Opportunities to Improve WIC Services for Somali Women

2016

Washington State Department of Health

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Prepared by:
Katie Meehan
Lindsay Herendeen

For more information or additional copies of this report contact:

Washington State WIC Nutrition Program
310 Israel Road SE
PO Box 47886
Olympia, WA 98504-7886
Phone: 360-236-3676
Fax: 360-236-2320

Janet Charles
Nutrition Services Office Director

Acknowledgements

We would like to thank everyone who helped with this project. We value your perspective and feedback on how WIC and the Department of Health can better serve Somali WIC clients.

This report was prepared by the Washington State Department of Health to be shared with all organizations and individuals who participated in this project, agency partners and other state agencies.

Contents

Purpose

In 2015, Washington State Department of Health started meeting with Somali retailers and advocates from King County concerned about the rules and regulations for WIC retailers. Department of Health decided it was important to hear from Somali WIC clients directly to learn whether they experience access issues related to WIC shopping. Department of Health is interested in ensuring we provide the best possible services for Somali WIC clients.

The goals of this project were to:

- Learn where Somali WIC clients prefer to shop for food and why
- Determine the cultural relevancy of WIC foods
- Understand the most appropriate way to share health information with Somali WIC clients

This purpose of this report is to share the results from observations, key informant interviews and focus groups with Somali WIC clients, and to provide an action plan to better serve Somali WIC clients in Washington State.

Action Plan

Recommendations are based on common themes we heard from key informant interviewees and Somali WIC clients. Although the purpose of this project was to understand ways to improve WIC services for Somali WIC clients, some themes extended beyond the Washington WIC program. For that reason, recommendations are also presented to address ways Department of Health can better serve immigrant, refugee and limited English Proficient (LEP) communities in Washington State.

Table 1. Cross-agency actions for the Department of Health

Start By	Action Item	Lead
ongoing	1. **Attend quarterly Somali Health Board Meetings** to represent Department of Health, starting Nov. 18, 2015.	**Katie Meehan** Community Relations **Jasmine Matheson** Refugee Health Program
Feb. 15, 2016	2. **Share a summary of results and the final action plan** with key informant interviewees and community partners.	**Katie Meehan** Community Relations **Lindsay Herendeen** Environmental Health Educator
Mar. 1, 2016	3. **Share project results with state and community partners**, including: • **State partners:** Office of Superintendent of Public Instruction, Washington State Hospital Association, Governor's Council on Health Disparities, Limited English Proficiency Workgroup, Washington State Refugee Coalition • **Community partners:** OneAmerica, Refugee Advisory Council, King County Refugee Forum, Somali Grocer Association, Somali Health Board, Tri-Cities Refugee Community meeting • **Department of Health program-specific partners:** DOH Health Equity Workgroup, WIC Retail Advisory Committee, WIC Clinic Services Advisory Committee, USDA Food and Nutrition Services	**Dennis Worsham** Deputy Secretary for Public Health Operations **Paj Nandi** Community Relationss Director **Janet Charles** Director of Nutrition Services **Katie Meehan** Community Relations **Jasmine Matheson** Refugee Health Program
Mar. 1, 2016	4. **Connect Somali retailers—through OneAmerica—to organizations and agencies that can provide technical assistance** to Somali retailers (e.g., Department of Commerce).	**Dennis Worsham** Deputy Secretary for Public Health Operations
Mar. 1, 2016	5. **Improve internal coordination of agency projects related to refugee health** by strengthening relationship with DOH programs, including the Refugee Health Program (Jasmine Matheson) and Emergency Preparedness and Response (Michael Loehr) and agency workgroups (e.g., Health Equity Workgroup, Diversity and Inclusion Council, Child Health Workgroup, PCH Nutrition Workgroup).	**Katie Meehan** Community Relations **Jasmine Matheson** Refugee Health Program

