year '21, IGA
17 funding from FNS, which funded most of the mobile
18 clinic project, was issued and the grant expired on
19 September 30th of 2024 at the conclusion of federal
20 fiscal year '24, PA WIC was committed to utilizing
21 all the funding to make the most out of the mobile
22 clinic initiative. Out of the funding passed down
23 to local agencies, I'm proud to say that 98.27
24 percent was utilized. USDA FNS MARO was
25 instrumental in success of the project with their

1 own wavering support and also their technical
2 assistance.

3 So I have a couple of pictures here
4 of each of the mobile clinics. And so I'll just
5 roll through these. Each slide has a map at the
6 lower right-hand corner which highlights in green
7 the area that this - that the specific mobile clinic
8 covers. And as we roll through the slides, you're
9 going to see that, you know, there are some features
10 that the majority of mobile clinics have opted to
11 have. They won't all have the same features because
12 each LA had the opportunity to design their own
13 clinic from the ground up. So throughout the
14 committee though, we did kind of see that innovation
15 of one mobile clinic kind of added to the innovation
16 of the next. So if one LA added a great feature
17 that was brought up in our committee meetings and
18 all the other LAs had access to that information as
19 it was happening.

20 So as you can kind of see as we roll
21 through the pictures, there was collaboration on the
22 designs of the mobile clinic as the project
23 progressed. So here's a snapshot of the Family
24 Health Council mobile clinic. Just a couple of
25 pictures there of the inside and outside. And this

1 is the Lebanon Mobile Clinic. This is actually a
2 subcontractor of Family Health Council, which
3 provides services for one county. This mobile
4 clinic is interesting because it's one of the few
5 that doesn't have a generator on it to provide the
6 power to operate the clinic. It actually has
7 batteries in the rear of the vehicle that is able to
8 supply all the power required for the clinic. And
9 so generators in these mobile clinics are a blessing
10 and a curse. They provide plenty of energy and you
11 don't have to worry about it. However, they do
12 create a lot of noise and fumes and all of that.

13 MFHS is the next one. So this is the
14 only mobile clinic that's a box van, and it has also
15 the largest coverage area. There's - they actually
16 have a smaller unit also. It's just - it's very
17 close to this one in its design, only smaller.

18 So next we have Alleghenies and it is
19 a little smaller than I would say the average one
20 for navigating those city streets. And then we have
21 Adagio's. Adagio is the only mobile clinic that
22 actually has solar on the roof of the vehicle to
23 help operate it. And here we have York's. It has
24 an open concept with a swivel seat up front for the
25 passenger, which gives it a little bit extra room

1 inside. And here we have the mobile clinic for
2 Lancaster. And this one is very recent. It
3 actually just was delivered and it isn't quite
4 deployed yet. But the plan is to have it deployed I
5 believe in May. And it's all wheel drive, has an
6 awning, sink, open cab concept with a swivel seat,
7 storage in the generator area and a - the pass
8 through window.

9 So now we're into north. So you're
10 going to see we don't have any images of the north
11 mobile clinic yet because it is currently in the
12 fabrication process. So this is a print that was
13 completed by the vendor whenever we were going
14 through the quote process. And also with Broad Top,
15 it is - the mobile clinic is currently at the
16 Children's Museum of Pittsburgh for some final items
17 and enhancements and it should be delivered here to
18 Broad Top in the near future.

19 So the - moving ahead with the
20 project, our goal is to finalize and to the three
21 remaining mobile clinics that aren't deployed yet.
22 We're going to continue to provide data for the
23 evaluation project with Family Health Council and
24 evaluate deliverables. We're going to standardize
25 utilization tracking to better evaluate the mobile

1 clinic data as more clinics are deployed. And my
2 plan or my hope is to plan an open house event in
3 Harrisburg, hopefully at the Capitol where we're
4 able to bring all of the mobile clinics in to one
5 place.

6 Inclusion. The Pennsylvania WIC is
7 proud of mobile clinic initiative and appreciative
8 of the unwavering support of the MARO office in
9 making this idea a reality. Other states have
10 already reached out regarding mobile clinics. PA
11 WIC is excited to share what we have learned. And
12 I'll open it up for any questions if there are any.

