



The Alaska WIC Program
FY 14 Proposed Program Changes

Report of Public Comments Received
January 9th-19th, 2012

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I. Introduction and Background

Since 1977, the Alaska WIC Program has served pregnant and post-partum women and their children up to five years of age. The program serves approximately 26,000 participants through 28 fixed clinic locations with 235 additional communities served on an itinerant basis. To participate, individuals must meet income guidelines, a State residency requirement, and be individually determined to be at "nutritional risk" by a health professional. To be eligible on the basis of income, applicants' gross income must fall at or below 185 percent of the U.S. Poverty Income Guidelines for Alaska. For eligible participants, the Alaska WIC Program supplies:

- Free nutritious foods
- Information on nutrition and health
- Breastfeeding support and resources
- Referrals to community services

Participants in the Alaska WIC program do not receive services directly from the State. Instead, services are delivered by Local Agencies who are awarded grants from the State of Alaska in a Request for Proposals (RFP) process. The Local Agencies provide outreach and direct program services to eligible clients, and oversee vendors in their service areas. Currently, there are 16 Local Agency grantees.

The Alaska WIC program awards about 75% of its total State WIC budget to the Local Agency grantees. Costs charges to the WIC grant from the Local Agency Grantees include administrative staff salaries and other program costs. The average monthly caseload of a Local Agency Grantee varies from just over 100 at the smallest to nearly 7,000 at the largest. Some communities are served by multiple Local Agencies while other Local Agencies serve multiple communities. The staffing structure varies by grantee.

The Alaska WIC Program is funded primarily through a grant from the United States Department of Agriculture (USDA). The Alaska WIC program has been flat-funded for years, while the cost of implementation has risen along with the costs of food.

In 2006, the State of Alaska hired a contractor to provide recommendations for changes to the State's funding formula for WIC Local Agency grantees¹. The objectives of the analysis were to:

1. Assure program continuity in the face of flat, or reduced, federal funding
2. Meet or exceed federal caseload targets

¹ CTG Final Report "WIC Grantee Caseload & Funding Formula Analysis" 2006.

3. Develop quality client services state-wide
4. Achieve program efficiencies in administrative and operational costs by redirecting resources for targeted program improvements
5. Establish an equitable funding formula for grantees (Local Agencies)

From that report, the Alaska WIC program began the process of implementing long term strategies to find efficiencies at the state and local administrative levels. Under the current federal funding reductions, the state WIC Program is again proposing program changes.

The Alaska WIC program seeks to strike a balance between finding program efficiencies in tight budget conditions while ensuring that the local agencies are not underfunded to such a degree that the staff are unable to provide services at the "Best Practices" level as outlined in the Nutrition Service Standards. By making changes to the FY 14 Local Agency grant process, the Alaska WIC program aims to:

- Increase resources available for direct services
- Attain administrative and cost efficiencies
- Enable local agency providers to deliver more services to underserved populations

Proposed Changes

The Alaska WIC Program has proposed the following changes for the FY14 WIC grant process:

1. Reduce number of WIC grantees through regionalization of services. This would reduce the number of grantees from 16 to 7.
2. Require WIC grantees to serve a minimum caseload of 1,000 participants or more per service region per month.
3. Require a Registered Dietitian (RD) as a permanent employee of each WIC program (not one on a contract).
4. Require the WIC Coordinator to have a professional degree in addition to extensive experience in performing a full range of administrative and management duties.
5. Transfer the responsibility of maintaining computer hardware, IT support, and security to individual WIC grantees.

Summary of Outreach Activities

A total of five teleconferences were held to gather feedback on the proposed program changes from current WIC Local Agency grantees and other interested parties.

The region-specific teleconferences were held on the following dates:

- WIC Region 1 - Anchorage - January 11, 2012
- WIC Region 2 - Southwest - January 13, 2012
- WIC Region 3 - Fairbanks and Interior - January 17, 2012
- WIC Region 4 - Yukon-Kuskokwim,
Western and Northern - January 18, 2012
- WIC Region 5 - South Central and
Southeast - January 19, 2012

A public notice bulletin of the teleconference was placed with the State of Alaska and published on December 21st, 2011. An FAQ of the proposed changes was prepared, which included additional facts and the questions for feedback, and placed in the public notice as an attachment. On January 3rd, 2012 Local Agency Coordinators were sent an email reminder of the upcoming teleconferences with the FAQ attached.

