

Women, Infants, and Children (WIC)

LOCAL AGENCY STAFF WORKFORCE SURVEY



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Executive Summary

The Minnesota Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program has 55 local grantees, providing families with nutrition education, breastfeeding support, counseling, and referrals to health and social services.¹ The workforce that supports the WIC program is vital to effective delivery of services to families. The purpose of this report is to assess the capacity and job characteristics of WIC staff who support local WIC programs.

The following data was collected from WIC staff through a statewide survey. Competent professional authorities (CPAs) consist of registered dietitian nutritionists (RDNs), nutrition degree staff, registered nurses (RNs), nutrition and dietetics technicians registered (NDTRs), health/home economic degree staff, and other paraprofessionals. CPAs are individuals on the staff of the local WIC program who are authorized to assess program eligibility, determine nutritional risk, provide nutrition education and counseling, and prescribe supplemental foods.² Support staff, including clerks, technicians, and breastfeeding peer support staff, were also included in the survey.

Data was reported by metro and rural WIC agencies. For the purposes of this survey, metro agencies are defined as the agencies in the seven-county metro area, including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties. Rural agencies include all other programs located outside the metro area.

A total of 262 CPAs, 64 clerk technicians/support staff, 23 other staff, and 27 peer breastfeeding support counselors were identified as complete survey respondents. Half of WIC survey respondents work in a part-time capacity, with approximately one quarter working less than 16 hours per week. As expected, CPA staff were the highest earners of those in direct participant interaction. CPAs who self-reported being in a supervisor and/or coordinator role were higher earners (median hourly pay of \$39.80) than CPA staff who reported a supervisor and/or coordinator role were not applicable to their job (median hourly pay of \$29.50). Of the CPA staff, RNs were the highest income earners, with a median hourly pay of \$37.60, closely followed by RDNs with a median hourly pay \$35.60.

WIC staff were asked to report their benefits received, challenges faced, and reasons they continue in their WIC role. Most staff reported receiving paid time off and/or retirement pension plans (~90%). Challenges with participants (35%) and few or no career advancement opportunities (30%) were the two most common reported challenges. Lastly, most staff reported they enjoy helping families (81%) and feel good about the work they do (72%). More work towards identifying career advancement opportunities and building skillsets to help staff overcome challenging participant interactions is needed to help with staff retention and retainment.

¹ [Welcome to WIC! - MN Dept. of Health \(state.mn.us\)](https://www.state.mn.us/health/wic/)

² [Section 4.3: Competent Professional Authority \(CPA\) Qualifications and Responsibilities \(state.mn.us\)](https://www.state.mn.us/health/wic/section-4.3-competent-professional-authority-cpa-qualifications-and-responsibilities/)

Introduction

Local grantees comprised of 87 counties, seven tribal agencies, and one city was asked to partake in an internal assessment of WIC clinic staff through an agency-wide survey. The survey was intended for local agency WIC staff, including CPAs and support staff, who have been challenging to recruit and retain.

Methodology

The survey was open to WIC staff from February 2024 to April 2024 and consisted of a broad range of questions assessing position, hourly pay, time of employment, retention, and retainment. Overall, 376 complete survey respondents from 74 agencies were used in the data analysis.

Roles

Table 1.1 reports the number of survey respondents' role in direct participant interaction. Of the 376 reported employees who responded to the survey, the majority (69.68%) reported they are a CPA, followed by clerk, technician, or support staff (17.02%). More than half of employees who responded to the survey are from a rural agency (61.7%). Additionally, a greater proportion of employees who worked for rural agency reported a role as a clerk, technician, or support staff (23.71%) as compared to those who reported working in the same role in a metro agency (6.25%).

Staff who reported that they are a CPA were asked to report their degree or qualifications, which can be found in Table 1.2. Of the 262 CPAs, 33.59% reported they are a RN, followed by RDN (30.15%), and nutrition degree staff (20.99%). Overall, only 2.67% of staff reported a health/home economics degree or paraprofessional as their degree/qualifications. Moreover, metro agencies reported a greater percentage of nutrition degree staff than rural agencies (37.14% vs. 10.19% respectively). Additionally, only one staff member in a metro agency reported their degree or qualification as a RN compared to 87 staff members in rural agencies who reported the same.

