

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**BUREAU OF SUPPLEMENTAL FOOD PROGRAMS**  
**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR**  
**WOMEN, INFANTS AND CHILDREN,**  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM**

**REQUEST FOR INFORMATION (RFI)**

**I. PURPOSE OF RFI**

The purpose of this RFI is to gather stakeholder input regarding potential changes in several key program areas of the New York State (NYS) Department of Health (DOH) Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Information gathered from responses to this RFI may be used by the NYS WIC Program when issuing the Request for Applications (RFA) to bidders interested in becoming WIC local agencies.

All stakeholders are encouraged to submit responses to all or parts of the RFI, even if they do not intend to respond to a future RFA. **No contract will be awarded based on responses to this RFI.**

Specifically, the NYS WIC Program intends to:

- increase program access by encouraging the establishment of WIC clinics in non-traditional settings, co-locating clinics with other health care providers and social service agencies
- offer participant-centered nutritional services, breastfeeding support, obesity prevention strategies, and physical activity promotion
- improve customer service
- consolidate and streamline existing WIC delivery systems to maintain and expand access while increasing program efficiencies
- require Commodity Supplemental Food Program (CSFP) agencies to be approved WIC local agencies to facilitate the co-location of WIC and CSFP

**II. DESCRIPTION OF THE NYS WIC PROGRAM**

The NYS WIC Program is regulated and funded by the United States Department of Agriculture's (USDA's) Food and Nutrition Service and administered by the NYS DOH through a complex series of federal and state regulations. These regulations govern the actions of the local agencies and also specify the oversight responsibilities and activities of the NYS DOH.

The NYS WIC Program provides supplemental nutritious foods, nutrition education, counseling, health care screening, and referrals to low income women, infants and children with identified medical and nutritional risks. The NYS WIC Program, the third largest WIC program in the country, provides services and benefits (about \$462 million per year) to over 480,000

participants through 101 local agencies that operate approximately 522 service sites. More than two million WIC checks are issued monthly to eligible participants that are redeemed at over 4,500 participating retail food vendors and pharmacies. NYS funding and rebate revenue supplement federal funds.

The WIC Program's mission is to promote and maintain the health and well-being of nutritionally at-risk women, infants and young children by providing nutritious food, nutrition and health education and referral services. Eligibility for WIC is based on residential, income, and nutritional risk criteria. For additional WIC Program information and definitions please visit the following website: <http://www.fns.usda.gov/wic/>.

WIC plays a major role in NYS by maintaining and bringing about positive health outcomes for eligible pregnant, breastfeeding and postpartum women, infants, and children up to age five. Some of these important accomplishments include improved birth weight, reduced infant mortality, reduced Medicaid spending, improved breastfeeding and immunization rates and smoking cessation.

Applicants for WIC benefits must be referred by a healthcare provider or directly contact a local agency where they will be given an appointment for a certification screening. During that screening session, eligibility will be determined based upon income, residency, category, and health and nutritional risk. The NYS WIC Program nutritionist prescribes a carefully defined age appropriate package of supplemental foods that may include infant formula and cereal, milk, eggs, cheese, juice, iron-fortified cereals, and peanut butter or beans. These foods, which are listed on WIC checks, address the specific nutrient needs of individual participants at important stages of human growth and development. NYS WIC participants redeem their WIC checks for food and formula at a food store or pharmacy authorized by the NYS WIC Program.

Nutrition education and counseling are provided to address WIC participants' immediate nutritional risk conditions and long term goals to achieve improved dietary practices. The NYS WIC Program links participants to other vital health care and social services that, in conjunction with improved nutrition, promote improved health and nutritional status.