A copy of the notice was also made into a flyer and sent to the WIC state office locations for display in Anchorage and Juneau, and at WIC Local Agencies throughout the state

Comments and questions were also accepted via email until 5:00 p.m. on January 19th, 2012.

II. Summary of Comments Received

There were 29 individual participants who called into the five teleconferences in addition to State WIC program staff. They represented 15 of the 16 current WIC Local Agency grantees. The Region 1 teleconference also had a guest from the Mat-Su Valley WIC Local Agency listening in, and the Region 5 teleconference included a WIC mom. In addition, supplemental comments and questions were received via e-mail from five of the Local Agencies. A complete list of the teleconference participants is included as Attachment B.

Comments were specifically requested on the following questions outlined in the public notice announcement preceding the teleconference:

1. Under the proposed regionalization, what impacts to service delivery would you anticipate?
2. Would you be interested in continuing to provide WIC program services under the proposed program changes? Would you be interested in partnering with a lead agency to continue to provide WIC services locally?
3. Are there challenges to regionalized service delivery that the WIC program should consider? For example:
 - a. Do they complement existing service areas for your agency?
 - b. Does your agency have the capacity to deliver services regionally?
4. Are there barriers or challenges to implementing the proposed staffing changes requiring registered dietitians that the WIC program should consider?
5. Are there barriers or challenges to implementing the proposed staffing changes for Local Agency Coordinators that the WIC program should consider?
6. What do you see as the advantages of the infrastructure changes that the Alaska WIC Program is proposing to implement in Federal FY 2014? Disadvantages?
7. Do you have other suggestions for changes to the WIC program that will help improve direct services?
8. Do you have other suggestions to help the Alaska WIC program find cost efficiencies?

Specific questions about the proposed program changes were also collected to be answered at a later date. The comments received from the WIC local agencies and interested parties are summarized below, by each question number. The questions are listed separately in Attachment C.

1. Under the proposed regionalization, what impacts to service delivery would you anticipate?

Comments were received from 12 local agency grantees on this question. Eight agencies commented on the potential for delayed or reduced services under the proposed program changes, four agencies commented on an expectation that client participation numbers will drop as the changes are implemented. This assertion was also echoed by the WIC mom who participated. Three of the agencies agreed that over time, the numbers would likely rise again as trust is re-established with WIC participants. Two agencies indicated that they did not anticipate any impacts to service delivery with the proposed changes, at least in their specific service areas. Three agencies, as well as the WIC mom commented on the likelihood of increased administrative expenses and two agencies said they needed more information on the model proposed to evaluate the potential impacts to services.

2. Would you be interested in continuing to provide WIC program services under the proposed program changes? Would you be interested in partnering with a lead agency to continue to provide WIC services locally?

Fourteen of fifteen agencies provided answers to this question. Five agencies indicated that they are interested in continuing to provide services as a lead agency. One agency indicated they are not willing to provide services because it conflicts with their service area but that they are interested in partnering and eight agencies indicated that they need further information, or additional internal conversations to make a decision.

3. Are there challenges to regionalized service delivery that the WIC program should consider? For example:

- a. Do they complement existing service areas for your agency?**
- b. Does your agency have the capacity to deliver services regionally?**

Eleven agencies responded to this question. Eight agencies cited a variety of challenges, and three agencies indicated that they have no concerns with regionalized service delivery. Of the specific challenges, seven agencies mentioned travel, five discussed infrastructure concerns and four brought up cultural issues with regionalization. Travel related concerns include travel time, availability of funding for travel, and difficulty of traveling within the region. Infrastructure concerns included the difficulties of combining space, equipment, and IT services and costs associated with infrastructure needs, and the potential loss of in kind space and services under regionalization.

4. Are there barriers or challenges to implementing the proposed staffing changes requiring registered dietitians that the WIC program should consider?