Table 1.3 depicts staff who reported a WIC coordinator and/or supervisory role or neither. Most staff reported that they are not a coordinator or supervisor (72.34%), while nearly 28% of staff reported a coordinator role, supervision of staff role, and/or supervision of multiple programs role.

Table 1.1: Role in direct participant interaction

Which of the following best describes your role in direct participant interaction?	Metro		Rural		Total	
	N	%	N	%	N	%
CPA	105	72.92	157	67.67	262	69.68
Clerk, technician, or support staff	9	6.25	55	23.71	64	17.02
Other	10	6.94	13	5.60	23	6.12
Peer breastfeeding support counselor	20	13.89	7	3.02	27	7.18
Total with row percent	144	100.00	232	100.00	376	100.00

Other represents - supervisor, trainee, lactation specialist, WIC and breastfeeding (BF) coordinator, and international board-certified lactation consultant (IBCLC).

Table 1.2: CPA degree/qualifications

What best describes your degree/qualifications?	Metro		Rural		Total	
	N	%	N	%	N	%
Health/home economic degree	3	2.86	4	2.55	7	2.67
Nutrition and dietetics technician registered (NDTR)	9	8.57	5	3.18	14	5.34
Nutrition degree staff	39	37.14	16	10.19	55	20.99
Other	7	6.67	5	3.18	12	4.58
Paraprofessional	7	6.67	0	0.00	7	2.67
Registered dietitian nutritionist (RDN)	39	37.14	40	25.48	79	30.15
Registered nurse (RN)	1	0.95	87	55.41	88	33.59
Total	105	100.00	157	100.00	262	100.00

Note: This question is only for employees that reported they are a CPA. Other represents - social work, public health, LPN, human services, exercise science and nutrition.

Table 1.3: WIC coordinator and/or supervisor

Which of the following roles do you provide in your WIC position?	Metro		Rural		Total	
	N	%	N	%	N	%
Coordinator and/or supervisor	26	18.06	78	33.62	104	27.66
Not a Coordinator or Supervisor	118	81.94	154	66.38	272	72.34
Total	144	100.00	232	100.00	376	100.00

Note: this is part of a multiselect question, coordinator and/or supervisor is a combined response option.

Education

Table 2.1 reports the number of survey respondents' highest degree attainment. More than half (63.56%) of employees reported receiving a bachelor's degree, followed by 11.44% with an associate degree, and 11.7% with a master's degree.

Table 2.1: Highest degree attainment

Highest degree	CPA		Clerk, Technician, or Support Staff		Other		Peer Breastfeeding Support Counselor		Total	
	N	%	N	%	N	%	N	%	N	%
Associates degree	19	7.25	19	29.69	2	8.7	3	11.11	43	11.44
Bachelor's degree	195	74.43	14	21.88	17	73.9	13	48.15	239	63.56
High school graduate (or equivalency)	0	0.00	9	14.06	0	0.0	2	7.41	11	2.93
Master's degree	39	14.89	0	0.00	4	17.4	1	3.70	44	11.70
Professional degree/doctoral degree	2	0.76	0	0.00	0	0.0	0	0.00	2	0.53
Some college, no degree	5	1.91	8	12.50	0	0.0	6	22.22	19	5.05
Technical/vocational certificate	2	0.76	14	21.88	0	0.0	2	7.41	18	4.79
Total	262	100	64	100	23	100	27	100	376	100

Job Characteristics

Of the 87 identified clerk, technicians, support staff, or other roles, 86 responded to at least one of the following job functions listed in table 3.1. More than three-quarters of respondents contribute to job functions such as answering phones (76.74%), scheduling appointments (76.74%), verifying income, identity, and residency eligibility information (73.26%), as well as utilizing Information System (HuBERT) to document information (77.91%). Additionally, 36% of respondents reported collecting height, weight, and/or Hemoglobin measurements.

Table 3.1 Non-CPA reported functions

Number and percent of respondents who marked "Yes" to one or more of the following non-CPA function(s)	N	%
Distinct Number of Respondents	86	
Collect height, weight, and/or Hemoglobin measurements	31	36.05
Answer phones	66	76.74
Schedule appointments	66	76.74
Verify income, identity, and residency eligibility information	63	73.26
Document in the Information System (HuBERT)	67	77.91
Other	33	38.37

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Note: one non-respondent. Other represents - assist Spanish speaking participants reports, scanning, WIC/BF coordinator duties, issue benefits, Medical Assistance (MA) status, reminder calls, formula, evaluations, clean Hemocue, calibrate scales, send out letters, run monthly reports for public health nurse (PHN) measurements, and hire/train.