13 MS. ZUBAIRU-CORFIELD: All right.
14 Thanks, Jeff. Appreciate that and thank you for
15 your work, chairing this committee and getting all
16 of this together. It definitely could not have been
17 possible to pull this initiative through without
18 your leadership and directions. So truly appreciate
19 it. And for those of you on the call, if you want
20 or have not seen a mobile unit in your area, please
21 reach out so we can give you some dates as to where
22 they would be or reach out to those local agencies
23 to see how we can get mobile units in those areas.

24 Now, I'm going to also turn things
25 over to Marla Breitbarth, who's the operations

1 manager of Adagio Health, and she's going to share
2 some of their efforts that they've been having with
3 teaching kitchens.

4 MS. BREITBARTH: Thank you, Sally.
5 Hi, everyone. I'm Marla Breitbarth with Adagio
6 Health, Nutrition Operations Manager, talking about
7 teaching kitchens. Just want to make sure you can
8 see my screen here as well.

9 Correct?

10 MS. ZUBAIRU-CORFIELD: Correct.

11 MS. BREITBARTH: Perfect.

12 All right. So talking a little bit
13 about teaching kitchens, I'm going to talk
14 specifically about what Adagio Health does and some
15 of that impact data as well that Sally asked me to
16 share. But what's really important to know is that
17 teaching kitchens can look very different across a
18 lot of different local agencies and any kind of
19 implementation processes. So here at Adagio Health
20 we're the local agency that's located in Pittsburgh.
21 We have our WIC office is located in our five
22 surrounding counties. And we really do focus on the
23 health, wellness and nutrition for all of our
24 visitors. Specifically for our teaching kitchens,
25 we want to support our WIC participants really to

1 learn how to utilize their WIC food. So that was -
2 is our biggest mission with implementing these
3 teaching kitchens. Really also showcasing new
4 foods, allow caregivers to cook alongside their
5 children in that multi-generational aspect. And
6 then of course, if you're not familiar with teaching
7 kitchens, it really is a space where you can have
8 fun, get messy, cook, eat, clean, learn all about
9 healthy, hands-on nutritious foods that we're going
10 to be talking about here too.

11 Again, these are some of our WIC
12 locations. What I do want to note specifically on
13 here is that four out of our five teaching kitchens
14 are actually built into our local agency, into our
15 actual clinic site. The fifth one we do partner
16 with. So they - a partner. It's the Lawrence
17 County Community Action Partnership. They already
18 had a wonderfully beautiful kitchen site, so instead
19 of building one just right next door, we decided to
20 use - Station. It's a fantastic partnership that
21 we're working with them on.

22 A couple pictures to showcase what
23 some of my teaching could take spaces can look like.
24 Again, every space is going to look a little bit
25 different based on kind of spacing available. We

1 were able to turn some of our conference spaces
2 and/or educational rooms into functioning teaching
3 kitchens. So you can actually take some of these
4 tables and lower them. This also helps with any
5 participants you have that need some special
6 accommodations, but being able to rearrange those
7 rooms to make it a functional conference room if you
8 need to. The picture down in the bottom right-hand
9 corner is actually our partnership location. So
10 that one is not located in our clinic.

11 We have a couple different target
12 audiences that we actually do gear our classes
13 towards. And the first one is going to be our kids
14 in the kitchen classes. These are geared again to
15 all family members who are welcome but really
16 integrating those kids in the cooking process and
17 education component that are about that six month to
18 five years old. We really focus on the WIC-approved
19 food, kid-friendly steps. Our recipes make sure
20 that it's adaptable depending on the age, but also
21 making sure that they are the caregiver present so
22 that the adult is going to be able to utilize some
23 of those pieces as well. And then again, like I
24 mentioned, we hold these ones in person. So our
25 families come into our centers and they are able to

1 do hands-on cooking and education pieces.

2 The other type of program that we run
3 are our adult cooking classes and these are geared
4 towards adults who are currently pregnant,
5 postpartum or up to one year after delivery. So
6 we're really focusing on that maternal health piece.
7 Again we're really incorporating all those quick
8 foods and how you can incorporate those into
9 recreating those meals at a later time. Focus on
10 prenatal and breastfeeding nutrition, nutrition
11 needs based on your maternal health stage and also
12 the introduction to solid foods. That's kind of our
13 baby bites class. So it's really nice that you can
14 kind of meet families where they are, whether it's
15 the pureed or baby-led weaning or kind of any of
16 that health education around different introduction
17 to solids.