continued

Table 1. continued

Start By	Action Item	Lead
Dec. 31, 2016	6. **Consider the needs of immigrant, refugee, and limited English proficient communities** in strategic planning, program planning, partnership development, policy development and communications.	**Dennis Worsham** Deputy Secretary for Public Health Operations **Allene Mares** Center for Public Affairs Director
Dec. 31, 2016	7. **Work with the Community Health Worker Program** (Scott Carlson) to determine ways to coordinate the development of resources or a CHW training module that address topics including refugee health, language access, translation and interpretation services.	**Katie Meehan** Community Relations **Jasmine Matheson** Refugee Health Program
Dec. 31, 2016	8. **Work with Refugee Health Program** to gather more data on other refugee and immigrant populations.	**Paj Nandi** Community Relations Director
Dec. 31, 2017	9. **Identify immigrant, refugee, and limited English proficient communities as priority populations for DOH** and identify opportunities to partner with organizations (e.g., OneAmerica) working to improve refugee support services.	**Paj Nandi** Community Relations Director
Dec. 31, 2017	10. **Develop and roll-out a policy change checklist** with a health equity lens to determine whether a policy will have a negative impact on a particular community and, if needed, to modify the policy or develop a plan to mitigate the impact.	**Allene Mares** Center for Public Affairs Director

Table 2. Division-level actions for the Prevention and Community Health division

Start By	Action Item	Lead
Dec. 31, 2016	1. **Consider the needs of immigrant, refugee and limited English proficient communities** in strategic planning, program planning, partnership development, policy development and communications.	**Janna Bardi** Assistant Secretary for Prevention and Community Health

Table 3. Program-level actions for the Office of Nutrition Services, Washington WIC Program

Start By	Action Item	Lead
Mar. 1, 2016	**1. Inform clinic staff, clients and retailers** about a client's right to language assistance and how to access interpretation services. As part of this information sharing, also consider: • Bolstering existing WIC-required civil rights training. • Offering DOH CLAS training to clinic staff. • Distributing "I-speak" cards to clients. • Exploring options to expand Telephonic Interpretation Services to retailers and talking with USDA Food and Nutrition Services about other options to expand client access to interpreters in retail settings.	**Janet Charles** Director of Nutrition Services **Cathy Franklin** WIC Nutrition Coordinator *Support from:* **Katie Meehan** Community Relations
Mar. 1, 2016	**2. Continue to encourage and provide support for clinics to hire a workforce reflective of the clients they serve.** Start by requiring CLAS e-Learning Training: Module 1 (overview of culture) for all WIC staff and Module 2 (workforce diversity) for coordinators.	**Cathy Franklin** WIC Nutrition Coordinator
Mar. 31, 2016	**3.** Use project results to **inform Institute of Medicine panel discussion on Culturally Appropriate Food Options**.	**Janet Charles** Director of Nutrition Services
May 1, 2016	**4.** Continue to work with the Health Promotion and Communication Section (HPCS) to **develop alternative shopping tools** for LEP clients (follow timeline for annual Shopping Guide revisions). Consider: • Visual representation of each food package • Tutorial videos introducing WIC foods and shopping • Shopping buddy systems • Translated version of WIC checks • Classes for new clients with interpreters to explain foods, what different sizes (e.g., gallon) looks like, etc. • Other options (e.g., Pinterest)	**Cathy Franklin** WIC Nutrition Coordinator