Agencies that sponsor local WIC Programs must demonstrate the ability to meet the following criteria:

- Access to the WIC Eligible Population: An existing and continuing commitment to reach and serve the eligible targeted WIC populations consisting of pregnant, breastfeeding and postpartum women, infants (birth to 12 months) and children (1 to 5 years of age)
- Ability to assess applicant eligibility, certify, provide nutritious foods, nutrition education and other program requirements as necessary
- Systems in place to ensure quality of the WIC Program: A commitment to provide consistent, quality program services, and a sensitivity to and awareness of client satisfaction in developing quality program services
- Capacity to coordinate and integrate WIC with other related services: An ability to effectively coordinate WIC services with health care and human services that partner with providers of primary care to pregnant women, infants and children

- Managerial Capacity and Cost Factors:
  - Managerial capacity: A capacity and a willingness to provide responsible management of the NYS WIC Program resources and to establish all necessary control systems to safeguard WIC funds and resources
  - Cost factors: An ability to meet the requirements of the NYS WIC Program within available resources
  - Funding: WIC is intended to be an adjunct to health care rather than a self-contained program. Accordingly, funding levels may rely on in-kind support from sponsor agencies. Actual budget amounts are based on changes in the WIC estimate of need and the availability of funds from USDA and NYS

### **III. INFORMATION REQUESTED**

The NYS WIC Program has developed an outline of desired outcomes, standards and related questions that support the goals of excellent and efficient services, participant retention and targeted growth. Input is requested regarding the items/questions listed below. Any additional ideas or proposals are also welcome. Identify by letter/number each outcome/question you are addressing. In addition, provide a brief description of your agency's experience (if any) serving this target population.

#### **A. Increase Program Accessibility to the Highest Risk WIC Eligible Participants**

The NYS WIC intends to increase access to eligible participants served by targeting areas in the State where substantial unmet need exists. In federal fiscal year (FFY) 2006, the WIC Monthly Participation target for NYS was 484,485 participants; however, there are many more eligible New Yorkers who do not have access to WIC services.

NYS compiles data, such as census and birth records, to estimate the number of residents eligible to participate in the NYS WIC Program. The number of WIC eligibles, by area, is compared to actual WIC participation to determine an area's unmet need. This data can be compared with current WIC clinic sites and other geographical data, such as the availability of hospitals, public transportation and WIC vendors using graphical information systems (GIS) software to help determine areas that will benefit from WIC sites. Data is also available on the ethnicity and race of participants served. Additionally, WIC participant retention is analyzed through monthly reports that detail the number of active WIC participants who do not receive their benefits.

#### Outcomes and Performance Standards

- Increase access to services using non-traditional settings and/or co-location with other service providers
- Improve accessibility to services for working families
- Develop comprehensive outreach strategies for nutritionally at-risk women, infants and children
- Increase the percentage of participants who remain on the NYS WIC Program for the duration of their eligibility period

## Questions

1. How could an agency establish/increase WIC Program access utilizing social services, health care providers or other organizations in the community?
2. How would you recommend reaching and attracting new participants?
3. What strategies would encourage continued participation?
4. What barriers exist to increasing WIC Program access and what can the NYS WIC Program do to overcome them?

## **B. Provide High Quality Participant-Centered Nutrition Services**

High quality nutrition services increase the value of the WIC experience through participant-centered counseling, including rapport building and critical thinking. Through participant-centered nutrition services, staff assist participants in goal setting and changing behavior while building an effective relationship with participants. Participants move smoothly and quickly through a family-friendly environment with adequate, qualified, culturally-appropriate staff who provide meaningful nutrition services and breastfeeding promotion that best meet each participant's needs. The optimal clinic environment actively promotes breastfeeding, healthy eating, healthy lifestyles including physical activity and maximizes activities to entertain children.