Table 3.2 depicts WIC employees reported average hours of work each week. Nearly half of WIC employees work 33 – 40 hours per week (45.74%), with 68.75% employees working in a metro clinic and 31.47% of employees working in a rural clinic. However, half (50%) of employees overall work 32 or less hours per week in their WIC roles.

Table 3.2: Average hours of work each week

Average hours of work each week	Metro		Rural		Total	
	N	%	N	%	N	%
0 hours per week	0	0.00	7	3.02	7	1.86
1 - 4 hours per week	3	2.08	19	8.19	22	5.85
5 - 8 hours per week	11	7.64	23	9.91	34	9.04
9 - 16 hours per week	11	7.64	31	13.36	42	11.17
17 - 24 hours per week	7	4.86	36	15.52	43	11.44
25 - 32 hours per week	7	4.86	33	14.22	40	10.64
33 - 40 hours per week	99	68.75	73	31.47	172	45.74
41 or more hours per week	6	4.17	6	2.59	12	3.19
Not applicable	0	0.00	4	1.72	4	1.06
Total	144	100.00	232	100.00	376	100.00

Hourly Pay

Table 4.1 and Figure 1.1 shows reported hourly pay levels of WIC employees in direct participant care. The median hourly pay for CPAs is \$34.60 per hour, while the median hourly pay for clerks, technicians, and support staff is \$23.70 and \$20.00 per hour for peer breastfeeding support staff. However, WIC employees who reported “other” had a median hourly pay of \$43.00 per hour. This may be due to varying reported position types including, supervisor, trainee, lactation specialist, and WIC or BF coordinator.

Table 4.1: Hourly pay of WIC employees in direct participant interaction

Salary by reported direct participant role	Count	Mean	Max	Min	Median	Std
CPA	262	35	64.1	23	34.6	7.03
Clerk, technician, or support staff	64	24.7	42.5	17.4	23.7	4.75
Peer breastfeeding support counselor	27	21.5	48	16	20	6.83
Other	23	42.9	56.8	25.3	43	7.74

Figure 1.1: Reported WIC of positions in direct participant interaction hourly pay