continued

Table 3. continued

Start By	Action Item	Lead
May 1, 2016	**5. Create and provide a list of Halal and Kosher WIC foods** to clinics (follow timeline for annual Shopping Guide revisions). Continue to work with local WIC Coordinators to voice the need to create this list to USDA and the National WIC Association.	**Cathy Franklin** WIC Nutrition Coordinator
May 1, 2016	**6. Translate vendor application instructions and Frequently Asked Questions** into primary vendor languages.	**Troy Parks** WIC Statewide Operations
Dec. 31, 2016	**7. Continue working with USDA Food and Nutrition Services to create a process** for certifying WIC retailers based on a definition of "access" that identifies cultural areas of need.[1]	**Janet Charles** Director of Nutrition Services
Dec. 31, 2016	**8. Explore opportunities to improve the audit process** to include more face-to-face contact with vendors and a pre-audit inventory.	**Troy Parks** WIC Statewide Operations
Dec. 31, 2016	**9. Approach and ask the East Africa Grocery Store in Benton County** if they are interested in becoming a WIC-certified store and provide technical assistance for them to meet requirements.	**Troy Parks** WIC Statewide Operations
Dec. 31, 2016	**10. Continue to periodically reevaluate the formula used to determine "at risk" stores for inspection** to ensure the process is objective.[2]	**Troy Parks** WIC Statewide Operations
Dec. 31, 2016	**11. Continue efforts to partner with the Refugee Health Program** to develop a nutrition profile and track WIC utilization among newly arrived refugees in Washington. Also consider additional opportunities for collaboration, including adding a question about WIC on the Refugee Health Post Arrival Survey currently being piloted in King County.	**Cathy Franklin** WIC Nutrition Coordinator
Dec. 31, 2017	**12. Add yogurt** to the Washington WIC Food Package to supplement client protein and dairy needs (follow the timeline for WIC EBT roll-out).	**Cathy Franklin** WIC Nutrition Coordinator

continued

Table 3. continued

Start By	Action Item	Lead
Dec. 31, 2017	**13. Continue to encourage USDA to re-evaluate the WIC food package** based on the nutritional, cultural and religious dietary needs of WIC-eligible women and children by end of 2017.[3] • Provide alternatives to baby food meats—offer Halal and Kosher options or exchange for other proteins like beans. • Offer fresh fruits and vegetables in exchange for canned baby food vegetables and juice. • Encourage culturally appropriate options for dairy products (e.g., yogurt) and milk (e.g., whole or two percent).	**Janet Charles** Director of Nutrition Services *Support from:* **Dennis Worsham** Deputy Secretary **Janna Bardi** Assistant Secretary for Prevention and Community Health
Dec. 31, 2017	**14. Implement listening sessions with WIC clients** in various communities across the state to make continuous quality improvements.	**Janet Charles** Director of Nutrition Services
Dec. 31, 2017	**15. Reach out to ethnic vendors and small stores across the state** to learn how WIC could better assist them in serving WIC clients and improve overall communication with vendors (e.g., Spanish-speaking store owners, tribal stores, etc.).	**Janet Charles** Director of Nutrition Services
Dec. 31, 2017	**16. Revise the Washington Administrative Code (WAC)** to update vendor criteria for stores participating in the WIC program in order to improve access to WIC clients.	**Janet Charles** Director of Nutrition Services

1 The Washington State WIC Nutrition Program complies with the federal program rules outlined in 7CFR Ch.II part 246.12 (1-1-13 Edition): (2) Standard vendor agreement. The State agency must use a standard vendor agreement throughout its jurisdiction, although the State agency may make exceptions to meet unique circumstances provided that it documents the reasons for such exceptions. Regional staff have advised the Washington State WIC Nutrition Program that cultural need as an exception is being discussed at USDA. However, at the time of this report, cultural need does not qualify for an exception.

2 The Washington State WIC Nutrition Program complies with the federal program rules outlined in 7CFR Ch. II part 246.12 (Subpart E): (3) Identifying high-risk vendors. The State agency must identify high-risk vendors at least once a year using criteria developed by USDA Food and Nutrition Services (FNS) and/or other statistically-based criteria developed by the State agency…. The State agency may develop and implement additional criteria. All State agency-developed criteria must be approved by FNS.

3 The federal Child Nutrition Act requires USDA to review the WIC Food Package every 10 years. The Institute of Medicine (IOM) has initiated a review to be completed in 2019. The Washington State WIC Nutrition Program will include a recommendation in comments to the IOM to consider nutritional, cultural and religious dietary needs.