Thirteen agencies responded to this question. Only three agencies indicated that there would not be any problems with the requirement, including one who does not currently have an RD on staff. The most frequently cited issue, mentioned by six agencies, including agencies that currently meet the RD requirement, was the difficulty in finding qualified RD's, especially in rural areas. Lack of funding to support a full time RD was mentioned twice. Other barriers mentioned included a lack of funding to support RD's on staff, insufficient high risk caseload to justify having an RD on staff, and the potential for decreased services because of increased staffing costs. There was also a concern that the staffing requirement not preclude the formation of an RD bureau and a request for a roll out period to allow agencies not in compliance to opt to train existing staff members to meet the requirement.

5. Are there barriers or challenges to implementing the proposed staffing changes for Local Agency Coordinators that the WIC program should consider?

Eleven agencies answered this question. Two agencies indicated that they did not see any barriers or challenges to implementing the proposed staffing changes. A variety of personnel issues were cited. Four agencies mentioned that recruitment in rural areas, with more limited pools of people with advanced degrees would be a challenge, and four agencies cited the requirement as appearing to favor an RD for the coordinator position. Two agencies expressed concerns that existing coordinators might not meet the requirements, and one agency cited difficulties of managing more remote sites and larger rural areas.

6. What do you see as the advantages of the infrastructure changes that the Alaska WIC Program is proposing to implement in FY 2014? Disadvantages?

Eleven agencies provided comments on advantages and disadvantages of the infrastructure changes. Only one agency provided only advantages. Four provided both disadvantages and advantages of the program changes. Four agencies specifically mentioned savings in administrative costs as an advantage, although there was some corresponding thoughts that the savings might not materialize as expected. Another advantage, mentioned twice, was the ability to continue providing services. Compliance with USDA Region 10 recommendations and DPA recommendations received one mention.

Disadvantages were cited by ten agencies. Travel was mentioned three times, less personal contact with WIC participants was mentioned by four agencies, and increased administrative costs as well as loss of other funding were mentioned twice. That the new requirements appear to favor native health organizations, decreased training for local agency WIC staff, possible loss of clinic locations, loss of other funding including in kind services, potential job loss in rural communities and urban/rural salary differentials each received one mention.

7. Do you have any other suggestions for changes to the WIC program that will help improve direct services?

Three agencies offered comments for this question. Two agencies spoke against the need for regionalization for all areas, and one suggested regionalizing areas that have caseloads less than 1,000. Other comments included an affirmation that regionalization is a cost-effective way of providing services and a suggestion to streamline the application process.

8. Do you have any other suggestions to help the Alaska WIC program find cost efficiencies?

Three agencies offered suggestions for additional cost efficiencies. The suggestions included regionalized RD services instead of regionalizing grantees, to use video conferencing for high risk clients, to simplify the application form and have the state provide more vendor training.

Participants were also asked to share any closing thoughts that they had on the proposed changes that they would like the Alaska WIC program to consider in developing the FY 14 grant process. Five agencies shared a variety of final thoughts and suggestions for the Alaska WIC program to consider. These included a suggested service model where there is both a WIC manager and a clinical supervisor and the clinical supervisor is the RD and the manager is the WIC coordinator, the suggestion that the State study other State WIC programs regionalization and share the lessons learned, and consider the unique features of delivering WIC services in Alaska, as well as ensure that the RD bureau can still happen, a suggestion to open the Providence WIC clinic again and a comment that although their program has a low caseload, they also have low staff turnover which contributes to high quality services. Additional training through the UAA WIC program was also suggested.

There were also a large number of questions and areas for clarification submitted with questions primarily falling into five categories: structure, service areas, staffing, IT/technology and funding. A complete list of the questions received is in Attachment C.

III. Analysis of Comments

The comments received from local agencies and interested parties about the proposed changes to the FY 14 WIC grant process ranged from seeing no impacts, to predictions that the proposed changes would wreak havoc on the WIC program in Alaska. Most agreed that there would be some impacts, even if not experienced by their own agency, and several themes emerged from the comments provided.