## Outcomes and Performance Standards

- Provide participant-centered nutrition assessment and counseling while creating a partnership with the participant to attain positive health outcomes
- Use rapport building, critical thinking, and open-ended questions to achieve a comprehensive nutrition and cultural assessment focusing on the participant's needs and interests, instead of risks and deficiencies
- Expand breastfeeding support for prenatal and breastfeeding women and promote collaboration with community partners, such as lactation staff in hospitals and breastfeeding coalitions
- Integrate obesity prevention and physical activity interventions into clinic operations
- Ensure WIC staff is kept up-to-date on WIC policies and procedures, nutrition/health information and the functionality of WIC's automated system

## Questions

1. What could the NYS WIC Program do to enhance nutrition education so it is relevant to participants' needs and interests?
2. What strategies could WIC agencies utilize to ensure availability of an adequate number of qualified professional and support staff who are culturally and linguistically reflective of the high-risk and at-risk population served?
3. What methods could WIC agencies use to evaluate the effectiveness of participant-centered nutrition education? This includes evaluating participant and staff satisfaction,

identifying all relevant nutrition/health risks, participant success in meeting their identified goals, documentation, and the overall services provided by WIC staff.

4. What strategies could WIC agencies utilize to promote, support and expand breastfeeding among prenatal and breastfeeding women and their infants?
5. What strategies could WIC agencies use to build active working relationships with other breastfeeding organizations and staff in the community?
6. What strategies could WIC agencies use to incorporate obesity prevention, including the promotion of fruits and vegetables, low fat dairy, and physical activity into clinic activities?
7. Identify barriers that prevent WIC staff from attending State-sponsored training sessions, staff development opportunities, etc., to improve staff competencies and stay current in relevant WIC topics. What can the NYS WIC Program do to overcome these barriers?

### **C. Improve Customer Service**

Customer service is the ability of the NYS WIC Program to consistently meet or exceed the expectations of the WIC participant and includes all of the activities involved in providing timely and high quality service to the NYS WIC population. Great customer service can be provided when WIC employees are empowered to provide seamless one-stop service in a comfortable clinic environment that promotes cultural competence.

#### Outcomes and Performance Standards

- Create a friendly and supportive clinic environment
- Promote effective written and oral communication with WIC participants
- Meet the needs of a culturally and linguistically-diverse population
- Establish a comprehensive working relationship with health care providers and other community partners

#### Questions

1. What can WIC agencies do to provide a high level of customer service for the NYS WIC Program with the limited funds available?
2. What steps can be taken to promote family-friendly, baby-friendly and supportive clinic environments that reflect the population served?
3. What strategies would you use to maintain a smooth clinic flow and meet the needs of WIC participants and staff?
4. What barriers could prevent this type of environment? What tools does the WIC agency require to attain effective allocation of resources and overcome these barriers?
5. How can WIC agencies ensure and evaluate effective written and oral communication with participants and community partners?
6. What can WIC agencies do to provide services to linguistically-diverse participants?
7. How would the NYS WIC Program recruit and maintain qualified staff that can effectively communicate with and understand a culturally-diverse population?

## **D. Consolidate and Streamline WIC Service Delivery Systems**

Larger WIC Local Agencies, which might be assigned one or more catchment areas, would provide economies of scale through shared administrative costs. Larger agencies could use subcontracts to operate sites over a larger geographical area. This structure would provide efficiencies through shared administrative costs and greater customer service through flexible staffing while maintaining or increasing access for WIC applicants.

### Outcomes and Performance Standards

- Decrease the number of WIC local agency contractors in NYS
- Increase WIC local agency caseload assignments and service areas
- Maintain/increase access to services through collaboration/subcontracts with other WIC providers
- Realize program efficiencies through shared administrative costs
- Improve customer service through shared staffing and a more flexible staffing structure
- Employ consistent policies through oversight of more WIC sites by one administrative office
- Enhance ability to handle site relocation and continuity of services if operation at one WIC local site becomes impeded

### Questions

1. How could the NYS WIC Program encourage potential WIC providers to form a collaborative business entity that could operate under one local agency contract?
2. How could the NYS WIC Program encourage potential WIC local agencies to serve large WIC eligible populations over a greater geographical area?
3. What strategies could be used by a WIC local agency to serve a WIC eligible population over a greater geographical area?
4. What barriers exist to prevent WIC local agencies from subcontracting to form a larger WIC sponsor agency?
5. What benefits could be achieved through servicing a larger number of WIC eligibles through one WIC sponsor agency?