Methods

In order to gain an understanding of the situation from multiple perspectives, we used an iterative, qualitative research approach. Rather than determining the process, methods and questions at the outset of the project, we instead let each phase of the project build on and inform the next. We paused after each step to summarize the information we were getting, look for themes, choose the next step and revise questions based on what we learned. In this way, the project was iterative and built on itself. We used five different qualitative data collection methods throughout the process.

Table 4. Summary of qualitative methods, timeline and participants

Method	When?	Where?	Who?	What?
Observations 2 meetings	February 2015	Department of Health	12 Somali retailers 2 OneAmerica staff 1 Public Health Seattle-King County staff 5 DOH staff	Meeting between OneAmerica, Somali retailers and DOH to discuss concerns about rules and regulations for WIC retailers.
	August 2015	King County	50+ attendees	Quarterly meeting of the Somali Health Board meeting. The primary topic was hookah.
Key informant interviews 20 interviews	February to October 2015	Varied	See Table 5.	Discussions with agencies and organizations that work with or are members of the Somali community across Washington State.
Environmental scan 2 grocery stores	April 2015	Benton County	WinCo (WIC-certified) East Africa Grocery Store (not certified)	Observed store characteristics, WIC approved foods and shoppers at both locations.
Community meeting 1 meeting	April 2015	Benton County	30 Somali women	Hosted a community meeting after Friday prayer service at the Islamic Center of the Tri-Cities.
Focus group 1 focus group	August 2015	King County	6 Somali women	Facilitated a focus group at East African Community Services in King County.

Table 5. Key informant interviews completed

Type of Organization	Key Informant	Number of Interviews Completed*
Resettlement or refugee health organizations	• World Relief (2 interviews) • Global2Local (2 interviews) • Somali Health Board • East African Community Services	6
Other community organizations	• King County Library System • Urban Food Link • Kennewick School District • Islamic Center of the Tri-Cities	4
WIC clinic staff and coordinators	• International Community Health Services • NeighborCare Health • Columbia Public Health (2 interviews) • High Point Medical Clinic • Holly Park • Benton-Franklin Health District • Tri-Cities Community Health Center	8
Local health jurisdictions	• Seattle-King County Public Health	1
State agencies	• DSHS, Refugee Coordinator	1
Total:		**20**

* Some interviews were completed with more than one representative from each organization. Numbers represent the number of interviews, not the number of staff we talked to.

What We Learned

Overall, we heard eight common issues. These themes represent common concerns we heard from Somali WIC retailers, key informants and Somali WIC clients.

Some themes fall outside the original scope of this project, and are included to provide greater context and understanding to barriers Somali WIC clients face to accessing multiple services, not just WIC.

Issue 1: WIC services are not linguistically accessible

Participants explained four different language access issues related to WIC services:

1. **Interpreters:** Participants said they are not always provided an interpreter at WIC appointments, even when they ask for one. Sometimes a family member interprets, or a client tries to understand with the limited English they have.
2. **Misconceptions about appointments:** Participants expressed a belief that "WIC may take your kids away." WIC closely monitors a child's weight to verify if they are growing and developing appropriately. If they aren't healthy—either overweight or underweight—participants were concerned WIC would take away their child. The language barrier may contribute to this misconception.
3. **WIC materials:** WIC translates materials into Somali, but the majority of participants stated that women in their community cannot read or write in English or Somali.
4. **WIC checks:** WIC checks are only printed in English, and Somali clients have a hard time figuring out what to buy. Some clients bring a friend who can read their checks and the Shopping Guide.

"I was on WIC and then didn't participate for a year because I couldn't read the food list. Now I'm back and take two friends shopping with me who can read."

Issue 2: Some WIC foods are not culturally appropriate

Participants confirmed that three WIC foods are not culturally appropriate: 1% milk, cheese and baby food. When asked about dairy substitutions, all participants said yogurt would be a good alternative to cheese and milk. When asked about the religious appropriateness of the foods and whether the WIC food package met their Halal needs, participants reiterated that they cannot read food labels to know for certain if a product is Halal.