Implementation Needs

Of the many challenges and concerns that were raised, most can be summarized as needs or issues related to making the initial program changes, and that once resolved should not continually impact the WIC program. Fifteen of the 16 local agencies mentioned at least one implementation need or challenge. Additional information was requested to help agencies determine appropriate models for service delivery, assistance was requested for negotiating contracts between lead agencies and partners, and additional funding to procure equipment necessary for expanded or distance delivery was cited as a need. Cautions that the State WIC program should expect an initial drop in client participation as trust is re-established with WIC participants can also be characterized an implementation need.

Cultural Factors

Eight of the agencies specifically mentioned some type of cultural differences or challenges in providing services in the expanded regions. There were two distinct types of cultural issues mentioned: the rural and urban divide and multicultural concerns as service areas expand to include multiple Alaska Native cultures or Alaska Native service areas within their boundaries. In Southwest Alaska, for example, the proposed service region would encompass two distinct Alaskan Native cultures and three Alaska Native service areas. In other parts of the State, agencies that have primarily serviced WIC participants in distinctly rural or urban settings are now looking at expanded service regions that would require them to effectively provide services to both populations. Although not explicitly mentioned, it is also probable that the lead and partner agencies will experience some clashes between agency cultures as they form partnerships for providing services, and established norms are changed or challenged. Salary differentials between rural and urban staff were mentioned as an area that might be controversial.

Staff Recruitment & Retention

Educational requirements present challenges in rural Alaska, and for smaller agencies, which primarily serve rural or Alaska Native clientele. In Alaska, the pool of registered dietitians is small; in rural Alaska it is even smaller. Ten local agencies noted challenges including the difficulty of recruiting qualified people to rural Alaska, high turnover, and a lack of qualified candidates within the communities. There are also concerns that individuals currently in WIC positions could lose their jobs either because of consolidation from regionalization or no longer being qualified for their positions. WIC local agencies noted that a position lost in a small

community creates economic hardship and high turnover also leads to less successful participant outcomes because trust must continually be re-established between WIC participants and program staff.

Under the proposed regionalization, over half of the current local agencies will lose their state WIC grants. Determining appropriate staffing levels for the new service regions that meet the new requirements, while achieving the desired administrative savings the WIC program hopes for without the loss of direct services to WIC participants will be a challenge for the new lead agencies. The differences in organizational cultural mentioned above will also be a factor.

Travel

In rural and non-road system communities, the amount of travel required to serve large and disperse populations is costly and time consuming. Urban agencies can see more WIC participants at a lower cost than their rural counterparts and insufficient travel funds are consistently cited as a barrier to services by agencies serving disperse populations.

Eight of the local agencies had travel related concerns. These include that excessive travel requirements for WIC staff will be an additional barrier to recruiting for positions, there will be increased costs associated with travel, and logistical difficulties are expected because travel between the hub communities which are the base for village travel, is not always possible, requiring flights to Anchorage. There were also concerns that lack of adequate funding for travel would result in less face to face time with WIC participants, and reduce their outcomes.

Increased Costs

Achieving administrative efficiencies is one of the goals of regionalization. Efficiencies are believed to be possible through centralizing administrative duties, achieving economies of scale, and in utilizing the new, and more user friendly SPIRIT technology. Not all the local agencies were convinced this was possible.

In addition to expecting increased travel costs, eight local agencies also commented that they did not believe the regionalization would meet the goal of reduced administrative costs. There were two primary reasons cited: increased administrative overhead and lost in kind or outside contributions to the program. Reasons for increased overhead included additional staff, additional supervision time, increased indirect rates, and paying for bigger facilities to accommodate larger programs. Several native corporations and local governments contribute additional funds to support their local WIC programs, other local agencies receive office space, shared services, supplies and equipment as in kind contributions from their host organization. All of those agencies were unclear if the in kind and cash contributions would still be possible under the new service models, particularly if the agency is no longer a lead agency.

It is unlikely that all of the contributions made by host agencies, both in kind and in cash will be revoked because of regionalization. The contributions are made to enhance program services,

and ensure participants have positive outcomes. Those priorities haven't changed. It will take work to maintain the relationships, and ease fears about transitions, but if done consciously, it should help to alleviate concerns that the other contributors to the WIC program may have.