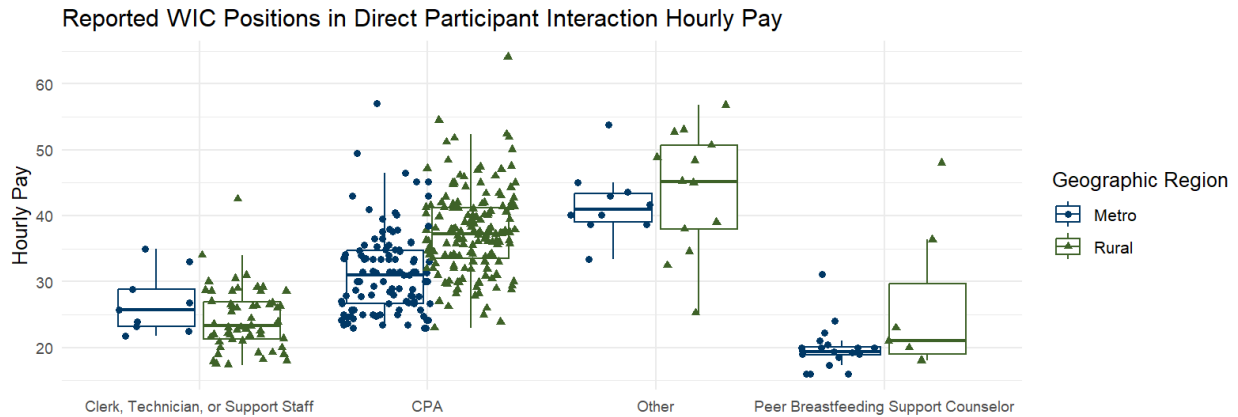


Table 4.2 presents data on the 262 distinct employees who reported their position in direct participant care as a CPA. RNs and RDNs were the highest income earners, with median hourly pay of \$37.60 and \$35.60, respectively. It was hypothesized that RNs make statistically significant more hourly pay than RDNs. However, after performing a two-sample t-test, there was not a significant difference between RDNs ($M= 36.94, SD=7.66$) and RNs ($M= 38.13, SD=5.60$) mean hourly pay ($p = 0.25, DF = 165$). However, it is important to note that most RNs who completed the survey reported working in a rural agency, while RDNs were evenly distributed across both rural and metro agencies. Without an even distribution across geographic area, it is difficult to validate the results of hourly pay between the two position types. Figure 1.2 depicts the distribution of CPA’s hourly pay by their reported degree/qualifications. Figure 1.3 shows the distribution of CPAs hourly pay by their reported years of employment.

Table 4.2: Hourly pay of CPA position types

Salary by CPA degree/qualifications	Count	Mean	Max	Min	Median	Std
Health/home economic degree	7	31.8	42	23.7	29.8	6.11
NDTR	14	29.7	36	25	29.5	3.43
Nutrition degree staff	55	30.8	44.4	23	30	5.7
Other	12	30.2	38.1	23	29.3	5.29
Paraprofessional	7	29.3	34.9	23	31	4.15
RDN	79	36.9	64.1	23.9	35.6	7.66
RN	88	38.1	54.5	25	37.6	5.6

Figure 1.2: Reported CPA degree/qualifications hourly pay

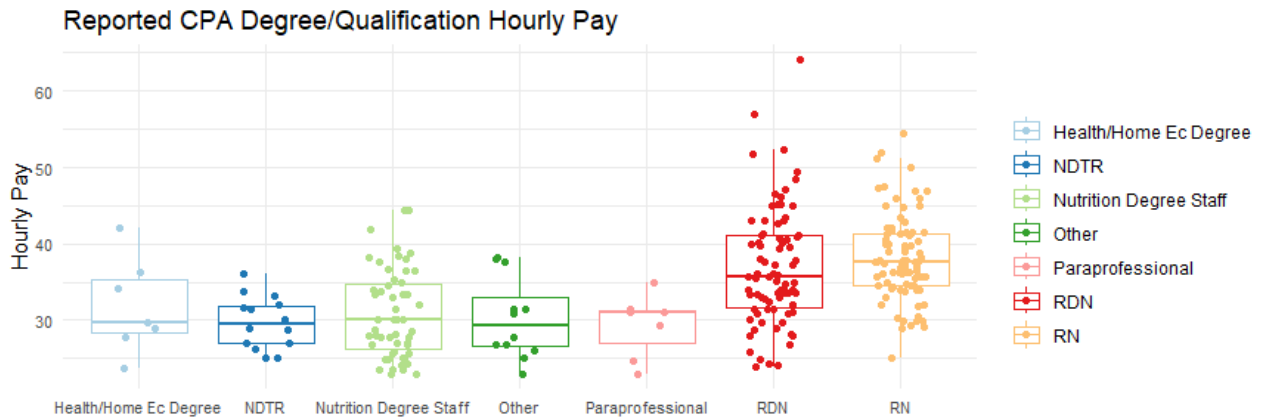
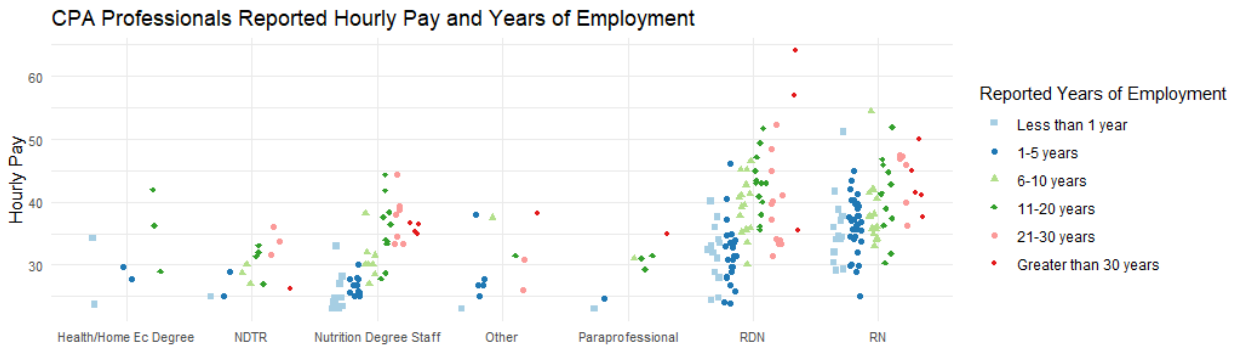