"Cheese is the biggest problem. We don't eat cheese."

"Kids love yogurt. I've never seen kids that don't eat yogurt. They could eat them all day. Yogurt would be a good option."

Issue 3: Somali WIC clients want healthier options

Participants expressed a strong concern for their family's health. They prefer to consume whole foods that aren't filled with chemicals or preservatives. In their opinion, the WIC program offers the cheapest options, which are also often the unhealthiest options.

"Why do they offer the cheapest and most unhealthy options? I would prefer organic. I understand that the program couldn't pay for everything organic, but why not find something in the middle between cheapest and highest quality?"

Issue 4: WIC shopping is challenging

Somali clients said they have difficulty with WIC shopping because of their language barrier. Most participants said they rely on small Somali stores to explain WIC checks to them. All participants have experienced poor treatment from staff and other customers in larger retail stores.

In general, participants said all foods were difficult to shop for because options are written in English. They said it was difficult to know if they are getting everything listed on the checks. One client mentioned how fruits and vegetables are even more difficult because you have to weigh them.

In Benton County, there is not a WIC-certified Somali retailer, so clients shop at the two stores that are closer to where they live—WinCo or Walmart. Most clients said the retailers were nice, even though they had a communication barrier. One client said she could "feel the hatred" when she asked for help.

In King County, clients have the option of shopping at a Somali retailer or a larger store. One participant had complete English literacy, no accent and spent some of her childhood in the U.S. She shopped at larger stores and relied on shelf tags to choose her items. The other participants reminded her that you have to read English to know what those are. Participants' comfort with larger stores paralleled their level of English literacy—as their English language skills improved, they were less reliant on small Somali stores.

All participants believe that being able to buy WIC foods at a Somali store would be easier.

"Sometimes I get stuff, and (the checker at the large store) takes it out and gives it back, and then brings back something different. I just buy it because I don't understand. You have to trust."

"The biggest thing is the store. In Seattle, you can shop at Somali stores. When I'm frustrated with WIC checks, and I tell someone (in Seattle), they say 'I don't have a problem with it. We have Somali stores.' "

"Most Somali don't read English, so you need someone to help explain. Even if you speak English it is confusing. The Somali stores help. Sometimes, I went to the Somali store to know what is on the checks to go to Safeway."

Issue 5: Various services rely on "free" help for interpretation, and have not hired anyone from the community

King County focus group participants talked about how there are no Somali employees in schools, early learning centers, healthcare centers and other community services. Yet, employees at these places rely on Somali people to help with interpretation and translation.

"The biggest problem I've seen are in the schools and preschools. There are a lot of Somali kids, but no Somali employees. The teachers ask me to help interpret when I come. They need to look at hiring someone who is Somali-speaking."

"In a hospital I've heard, 'Can anyone speak Somali and help here?' I feel like a translator—and I always feel like someone else could help them more. I'm put on the spot. I'm here with my own kids."

Issue 6: Other services critical to health are not linguistically accessible

Somali women said they face communication barriers in all services that are critical to their family's health and well-being, including schools, hospitals, pharmacies and health clinics. All women have been denied interpreters at some point from services that should provide them.

"I'm a diabetic and sometimes, when I go to the pharmacy, there's no interpreter. I can't get my medication because no one can explain it."

"We have a lot of problems here. We feel like we don't get the same opportunity like everyone else. If we had people at hospitals and clinics... people who understood us, it would make it easier for us. Even in housing they don't have interpreters. The biggest issue is interpreters. We can't tell our story."

"Once a person has a thick accent, they treat you differently. They gave me different information than other women. They think 'Oh, they don't know English, so why would I explain it to them anyway?' So, then you just get left out."

Issue 7: Competent interpreters aren't always used (or available) in multiple settings

Participants discussed the competence of interpretation services when they requested and received interpreters in various settings. They suggested that interpreters are not proficient enough in English to provide meaningful assistance. One participant mentioned that the level of competence has improved now that there is a statewide certification process to become an interpreter.