Overall, the comments, while expressing concerns, were focused on program and participant outcomes more so than on the fate of the individual local agencies. This is significant because nine of the sixteen current grantees are likely to lose their State WIC grants under the proposed regionalization. The comments could have been far more negative. This could have been because of a lack of understanding, but is more likely because the existing WIC local agencies see that their organization will still have a role to play in delivering WIC services within the new service regions, even if it is not as a lead agency.

In addition to the comments made, there were also many questions, including areas of clarification and requests for additional details, asked of the Alaska WIC program. The specificity of the questions show that potential grantees are trying to determine what the real impacts of the program changes will be to their agency and exactly what is going to be required of them if they wish to continue on providing services as lead agencies.

Attachment A: Proposed Regionalization of WIC Grantees

Current Service Structure		Proposed FY 14	
Service Areas	# Grantees	Service Areas	# Grantees
Aleutian/Pribilof Island ¹	1		
Anchorage	3	Anchorage	1
Bristol Bay ¹	1	¹ Southwest Alaska including Bristol Bay/Kodiak/Aleutian/Pribilof Island	1
Fairbanks	2	Interior	1
Kodiak Island ¹	1		
Kotzebue ²	1	² Western and Northern Alaska including Kotzebue/Norton Sound/North Slope	1
Mat-Su/ Kenai Peninsula ³	1	³ Southcentral including Mat-Su; Kenai Peninsula; Valdez/Cordova	1
Norton Sound ²	1		
North Slope ²	1		
Southeast	2	Southeast	1
Valdez/Cordova ³	1		
Yukon-Kuskokwim	1	Yukon-Kuskokwim	1
Total	16		7

Note: As indicated in the table, several of the former WIC service areas have been combined or renamed into adopted Department of Health and Social Services (DHSS) service delivery regions and/or are consolidated so that there are no regions with less than 1,000 participants to meet the WIC regional criteria.

Attachment B: Complete Participant List

Name	Affiliation	Title
Scooter Welch	Resource Center for Children & Families	Executive Director
Sarah Stempek	Resource Center for Children & Families	WIC Coordinator
Ann Burtness	Resource Center for Children & Families	WIC RD
Narlin Smith	Tanana Chiefs Conference	WIC Coordinator
Karen VanWingerden	Aleutian Pribilof Islands Association	WIC Coordinator
Suzie Nunn	Bristol Bay Area Health Corporation	WIC Coordinator
Anita Bailor	Kodiak Area Native Association	Grants Administrator
Lisa Fenn	Southeast Alaska Regional Health Corp	WIC Coordinator
Lisa Sattler-Hart	Southeast Alaska Regional Health Corp	Community Nutrition Program Manager
Heather Woody Murray	Southeast Alaska Regional Health Corp	Grant Writer
Janai Meyer	Southeast Alaska Regional Health Corp	RD
Frankie Williams	Metlakatla Indian Community	WIC CPA
Sean Enright	Metlakatla Indian Community	WIC Coordinator
Penny Benson	Native Village of Eyak	Clinic Administrator
Sue Arts	Native Village of Eyak	WIC Coordinator
Molly Gatton	Native Village of Eyak	WIC Mom
Susan Pougher	Alaska Family Services	WIC Administrator
Karen Cutler	Alaska Family Services	WIC Clinician Coordinator
Donn Bennice	Alaska Family Services	President/CEO
Khadija Alhrahbi	Yukon-Kuskokwim Health Corporation	WIC Coordinator
Jennifer Johnson	North Slope Borough	WIC Coordinator
Tracy Gregg	Manilaq Association	WIC Coordinator
Margaret Duggan	Municipality of Anchorage	WIC Program Manager
Pam Phillimore	Municipality of Anchorage	WIC Assistant Program Manger
Carol Wren	Cook Inlet Tribal Council	Director, Employment & Training Services
Holly Snowball	Cook Inlet Tribal Council	Manager, Employment & Training Srvices
Liz Walsh	Cook Inlet Tribal Council	RD
Laura Phillips	ASYMCA-JBER	WIC Coordinator
Mary Jo Imig	ASYMCA-JBER	Executive Director

