

Department: Health Department **Program Contact:** Kathleen Humphries
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 13,000 pregnant and nursing people and their infants and young children per month. WIC promotes positive health outcomes through strengthening nutrition across the life course with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, breastfeeding support, and other support networks to eligible families. WIC also acts as a core referral center for other health and social services, including prenatal care, immunizations, Head Start, housing and day care assistance, other County public health programs, SNAP and other food assistance, and more. Multnomah County WIC leads with race and actively applies an equity lens to all services, programs, delivery methods, education options, staffing, and technology systems. Multnomah County WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise.

In 2021, WIC served approximately 19,000 unique clients with over 55,000 visits and Multnomah County WIC participants received healthful foods totalling \$7.8 million to support both nutritional health and food insecurity. During 2021, and continuing into 2022, WIC and Breastfeeding services have been exclusively remote, due to the COVID-19 pandemic. Nonetheless, WIC has maintained its caseload and retained staff at over 95%. In early 2021, participating families rated the remote service model and its quality in meeting their needs as “excellent” in a large-scale text survey. The WIC staff received the County’s 2021 Outstanding Team Achievement award for their work in distributing an additional \$3.8 million dollars in COVID direct assistance to WIC families.

By design, WIC exclusively serves populations experiencing health disparities and uses nutrition science research and program data to inform services. Data indicate health disparities among BIPOC and low income women, infants, and children, which is reflected in WIC demographic data. For example, over 25% of WIC clients need communications in languages other than English. The program has responded through signage in multiple languages, staff who speak multiple languages fluently, interpretation services contracts, and technology to promote better access. Currently, 83% (up from 77% in 2020 and 45% in 2016) of WIC staff have language and/or cultural KSAs or are themselves immigrants or refugees. These approaches enable WIC to reach populations most disparately impacted by food and nutrition insecurity. WIC also partners with culturally specific agencies and advisory boards and surveys clients to inform services.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	19,000	20,000	19,000	19,000
Outcome	% of WIC clients initiating breastfeeding	93%	94%	93%	93%
Outcome	# of nutrition education contacts with WIC families	55,588	48,000	57,268	57,000
Quality	% of clients served per month in languages other than English	26%	26%	24.2%	25%

Performance Measures Descriptions

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children are authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,293,532	\$3,252,961	\$1,353,205	\$3,633,855
Contractual Services	\$83,000	\$0	\$58,881	\$0
Materials & Supplies	\$63,498	\$734	\$130,766	\$0
Internal Services	\$816,981	\$431,032	\$888,249	\$488,389
Total GF/non-GF	\$2,257,011	\$3,684,727	\$2,431,101	\$4,122,244
Program Total:	\$5,941,738		\$6,553,345	
Program FTE	11.26	29.14	12.40	31.95

Program Revenues				
Intergovernmental	\$0	\$2,915,023	\$0	\$3,352,540
Other / Miscellaneous	\$0	\$769,704	\$0	\$769,704
Total Revenue	\$0	\$3,684,727	\$0	\$4,122,244

Explanation of Revenues

This program generates \$488,389 in indirect revenues.

WIC's revenue includes federal funds in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. County general funds assist the WIC program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC.

\$ 3,277,540 - State WIC grant;
\$ 75,000 - State Maternal & Child Health (Title V) grant
\$ 769,704 - HSO county Based services -WIC.

Significant Program Changes

Last Year this program was: FY 2022: 40018 Women, Infants, and Children (WIC)

In FY23, WIC has a \$437,517 increase in grant caseload funding which will result in a net increase of 3.95 FTE. This increase will rebuild clerical/operations and provider teams by centering race and the cultural communities WIC serves, as well as provide organizational structure to increase capacity in equity-based services. COVID-19-Related Impacts - WIC services became completely remote in March 2020, remained so throughout 2021, and will continue through FY22. USDA waivers to maintain exclusively remote service are currently in place thorough August 2022 and may be additionally extended. The change to remote proved to be successful for clients, as it reduced travel and other barriers related to accessing services, and for WIC staff, as they were able to maintain service quality, their own safety, and satisfaction in their jobs. In FY23, WIC anticipates moving to both remote and in-person services.