18 We have our pregnant and infant classes
19 that are held both in person and virtually. So we
20 do have a virtual components of these classes trying
21 to meet our families where they are. And then our
22 postpartum classes are held virtual only. You know,
23 I'm going to talk a little bit about kind of our
24 data pieces and what this looks like, but something
25 really considering when our classes are going to be

1 held and when we could actually get participation is
2 going to be thinking about that time frame of that
3 postpartum infant and mom to see, you know, would it
4 realistically make sense for somebody to come in
5 person to these classes.

6 So a little bit about implementation.
7 Again, every agency looks a little bit different.
8 Adagio Health also runs the SNAP-Ed program. This
9 is a fantastic way for us to kind of complement each
10 of the services that we provide. So our SNAP-Ed
11 program staff actually help with data collection.
12 We can utilize curriculum that is already in
13 existence for streamlining that rate streamlining
14 recipes and lesson plans, educational handouts,
15 things like that. We do get some additional funding
16 through the SNAP-Ed program for some food tastings
17 as well as printed materials and also staffing
18 components.

19 What we really utilize and lean
20 heavily on for our WIC staff is going to be
21 incorporation into the appointment workflow as well
22 as marketing and outreach and then the lesson and
23 class support. They are the ones that are seeing
24 our clients and participants and really trying to
25 talk about these classes and making sure that it's a

1 component that people know of if they're interested
2 in signing up to do so. And of course we always
3 like to have one of our WIC staff members present so
4 they can do, you know, car loads on site if it's
5 needed, but also kind of incorporating that really
6 great WIC piece and educational mentions during the
7 classes themselves.

8 Some other things to consider. More
9 enhanced partnerships and cross collaboration. We
10 do utilize a lot of pantry staples in incorporating
11 different foods into these recipes with our
12 partnership with the Greater Pittsburgh Community
13 Food Bank. Adagio Health also has food pantries on
14 site, so it's a great strong partnership that we
15 have with them.

16 The Indiana County Conservation
17 District. So that's another one for Indiana County,
18 along with the community garden. So there's where
19 we actually partner with them to get some fresh
20 local produce available to integrate into our
21 kitchens and recipes that we can send home with
22 families. Programs of Indiana County, Nutrition
23 Links in Beaver and Butler County, I already
24 mentioned our Lawrence County Community Action
25 partnerships again, our Adagio Health food cupboards

1 and then we also are running a farmer's market
2 program this season. So we talk a lot about the
3 FMNP redemption too. So again, I can go into a lot
4 more detail on any of these if somebody has
5 questions, but I'm going to go ahead and move it
6 along as well.

7 A couple of the data highlights
8 because every program that you implement you want to
9 be able to see impact as well as successes and kind
10 of lessons learned. We do provide a feedback
11 survey, which is optional for our participants to
12 fill out. We've had some great comments that I'll
13 showcase a couple testimonials on here as well. Pre
14 and post-surveys to see if we've actually made a
15 difference when we are implementing the classes. So
16 right now we're running all of our classes as a
17 single class rather than a series. So those pre and
18 post-surveys could have more of an impact if you do
19 decide to do a series class instead. So you're
20 getting to repeat participants to come back multiple
21 times to show an increase in some knowledge gains or
22 some skills developed as well. Number of classes
23 held so we always like to see kind of what our
24 impact is for classes held versus number of
25 participants.

1 When you're looking at just one year
2 of data - so this project is about a year and a half
3 now since we started it. You know, there's a lot of
4 growing pains to work through on a project like
5 this. So I wanted to highlight a couple of the
6 reasons why and some of these numbers here as well.
7 Again, like I mentioned, our kids in the kitchen
8 classes, kids are there with the caregivers cooking
9 alongside them. Most a hundred percent down, you
10 know, most successful class that we've had. It's a
11 great place to take the kids. It's a great activity
12 to do as a family. So we've actually reached 460
13 participants just in our first year of those
14 kitchens alone. Again, we went from holding classes
15 at a specific daylight hours versus trying evening
16 classes. All of these are going to be in person,
17 trying new recipes, figuring out the marketing, how
18 to get the words out there, things like that.

19 For our maternal health classes or
20 our adult geared ones, we have our pregnant and
21 powerful focus, our baby bites and postpartum. As I
22 mentioned, the pregnant and powerful and baby bites
23 were held in person and virtually. Again, we just
24 see a little bit more need to be dedicated to those
25 and also our target population. We didn't have

1 childcare available. So if an adult had other
2 children at home, but they wanted to go to a
3 learning education session for themselves, we found
4 that there were some reasons why our participation
5 was dropping for some of these classes as well. And
6 then for our postpartum, those are virtual only.
7 Definitely saw some better numbers there.