## **E. Require Commodity Supplemental Food Program agencies to be sponsored by WIC local agencies.**

The CSFP Program's mission is to promote and maintain the health and well being of nutritionally at risk women, infants, children and seniors 60 years of age and older. The program receives funding from the U. S. Department of Agriculture and the NYS Supplemental Nutrition Assistance Program (SNAP).

CSFP provides supplemental food and nutrition education for pregnant, postpartum and breastfeeding women, infants, children under age six, and seniors 60 years of age or older who meet income eligibility, residency and nutritional risk requirements. CSFP provides a food package of USDA-donated commodities during the participant visit. A CSFP site must have

capacity to warehouse a two to four week supply of over 50 food commodities, usually stacked on pallets. For more information about CSFP foods and warehouse information, go to [www.CSFPcentral.org](http://www.CSFPcentral.org), or [www.fns.usda.gov/fdd/programs/csfp](http://www.fns.usda.gov/fdd/programs/csfp), or [www.health.state.ny.us/prevention/nutrition/csfp](http://www.health.state.ny.us/prevention/nutrition/csfp).

CSFP serves over 31,000 participants in Queens, Kings, Nassau and Suffolk counties. While there is currently no funding to increase caseload or plans to serve additional areas of the state, there is potential to modify existing planning areas to reach participants where high unmet needs exist.

Similar to the WIC Program, the CSFP contracts with not-for-profit health or human service agencies. CSFP uses the same income eligibility requirements for women, infants, and children as the WIC Program. CSFP also serves WIC graduates (women six months to twelve months postpartum and children ages five to six), and the elderly.

Co-location of CSFP with WIC sites will enhance the referral process for WIC graduates to transition to CSFP. Additionally, CSFP participants that are identified as high risk can be referred to the WIC Program for enhanced nutrition education, referral, and follow-up. When the programs are co-located, one nutritionist could provide services to WIC and CSFP participants.

#### Outcomes and Performance Standards

- Refer high risk women, infants and children to the WIC Program
- Refer postpartum women and 5 to 6 year old children to the CSFP
- Provide services to the senior population 60 years of age and older
- Provide consistent nutrition education to all participants

#### Questions

1. How could a sponsor agency provide services to both WIC and CSFP participants?
2. How could a sponsor agency locate warehouse space for the storage of commodities that is cost effective and accessible to eligible participants?
3. What strategies can a CSFP sponsor agency use to encourage WIC eligible participants to participate in the WIC Program?
4. How could a CSFP agency collaborate with other health and social service agencies to provide CSFP food packages to seniors living in senior housing centers?

#### **IV. RESPONSE DOCUMENTS**

Responses should be written documents submitted on paper, via electronic mail or fax to:

Mr. Timothy Mooney, Director  
Bureau of Supplemental Food Programs  
Division of Nutrition  
Riverview Center  
150 Broadway, 6<sup>th</sup> Floor West  
Albany, NY 12204

Fax: (518) 402-7348

Or

Email: [NYSWIC@health.state.ny.us](mailto:NYSWIC@health.state.ny.us)

BY: 5:00 P.M., EST, April 2, 2007

Please clearly identify by letter/number each outcome/question you are addressing. It is not necessary to respond to each item. It is recognized that respondents will have different areas of expertise and interest; please provide a brief description of your organization and its experience in service this population. In addition to the information requested in this RFI, comments and recommendations to the State on additional desired outcomes or barriers are encouraged. Please identify barriers and tools needed to implement outcomes.

#### **V. RESULTS**

Information gathered from responses to this RFI may be used by the NYS WIC Program when issuing the RFA to bidders interested in becoming a WIC local agency.