"I ask for an interpreter—but they sometimes speak worse English than me."

"I think, 'That lady that is going to translate for me speaks the same (as) I do.' Sometimes I speak English better, so why ask?"

Issue 8: Lack of culturally-appropriate community services

Somali women experience barriers to jobs, housing and other social determinants of health.

"We don't get jobs. We feel like we don't get job opportunities like everyone else."

"If you know places we can go (for help), can you tell us? We would love to go somewhere where they can help our voice be heard."

Appendix 1: Background

Key Terms

- Refugee: The U.S. Department of Homeland Security defines a refugee as, "a person who has fled his or her country of origin because of past persecution or a fear of future persecution based upon race, religion, nationality, political opinion, or membership in a particular social group." For the purpose of this report, the term "refugee" is used to only apply to those with legal refugee status.
- Immigrant: For the purpose of this report, an immigrant is defined as a person who comes to live permanently in the United States. This project does not differentiate between the different legal and illegal immigration statuses.
- Limited English Proficient (LEP): The U.S. Department of Health & Human Services defines persons with Limited English Proficiency as, "persons who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language. A person with Limited English Proficiency may have difficulty speaking or reading English."

Somali Population in Washington State

The Somali population in Washington State is diverse in their experiences of immigration status and longevity in the United States. According to the U.S. Office of Refugee Resettlement, over 1,200 refugees from Somalia have resettled in Washington State over the last three years, making them one of Washington State's largest recent refugee populations: 534 Somali refugees entered in 2014, 474 refugees in 2013, and 215 refugees in 2012. There are five resettlement agencies in Washington State that assist refugees with their transition. The two largest Somali refugee resettlement communities are in Seattle and the Tri-Cities areas. Additionally, Somali immigrants have entered the United States on other types of immigration visas, like spousal visas.

Questions about immigration status, refugee status, citizenship status and longevity were specifically not asked during the focus group and community meeting. It is expected that participants represent a variety of experiences, from being a recently resettled refugee in Washington State, moving to Washington State due to secondary resettlement, arriving in the United States via another immigration pathway or being a second (or later) generation American-born citizen.

Appendix 2:
WIC Program Factsheet

From: *WIC Program Factsheet.* Prepared by Washington WIC Program for meeting with OneAmerica, 3 February 2015.

What is WIC?

WIC is a proven public health program that supports good nutrition and healthy growth and development for low income women and children. WIC is funded and regulated by the United States Department of Agriculture (USDA). WIC provides nutrition education and checks for specific supplemental foods for pregnant and breastfeeding women, infants and children under five.

What does WIC do?

Staff at local WIC clinics do a health assessment to understand the unique nutrition needs of each client. They offer advice on eating healthy foods and getting physical activity. They suggest health and other community resources that might help the family. They also give WIC checks for the client to buy the specific supplemental WIC-approved foods that will support the best possible nutrition.

Where is WIC?

WIC is offered in every county in the state of Washington. Different types of agencies provide WIC, including tribes, health departments and community clinics. There are over 60 WIC agencies and over 200 WIC clinics around the state.

Who gets WIC?

About half of all babies born in Washington are on WIC. Every month about 185,000 clients get WIC services. About 12,000 fewer people participate in WIC now than two years ago.

What are WIC foods?

The types and sizes of foods WIC clients can buy with their WIC checks are first determined by USDA. The foods are selected because they have specific important nutrients that are often missing in the diets of low income families. The state WIC program then identifies which brands meet the federal nutrition requirements and are available and affordable. Participant preference is also considered in food selection.

Where are WIC foods?

The state WIC program contracts with over 750 stores around the state to accept WIC checks. There are both federal and state requirements for being approved as a WIC store, including that stores must be authorized by the Supplemental Nutrition Assistance Program (SNAP). In addition to the requirements, the state WIC program considers client access, program need and food costs when approving stores. Any store can apply for a contract, but not all stores are approved.