8 So out of all of our classes you can
9 see we offered 203 classes with not that many being
10 held with people showing up in person. But our
11 participation for Reach was 532 just with our first
12 year alone, which is pretty fantastic trying to get
13 a new program off the ground, our impact, we were
14 able to service this number of individuals.

15 Great news is that we are shifting
16 some of these classes again to be held virtual.
17 We're getting some more tech equipment and things
18 like that so we'll be able to reach even more and
19 make sure that families feel educated and supported
20 through a lot of these different initiatives and
21 projects.

22 A couple of the feedbacks I mentioned
23 from the feedback survey, it is optional for people
24 to fill out, you know, very positive. Of course,
25 you either - you know, people who tend to fill out

1 surveys, they're either going to have a great
2 positive experience or negative. Thankfully, you
3 know, we have a lot of great feedback from these.
4 But with the biggest thing - and I'll just let you
5 read through these yourself if you want to. The
6 biggest thing is that we actually take a look at
7 these and then we try and implement any suggestions,
8 feedback, things like that. So it's not just a
9 place that you don't want at it ever again, but
10 really doing staff shout outs and making sure that
11 people know that they're having a great impact. And
12 again, for participants who are coming back every
13 single month - that is one of the things I forgot to
14 mention. We do hold these classes.

15 It started out as classes offered in
16 each one of our clinics once a month, but we have
17 seen wait lists enabled because of the size of our
18 locations as well, that we're actually doing at
19 least two classes per session in person a month as
20 well as having that virtual option as well. So
21 again, it's just great to recognize staff who've
22 done a great job. They're building relationships
23 with these participants outside of their clinic
24 appointments as well. And they can really kind of
25 see them engage as a family as well.

1 We have an external affairs team here
2 Adagio Health that helps us out with some marketing
3 initiatives. So we really do social media, we do
4 printed material, flyers that are in our waiting
5 rooms as well as doing some outreach to other local
6 agencies. And when I say that it's mainly head
7 starts because we want to get some of those families
8 in there as well. We are trying to do some more
9 outreach to the maternal health clinics in the area,
10 healthcare partners, just different places where
11 community members might be able to see some of our
12 information and then just get connected with our WIC
13 office and ask some more questions as well.

14 We do a lot of really pretty, attractive,
15 again, recipe creation. People can take recipe
16 cards home for them. We provide a point - we
17 provide reminders as text messages, as emails. Also
18 with the registration platform we do that as well.
19 But really trying to get people in the door with
20 some of our marketing material. There's a couple
21 photos from some classes that were actually taken.
22 Again, like I said, it's fun. It's messy. It's
23 educational. It's a great time.

24 But here I just want to highlight
25 before I wrap it up that there are some adaptable

1 models. Again like I said, there's no right or
2 wrong way to do it. Just depending on how much
3 opportunity or space that you might have, some
4 things to consider for teaching kitchens in general
5 for other agencies would be, you know, maybe it's
6 mobile. Could this be a pop up equipment that
7 you're actually taking to and from different places
8 and using other partner spaces or your own. But
9 having a place to store that is also important to
10 consider.

11 There's the whole cooking demo
12 concept versus hands-on. Again having people touch
13 the food, purchasing groceries for every single
14 person that's going to be there, they're taking it
15 home with them versus having just an instructor led
16 doing a one-recipe demonstration that maybe you're
17 just sampling food or again just that component of
18 virtual programming that you can just showcase one.

19 Having the designated space is huge.

20 I already mentioned kind of readapting conference
21 rooms and having those pieces of equipment that can
22 be moved around very easily. So that way you can
23 ease your space in more multiple different aspects.

24 Having those partnership
25 opportunities, whether it's for the SNAP-Ed program,

1 whether it's nutrition links, thinking about
2 waivers, MOUs kind of getting that paperwork and
3 registration going on and of course that virtual
4 programming, whether it's the demo or again maybe
5 it's that cook in your own house concept. So again
6 livestream, pre-recorded lots of different things
7 that you can do with virtual programming. Again
8 which was we have found you can reach more people in
9 that capacity if you can't get them through the door
10 themselves. My contact information here, if you
11 have any questions. Of course you can always reach
12 out to our director as well. But I'll stop here for
13 any questions.