Figure 1.3: CPA professionals reported hourly pay and years of employment

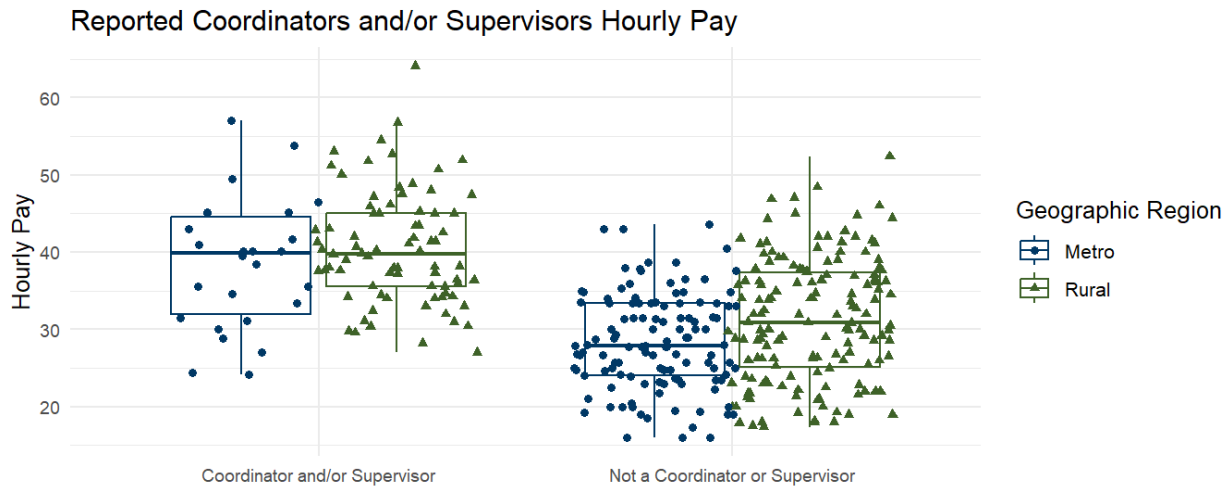


Details regarding hourly pay for coordinators and/or supervisors can be found in table 4.3. WIC staff were asked to indicate if they held any of the following roles: 1) WIC coordinator, 2) supervisor of WIC staff, and/or 3) supervisor of multiple programs. If a staff member selected one or more of these roles, they were considered a WIC coordinator and/or supervisor. Staff who did not select any of these roles or indicated it was not applicable to their position were classified as “not a coordinator or supervisor.” Coordinators and/or supervisors had a median hourly income of \$39.80, which was more than \$10 greater than employees who reported they were not a coordinator and/or supervisor (\$29.50 per hour). Figure 1.4 depicts these findings broken up by metro and rural agencies. Hourly pay was similar for coordinators and/or supervisors in a metro or rural region.

Table 4.3: Hourly pay of reported WIC coordinator and/or supervisor

Salary by WIC position roles	Count	Mean	Max	Min	Median	Std
Coordinator and/or supervisor	104	40	64.1	24.2	39.8	7.63
Not a coordinator or supervisor	272	30	52.4	16	29.5	7.34

Figure 1.4: Reported Coordinators and/or Supervisors Hourly Pay



Of the 376 respondents, 369 WIC employees responded to whether they have received a pay increase in the last year (Table 4.4). Most respondents reported an annual pay increase (75.88%), followed by more than a quarter who reported receiving an agency wide pay adjustment (35.5%). However, 38 staff reported no pay increase (10.3%), 22 of which reported working less than one year in their current or similar WIC position.

Employees reported if they received one or more paid incentive(s) in Table 4.5. Most employees responded that they received no incentives. However, 9.7% of WIC respondents reported retention pay as an incentive received.

Table 4.4: Reported pay increase

Number and percent of respondents who marked "Yes" to one or more of the following pay increases	Metro		Rural		Total	
	N	%	N	%	N	%
Distinct number of respondents	141		228		369	
Annual pay increase	104	73.76	176	77.19	280	75.88
Agency Aide Pay Adjustment	39	27.66	92	40.35	131	35.50
Other Pay Increase	5	3.55	10	4.39	15	4.07
No Pay Increase	24	17.02	14	6.14	38	10.30

Note: Respondents may report more than one type of pay increase. Other represents contracted cost of living increase, COLA, PHN pay adjustment.