Attachment C: List of Questions from Interested Parties

Structure

- What is expected of being a lead agency? How is that defined? What would partnering be?
- Are there any guidelines for a lead agency in contracting with another agency to provide services?
- Is there a preferred structure? For example, one main agency subcontracting with the other two agencies? How does the State picture this?
- How will the state develop the target caseload for the one agency? Will this be a combination of the two agencies current target caseload?
- Can agencies serving less than 1000 clients be a lead agency?
- What type of travel will be required by the State for one local agency?
- What are the requirements for the one local agency to have an integrated health services program?
- Will the lead agency be required to have a health department with licensed medical providers?
- Will the lead agency be required to have health representatives in each village and community?
- If two agencies apply to provide services to Interior Alaska and one agency does not have an integrated health program, will that agency be eliminated from the application process?
- Would agency applying for the grant need to have space and staff already in place before the grant proposal is submitted?

Service Areas/Boundaries

- What communities will be served by one agency in Interior Alaska? Is there a specific list of boundaries for this proposed local agency? In the past the State has used the Public Health Service Areas.
- Will there be any stipulation, for that one grantee to be required to open up Providence again?

Staffing

- Under the FAQ, the number 3, in the third paragraph: Please clarify what that means. Do Paraprofessional CPA's provide program management and oversight?
- As to what a professional degree means? What is a related field? And, the comment below that, this position will work with the WIC RD's and that RD's in the WIC coordinator position meet the requirements. I think there are RD's in the WIC coordinator role who don't meet those qualifications themselves. So, I need more clarification as to what that means.

- Would a psychology degree be acceptable? Would a Bachelor of Science degree be acceptable? Would a Bachelor of Science with an interdisciplinary degree emphasis in premed be acceptable?
- As a WIC Coordinator I do not currently have a bachelor's degree. Will I be grandfathered in as a Coordinator? If I am grandfathered in, will WIC allow time for me to complete my degree?
- If the local agency utilizes an administration model of WIC Manager and Clinical Nutrition Manager, what would be the professional degree required for the WIC Coordinator? What would be the requirements for the Clinical Nutrition Manager?
- Will there be an expected client to RD ratio and a client to Paraprofessional CPA?
- Are there minimum staffing levels or suggested staffing levels for CPA's and for dieticians?
- If there were multiple WIC satellite clinics what are the requirements for staff credentials at each satellite clinic?
- If RD is employed by partner agency and not Lead Agency, would this meet the new proposed requirement?

IT/Infrastructure

- Will the State have a systems analyst on staff to handle the challenges of SPIRIT implementation?
- Will there be technical assistance by the State WIC program for new IT responsibilities?
- Since the local agency will be responsible for IT service, will the local agency be able to purchase hardware and soft ware to meet the needs of the program without state approval?
- Will the local agency be able to purchase printer and printer supplies that meet the needs of the program?
- If the local agency does not have access to PolyCom/AFCAN carts, or WebX or Go to Meetings what would be a Local Agency options for providing virtual certification services to 20% of the rural WIC clients?
- Would an agency interested in providing services to all interior communities have access to a system that would provide virtual certification services?
- How would the State agency assist a local agency in providing virtual certification and nutrition education contacts?
- In the rural Interior Alaska villages there are many communities where internet service is only available in the health clinic and the schools. Will the State WIC program assist the local agency in negotiating agreements for utilization of the rural internet service providers?

Funding

- Will the funding for the one agency include the current allocation base for both agencies?
- For example will the standard base per client per year be used for the urban and for the rural clients and those funds combined for the one local agency? Or will there be a change in the per client rate?

- Will the client rate per year be based on one type of client or will the state agency continue to fund at a rural and urban rate?
- Are there any proposed guidelines limiting the indirect rate of a local agency and available WIC funding?
- Will cost of the local agency administrative funds be limited?
- Will there be set caps of overhead costs taken from lead agency off of money that is to be used with partner agency?
- Will the current funding formula be utilized to calculate travel funding available for one agency?
- Will the funds that are currently paid by AK WIC to the State IT program be available for distribution to the local agency budget for IT services?

Miscellaneous

- How will the State ensure continuity of care and services if grant structure is changed and new agencies obtain grant?
- Will the State would be willing to work with the successful grantee in establishing MOU's or MOA's with various agencies or entities to provide those services at low or no costs?
- When will these proposed changes begin?
- When will the RFP come out?