14 MR. DEITMAN: I actually do have a
15 question. In terms of the surveyed information that
16 you were determining, did you notice any specific
17 trends that were quite impressive? I mean I saw the
18 testimonials but I was curious to see if you
19 measured any specific data points. Like if for
20 example the participant or individual went into
21 having limited cooking experience, maybe after you
22 know the cooking class itself you had noticed that
23 their knowledge had started to increase and then
24 maybe follow up surveys to determine if that
25 knowledge has kind of stuck. And I was wondering if

1 there's any additional follow-up even after that
2 too.

3 MS. BREITBARTH: Yeah. That's a
4 great question. So I did mention the pre and post-
5 surveys and what we really implemented with those
6 for our maternal health classes, so mainly our adult
7 education components, was that we were trying to
8 have the questions show an increase in cooking
9 skill, competencies, knowledge and I believe there's
10 one more that I could check on as well. But what we
11 determined that while there was some positive
12 impacts, to really get that level increased after a
13 single class wasn't quite as what we were expecting.
14 Right? So again, going to that series class concept
15 is going to be the next step in collecting some of
16 those data metric pieces to see if there is
17 something that you can build upon by having those
18 participants come back more than just once.

19 At this time after some of those
20 surveys were identified with the data that we
21 collected, there has not been a follow up. We are
22 in year two of our teaching kitchen kind of
23 implementation. So now it's going to be a great
24 opportunity to kind of hit upon some of those pieces
25 that you mentioned.

1 MR. DEITMAN: Thank you.

2 MS. BREITBARTH: Absolutely.

3 MS. ZUBAIRU-CORFIELD: Thank you.

4 MS. BREITBARTH: All right. Thank
5 you very much. I'll hand it back over to Sally.

6 MS. ZUBAIRU-CORFIELD: Thank you,
7 Marla. So as you have all heard, both mobile units
8 and teaching kitchens really have worked positively
9 in Pennsylvania WIC to enhance the overall
10 persistent experience. The mobile unit initiative
11 is actually being showcased this week at the
12 National WIC Association's Nutrition and Education
13 Conference, and it's already been promised to be a
14 jam-packed session. I've been hearing lots of
15 different people whispering saying that's a session
16 that they want to attend and several states have
17 already expressed interest to have an official
18 mobile unit approved by Food and Nutrition Services
19 at USDA level. We have reached out and don't
20 believe that there are any other outside of our
21 region that are even this deep into it.

22 Lots - not that we've invented the
23 mobile unit clinic, but as far as WIC in the WIC
24 world is considered, we usually work with mobile
25 units in other entities. Some of you may be

1 familiar with Nurse Family Partnership or different.
2 Dental clinics that are all over the world and kind
3 of pop ups and WIC usually tries to on board. But
4 as far as a WIC mobile unit and WIC services being
5 offered in this way, we are the first to do it and I
6 am glad to say so.

7 As I travel all over Pennsylvania and
8 the Commonwealth join reviewing - viewing clinics
9 and participant experiences, I do want to take an
10 opportunity to shout out specifically MSHS and
11 Adagio. Both the participants in those areas have
12 really strong support and really do take the
13 opportunity to voice. We get emails. We get
14 messages, calls really about the experience with the
15 teaching kitchen both in person and virtual. Lots
16 of participants value the opportunity that they get
17 to learn practical cooking skills. They get to
18 discover ways to use the WIC-approved foods and
19 receive ongoing nutrition support and improve their
20 family's nutrition. These are very positive
21 experiences and we don't take them lightly. It's
22 always exciting when a participant doesn't just come
23 in for, and I say it all the time, the milk, the
24 eggs, the beans, or the formula, but really get
25 something to take away to the rest of their family.

1 So these positive experiences do underscore the
2 importance of integrating teaching kitchens into WIC
3 services in order to enhance the WIC participant and
4 engagement experience so we can have better health
5 outcomes. So thanks again to you Marla and Jeff for
6 presenting to the Advisory today.