Table 4.5: Reported paid incentives

Number and percent of respondents who marked "Yes" to one or more of the following paid incentives	Metro		Rural		Total	
	N	%	N	%	N	%
Distinct number of respondents	137		224		361	
Hiring bonus	3	2.19	5	2.23	8	2.22
Retention pay	23	16.79	12	5.36	35	9.70
Other incentive	0	0.00	1	0.45	1	0.28
No incentives	112	81.75	209	93.30	321	88.92

Note: Respondents may report more than one type of paid incentive. Other represents - wage increase

Pay Differential

WIC staff were asked to report whether they receive a pay differential for special skills or added job functions. These may include language skills, lead clinic worker, lead for medical formula review, or high-risk care. Only 38 employees reported that they receive a pay differential. Of these employees, nine reported they receive a pay differential for being a specialist, 13 reported language skills, and an additional 13 reported being a lead worker. See Table 5.1 - 5.2 for additional information regarding pay differential.

Table 5.1: Reported pay differential

Pay Differential	Metro		Rural	
	N	%	N	%
Yes	31	21.83	7	3.03
No	111	78.17	224	96.97
Total	142	100.00	231	100.00

Note: 3 non-respondents

Table 5.2: Reported special skills breakdown

Pay differential special skills breakdown	N	%
Specialist (nutrition/other)	9	23.68
Language	13	34.21
Lead worker	13	34.21
No response	3	7.89
Total	38	100.00

Note: This is part of an open response question, the categorization listed in this table were created by WIC staff based on open responses provided by WIC employees.

Demographics

Table 6.1 – 6.2 displays the number of WIC employees who reported their race and ethnicity. Due to small numbers, race was consolidated into White and All Other Race Groups Combined. All other race groups combined include American Indian or Alaska Native, Asian or Asian American, Black or African American, Native Hawaiian or Pacific Islander, and Multiracial. Most survey respondents reported their race and ethnicity as White (79.73%) and non-Hispanic, Latino or Spanish origin (90.27%).

Table 6.1: Reported Hispanic, Latino, or Spanish origin

Hispanic, Latino, or Spanish origin	Total	
	N	%
Hispanic, Latino, or Spanish origin	25	6.76
Not Hispanic, Latino, or Spanish origin	334	90.27
No Response/Prefer not to say/unknown	11	2.43
Total	370	100.00

Note: Six non-respondents

Table 6.2: Reported race

Race	Total	
	N	%
White	299	79.73
All other race groups combined	48	12.80
No response/prefer not to say/unknown	28	7.47
Total	375	100.00

Note: 1 non-respondent; All other race groups combined include American Indian or Alaska Native, Asian or Asian American, Black or African American, Native Hawaiian or Pacific Islander, and Multiracial.

Benefits, Challenges, and Retention

The number and percent of respondents who selected one or more of the listed benefits received, challenges encountered, and reasons they continue in their position is depicted in Table 7.1 – 7.3. Of the 376 respondents, 375 reported one or more of the following benefits received. Most respondents reported receiving paid time off (90.67%), followed by 87.73% who receive a retirement or pension plan and 77.6% with a health care plan. Additionally, very few employees reported not receiving any benefits (3.47%), other benefits (2.13%), or receiving bonuses/awards/gifts (4.0%).

WIC staff were asked to indicate whether they encounter any challenges in the workplace. Most WIC staff responded “yes” to one or more listed challenges (no=374). The highest identified challenges reported were challenges with participants (35.29%), no career advancement opportunities (30.48%), and salary or pay is poor (29.68%).

In comparison, all WIC staff (no=376) who responded to the survey reported at least one reason to continue in their job. Most staff reported helping families as a reason to continue in their WIC job (81.12%), followed by feel good about the work you do (71.54%), and enjoy working with other members of the team (64.36%).