Washington WIC services to Somali participants

Based on requests for an interpreter or translated materials, about 897 families served by WIC in 2014 were of Somali national origin. This is about 0.5 percent of all WIC clients in Washington. Somali is the fourth most requested language, after Spanish, Russian and Vietnamese. Washington WIC has 23 different program and nutrition materials available in Somali.

Most Somali WIC clients live in King County. Others live in Benton, Franklin, Snohomish and Pierce Counties. Thirty-eight (38) percent of Somali WIC clients are seen at two clinics: 24 percent at the Columbia Public Health Center in Seattle and 14 percent at the Highline WIC clinic in Tukwila. Overall 33 WIC clinics around the state serve Somali clients.

Although some stores have self-identified as Somali-owned or as serving the Somali community, the state WIC program does not classify or track stores by race, ethnicity or national origin. The stores that have self-identified as Somali are smaller stores with four or fewer cash registers. There are 22 WIC-approved smaller stores in King County and 121 across the state.

Washington WIC inventory rules and exceptions

All WIC-approved stores are required to have and maintain a minimum inventory of foods.

There are two religious-based exceptions:

- Halal stores do not have to carry baby food meats because there are no Halal baby foods.
- Stores can sell kosher cheese in a smaller amount than required (8 ounces instead of 16 ounces) since larger amounts are not available.

USDA requires the state WIC program to monitor approved stores at least once every three years to be sure they follow WIC rules and charge reasonable prices. WIC must also investigate anytime there is a complaint or indication of potential fraud. Federal rules require the state to disqualify stores from the WIC program for certain violations, including fraud and being disqualified from SNAP. Stores have the right to appeal.

The state WIC office has staff dedicated to work with potential and current WIC-approved stores. They are available to assist store owners with their application, train on WIC rules and processes and provide technical assistance when violations are noted. WIC-approved stores are our partners in delivering healthy foods to WIC participants.

Appendix 3.
WIC and OneAmerica Meeting Summary

From: *Summary of recent work with OneAmerica and representatives from the Somali community in King County.* Prepared by Washington WIC Program, May 2015.

Rich Stoltz, Executive Director of OneAmerica, requested a conference call to discuss challenges facing Somali store owners in Seattle seeking to participate in the WIC program. The call was held January 7, 2015, and included community members, advocates and political leaders. During that call, Washington State Department of Health agreed to host a meeting to discuss the concerns.

Department of Health hosted the first meeting with the Somali community on February 3, 2015. The group agreed to establish a working group on this issue to discuss key issues impacting the Somali community. A representative from OneAmerica agreed to identify a diverse group of six community leaders to participate in the work group. The work group met on March 4 and March 18.

Issues the group identified:

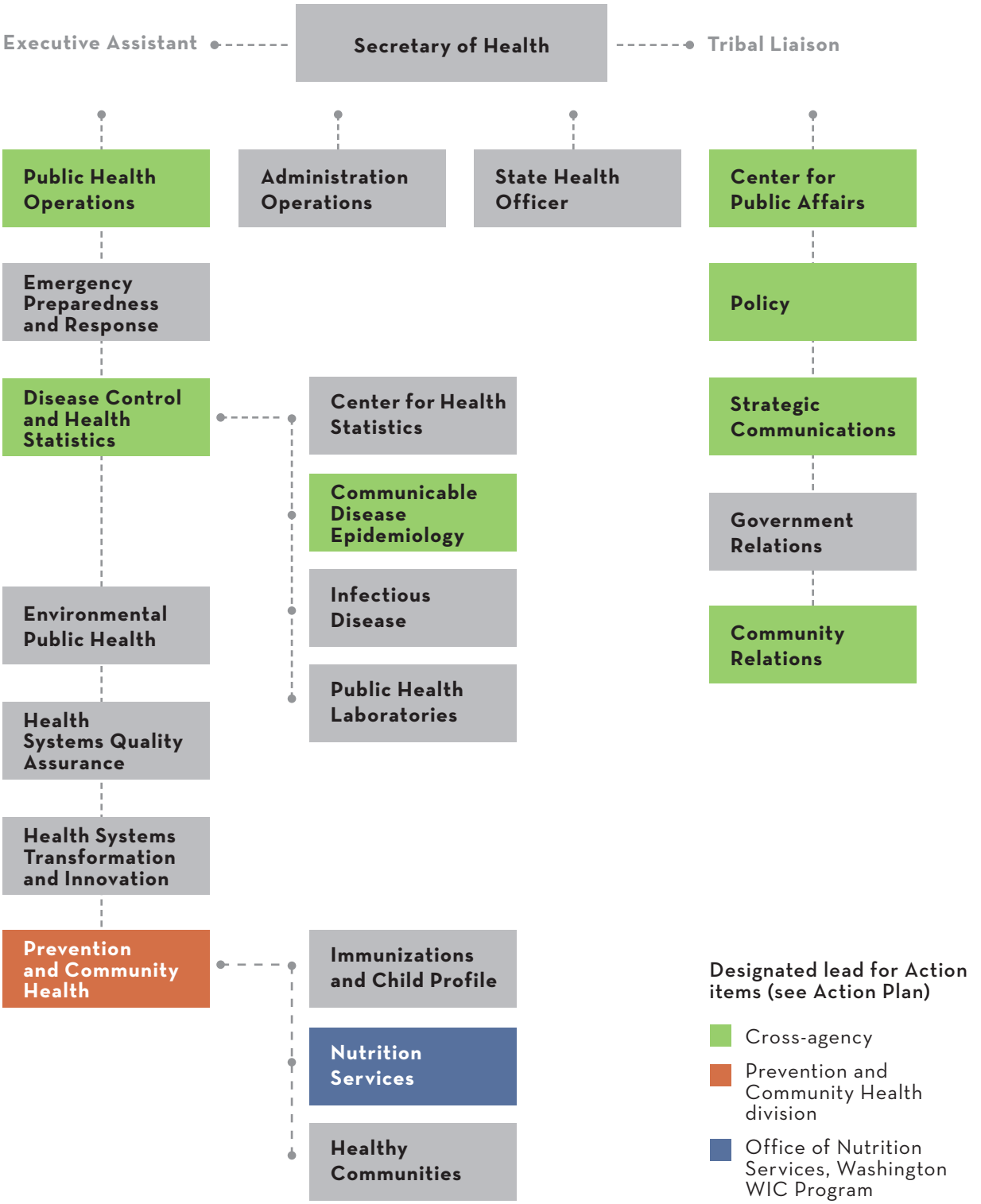
- State regulations regarding inventory requirements and the process for changing them and/or the potential role for waivers.
- How current rules are communicated to grocers.
- How stores are identified as "high-risk" and how that may impact small stores.
- The WIC inventory audit process and what changes might be made to include face-to-face conversations with the store owner and a pre-audit inventory.
- Technical assistance to help grocers better manage WIC requirements, including applications, book keeping, technology, inventory management and meeting regulatory requirements.

As a result of the meetings, the Washington WIC program agreed to:

- Provide clear information about how a vendor can request a waiver of WIC requirements.
- Remain open to conversations about potential changes in the state requirements.
- Make changes to the audit process, adding more face-to-face contact with vendors and a pre-audit inventory.
- Post a Somali translation of the vendor application instructions on the WIC vendor webpage.
- Evaluate ways the program can improve communication with WIC vendors.

- Explore resources that can provide technical assistance on business practices that the program is not allowed to offer.
- Conduct key informant interviews with community leaders and organizations, and focus groups with current or past Somali WIC clients, to better understand the needs of Somali WIC participants.

Appendix 4.
Department of Health Organizational Chart



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Washington State Department of Health

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