7 I'm going to now move over to the
8 fourth order of business and I'm going to assist
9 Britney Zwergel as she is traveling. And Britney,
10 feel free to jump in here. But - Britney, our vice
11 chair, as we open the floor to discuss some feedback
12 from the Advisory Board members, we really want to
13 make these meetings full of engagement. You just
14 heard about the integration of mobile units and
15 teaching kitchens and Pennsylvania WIC services.
16 And now I want to take this opportunity so that the
17 rest of us can hear from you and your thoughts on
18 how some of these strategies can enhance both the
19 effectiveness and accessibility of the services that
20 we're providing. It's one thing for us to start
21 these initiatives, but it's really important that we
22 make sure that we are hitting the participants where
23 they need it, we're serving who needs to be served,
24 and our efforts matter. So really want to take this
25 opportunity to hear your insights. They're crucial

1 for us to move forward in these initiatives. And
2 we're eager to hear how we can make this an even
3 better initiative and greater impact on the families
4 and the commonwealth that we serve. So let's dive
5 in and collaborate a little bit on ways that we can
6 make these strategies successful in your
7 neighborhood. I'm going to go ahead and open the
8 floor.

9 And Britney, do you have anything to
10 add or - okay. Katya. Thank you.

11 MS. PIGUR: Yes, Katja Pigur. Yeah,
12 so this mobile unit initiative is really great. And
13 I'm wondering if - you know, for example, if
14 community-based organizations have bigger event,
15 right, if there is - maybe that's already done. You
16 know, kind of a thing like how you invite food
17 trucks but you invite the WIC, you know, van
18 because, right, if it's maybe an event where
19 different - you know, a variety of community-based
20 organizations are, you know, hosting together
21 events, then there's more people and then I think it
22 would be really cool to have a WIC van there.

23 Is that something that is being done
24 or - yeah.

25 MS. ZUBAIRU-CORFIELD: Absolutely.

1 Thank you, Katja. And that is something that we're
2 always exploring. As, you know, it's going to take
3 all of us to do these. So we're always looking for
4 opportunities to serve. We're always looking for
5 opportunities to be present, for WIC to be present,
6 in any matter. And that's why we have things like
7 this, Advisory and you all here. So if you know of
8 events, community events, we really do engage our
9 community partners. We really try to be present.
10 However, this is life and we're human and there are
11 opportunities that definitely are missed that we
12 don't maybe hear about or don't know about. So we
13 do appreciate any events, especially during the
14 summer months, to make these happen.

15 Now you saw the mobile units, so you
16 know what they look like. Some of them are a lot
17 larger than others. They do not run - they don't
18 run on Jesus. So it takes a lot of money and fuel
19 and, you know, everything to make it happen. So
20 it's not something that we can just up and say hey,
21 we're going to take the mobile out tomorrow and park
22 it here. There's a lot of strategy behind this,
23 lots of planning and preparation. Theodore, I just
24 know that he's someone that goes out a lot with the
25 mobile unit, so he can probably jump in too.

1 MR. DEITMAN: That's what I was going
2 to - I was going to - I was going to kind of mention
3 a little bit about that. With our current units,
4 I'll give you an example, Katja, where we're working
5 with one of our local farmers market partners up
6 here in Bradford County where we can also issue
7 farmers market checks. And what we're planning to
8 do, they have a huge parking lot. It's at a
9 location called Shore Sisters. It's well known up
10 in this area here. It's really beautiful, nice
11 setup. And what we're going to do is plan on
12 working with partnering and putting our vehicle over
13 there, offering and setting up WIC appointments,
14 giving out farmers market checks to individuals
15 interested. And then we're going to see what other
16 things we - maybe bring in some community partners
17 at this event as well too.

18 So I don't want to say it's
19 necessarily an event, but we're looking at kind of
20 expanding it to have maybe Nurse Family Partnership
21 come in with us, early Head Start. We're going to
22 have our breastfeeding coordinator too. So it's
23 going to be kind of like meet, greet, appointment-
24 based farmer's market issue events, kind of see
25 where it kind of grows. We might be able to turn it

1 into a yearly event. I just - it's our first time
2 trying to do it and see how it works. But that's
3 one of - one small example of what we're doing with
4 our current units.

5 Another great one is in Tioga County.
6 We handle it - we bring it to a family day event,
7 which is pretty huge. And we actually have a couple
8 thousand people go through this event. It's on a
9 Saturday there. And honestly it has a huge turnout.
10 I brought it there a couple times so far - well,
11 last year, but - and I've had - I enrolled at least
12 12 people and had done some other additional
13 appointment discussions and changes. So just with
14 the unity in there, it made a lot - it made life
15 easier for the individuals that were rolling in and
16 out of it.

