

WIC Local Agency Region 5 - Teleconference Script

The WIC Region 5 Teleconference was held on January 19th, 2012 for all agencies currently providing WIC services, or interested in providing WIC services, in Southcentral and Southeast Alaska. Currently, four agencies provide services in these areas. The Southeast Alaska is served by Southeast Alaska Regional Health Consortium (SEARHC) and the Metlakatla Indian Community (MIC). Southcentral Alaska, excluding Anchorage, is currently served by Alaska Family Services (AFS) as well as the Native Village of Eyak (NVE).

Present on the call were 12 representatives of the organizations and one WIC mom. The organizational representatives are Lisa Fenn, WIC Coordinator, SEARHC, Lisa Sattler-Hart, Community Nutrition Program Manager, SEARHC; Heather Woody Murray, Grant Writer, SEARHC; and Jenai Meyer, SEARHC WIC Program; Frankie Williams, WIC CPA, MIC; Sean Enright, WIC Coordinator, MIC; Penny Benson, Clinic Administrator, Native Village of Eyak in Cordova; Sue Arts, WIC Coordinator, Native Village of Eyak in Valdez; Sue Pougher, WIC Coordinator, AFS; Karen Cutler, WIC Clinic Coordinator, AFS; and Donn Bennice, President/CEO, AFS. Also present on the call was Molly Gatton, a WIC Mom from Cordova.

Summary of Comments:

The organizations mentioned several probable impacts of the proposed program changes: SEARHC, AFS, and NVE all commented that they expect an initial drop off in participation as the changes go into effect. The WIC Mom also commented that drop in participation was likely. Two agencies, SEARHC and NVE, commented that they were concerned about impacts to direct services, with NVE specifically mentioning declines in face-to-face contact leading to less program success. Staff from SEARHC commented that the requirement to certify 20% of clients via video-certification methods could present an additional barrier to services and further reduce caseload. One agency, SEARHC, noted additional funds for travel and administration would be needed.

Two agencies, SEARHC and AFS, indicated they are interested in providing lead agency services. Two other agencies, NVE and Metlakatla, needed more information. Staff from SEARHC affirmed they have the capacity to deliver services regionally and currently do.

Three agencies, NVE, AFS & SEARHC, did not report any problems with the registered dietitian requirement. One agency, AFS, mentioned the recommendation of an RD bureau from the CTG report should be considered under the program changes. One agency, NVE, stated the degree requirement for the WIC Coordinator may be an issue in smaller, rural agencies.

An additional concern voiced by AFS was a salary differential between rural and urban clinic locations. Staff from SEARHC were concerned about the potential for job loss in smaller communities and commented that if a small community, such as Metlakatla, lost a position, it is a big deal. Staff from SEARHC also provided two suggestions for improvements and cost efficiencies: streamlining the application process and having the state provide some vendor training via telephone.

Analysis of Comments:

The Region 5 teleconference incorporated four agencies, each serving a distinct geographic area. Under the proposed program changes, one lead agency would serve Southcentral Alaska, and one lead agency would serve all of Southeast Alaska. The agencies that have already identified an interest in continuing to provide services regionally, AFS and SEARHC, currently provide WIC and other health and human services regionally and currently meet the proposed staffing requirements. In Southcentral, the proposed service region would stretch from Cordova to Homer, excluding Anchorage and include rural communities that are not located on the road system. In Southeast Alaska, an additional complication of regionalization is that the Metlakatla Indian Community is a sovereign nation, and not simply a tribal nonprofit. SEARHC will only agree to provide services in Metlakatla if requested to do so by the Metlakatla Indian Community.