17 So we're constantly thinking how can
18 we enroll into those particular areas. But as
19 always, and Sally brought up a very good point,
20 cost. Tot to be careful with staff timing, cost.
21 That always has to play into a factor of it. So
22 it's something that we are always kind of thinking
23 about before we send the units out to those events.

24 MS. ZUBAIRU-CORFIELD: Thanks, Katja
25 for bringing that up. And Lisa has her hand raised.

1 MS. SANCHEZ: Yeah, I just wanted to
2 add our mobile unit is one of the ones that's going
3 to be deployed soon in May, and what we're doing is
4 looking for food banks. Mercer County is a very
5 large area and there are less satellite clinics than
6 the former grant holder had than we have now. So
7 we're actually using it as a satellite clinic for
8 some of the places. Like for instance, our clinic
9 is about 15 to 20 miles from one of the other
10 communities, Greenville, and we've partnered already
11 with a place called Good Shepherd. It's a food
12 bank. And we're going to be there once month
13 starting in May. So that'll service both things.
14 Those clients of ours who need benefit pickups, who
15 need to be seen in person and to hopefully TO gain
16 some new enrollment.

17 The other thing we're doing is our
18 community fairs, the large fairs we have. It's a
19 great place for us to run our mobile clinic because
20 we don't need to keep the generator on. We can keep
21 it plugged in the entire time. So it's a money
22 saver and we get a lot of exposure and we can sign
23 people up and instead of just signing them up and
24 calling them back, we can actually see them there,
25 do their visit and get them enrolled in WIC right

1 there. So those are a couple things that we're
2 already working on.

3 MS. ZUBAIRU-CORFIELD: Thanks, Lisa.

4 I appreciate that. And Britney did chime in in the
5 chat, and Adagio Health is working with community
6 organizations, grocery stores and planning to
7 collaborate with pediatricians. Ms. Gerria Coffee,
8 also asked what's the criteria to determine
9 eligibility on partnership? And Ms. Coffee, just to
10 be clear, Pennsylvania WIC is willing to work with
11 anyone as far as partnership. We really want to
12 collaborate with organizations firstly who support
13 our mission and who are serving the same type of
14 participants that we're serving. So pregnant women,
15 breastfeeding, postpartum, families with infants and
16 children under 5 years old. That's our target.
17 However, we do know that these are not always the
18 circumstances and their grandfathers and single -
19 they're grandparents and single fathers and
20 neighbors. And we recently knew - well, we know
21 that they're incarcerated families that also need
22 help with WIC services.

23 So we don't close the door to any
24 partnership or any organization. We also do take
25 heed that there - I want you all to also understand

1 that there are organizations that are a little wary.
2 So although we do jump out and say hey, we'd like to
3 work with you, there were years, maybe I'd say
4 probably five, ten years ago where WIC was really
5 present in schools and that has now took a turn.
6 There's lots of different advocacy on what people
7 feel they want talk to their children as far as WIC
8 coming into school system. So that's a partnership
9 that's a sticky one that we really try to encourage,
10 but it's always not the best. We partnered with
11 churches, different community organizations, lots of
12 partnership with food banks and farmer's markets.
13 So there's no one that's too - no organization is
14 really out of it. But we really want to make sure
15 that we can get the participants and meet the
16 participants where they are.

17 All right. So our sixth and final
18 order of business is going to provide the
19 opportunity with a - provide the public with an
20 opportunity to participate. We have about a minute
21 left, so I'm going to open the floor for any
22 questions and comments for anyone from the public.
23 And I don't see anything in the chat. So I'm just
24 going to assume for the sake of time, and to respect
25 everyone's time, that this will - the meeting will

1 now be adjourned. I really do appreciate and thank
2 you all for attending today's meeting. I do want
3 you to note that the meetings will no longer be
4 monthly, so we will be meeting quarterly. Our next
5 meeting will be on July 22nd. We will be sending
6 out a meeting invite. You will get the transcript
7 and agenda for that meeting. Please, please, please
8 always provide an opportunity to provide some agenda
9 topics. Your feedback is important. As this
10 Advisory Board, as I mentioned before, we want it to
11 be collaborative. We want to communicate during
12 this and make it productive. So I appreciate you.
13 Thank you and have a great rest of the week.
14 Meeting adjourned.

15 * * * * *

16 HEARING CONCLUDED AT 1:59 P.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings, a meeting by Secretary Bogen was reported by me on 4/22/25 and that I, Samantha Bruer, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 12th day of May, 2025



Samantha Bruer,

Court Reporter