Table 7.1: Reported benefits received

Number and percent of respondents who marked "yes" to one or more of the following benefits received.	N	%
Distinct number of respondents	375	
Health care plan	291	77.60
Retirement / pension plans	329	87.73
Employee development opportunities	78	20.80
Life insurance	234	62.40
Paid time off (vacation and sick time)	340	90.67
Paid family and medical leave	165	44.00
Bonuses / awards / gifts	15	4.00
Work from home and/or flexible hours	220	58.67
Other	8	2.13
No benefits received	13	3.47

Note: one non-respondent. Other represents work from home one day a week as needed, fitness benefits, and Flexible Spending Account (FSA).

Table 7.2: Reported challenges encountered in WIC position

Number and percent of respondents who marked "yes" to one or more of the following challenges encountered in their WIC position?	N	%
Distinct number of respondents	374	
Communication problems with staff	48	12.83
Challenges working with other staff or leadership	81	21.66
Challenges with participants	132	35.29
Commute to work	51	13.64
Salary or pay is poor	111	29.68
Poor benefits	31	8.29
Workload is too little	4	1.07
Workload is too much	85	22.73
Limited flexibility with work location	55	14.71
Limited flexibility with work hours	87	23.26
Lack of variety in WIC duties	50	13.37
Few or no career advancement opportunities	114	30.48
Other	29	7.75
No response/prefer not to say	21	5.61
Challenges - no complaints	48	12.83

Note: two non-respondents. Other represents ability to cross train, not enough hours per pay period, change to new information system (WINNIE), annual goals impossible to meet (breastfeeding), benefit(s), annoyed participants, language barrier, low staff numbers, limited coordinator duties, incentives or bonuses, employee turnover, lack of electronic forms, program policy limitations, delayed client services, paying for parking, lack of raises, information system (HuBERT).

Table 7.3: Reported reasons employees continue in their WIC job

Number and percent of respondents who marked "yes" to one or more of the following reasons employees continue to work in their WIC job?	N	%
Distinct number of respondents	376	
Flexible schedule or hours	167	44.41
Able to work independently	141	37.50
The salary or pay is good	107	28.46
The benefits	147	39.10
Enjoy working with other members of the team	242	64.36
Enjoy working with your supervisor	150	39.89
The opportunity for overtime	0	0.00
Feel good about the work you do	269	71.54
Helping families	305	81.12
Career advancement opportunities	22	5.85
Other	11	2.93
No response/prefer not to say	15	3.99

Note: No employees reported "the opportunity for overtime" as a reason to continue to work in their WIC job. Other represents pending retirement; WIC is only a portion of their role as a public health nurse; staffing shortage; job near home; short commute to clinic; salary or pay is decent; involved in leadership; and feel part of the public health team.

Considerations for Local Agencies

Non-CPA reported functions, Table 3.1: Common functions for non-CPAs include answering the phone, scheduling appointments, and verifying proofs of eligibility. Utilizing non-CPA staff for other activities such as collecting height, weight, and/or hemoglobin measurements can be a cost-effective strategy to reduce CPA time spent on these activities. Other functions that may be appropriate for non-CPAs include maintaining the clinic scales and hematological equipment.

Average hours of work each week, Table 3.2: Slightly more than half of staff work part time in WIC. Many WIC staff have additional roles outside of their WIC position and/or work in WIC programs with smaller caseloads. To maximize skill proficiency and effectiveness, the Minnesota WIC program strongly encourages local agency WIC CPA staff to work a minimum of .5 FTE in WIC whenever possible. An individual working very part time in WIC will find it difficult to maintain proficiency with WIC policy, clinic procedures, Information System requirements, and nutrition knowledge. Utilizing a core group of staff for WIC rather than numerous part-time staff will maximize time spent on providing direct services.

Reported challenges encountered in WIC position, Table 7.2: About 30% of WIC staff report few or no career advancement opportunities. Employers of WIC staff may explore a variety of opportunities for job advancement and enrichment for staff. Some ideas include encouraging

staff to obtain a certificate for advanced nutrition or breastfeeding training or allowing time for other continuing education activities. Staff may also participate on state or national WIC workgroups, mentor other WIC staff or students, and lead or complete special projects for the agency. Numerous WIC Training opportunities are found on the [MDH WIC website](#) under Training.³ Opportunities for WIC staff to participate in national workgroups are found on the [National WIC Association website](#).⁴

Another challenge mentioned by about 35% of WIC staff was working with WIC participants. The Minnesota WIC program offers Participant Centered Services (PCS) resources and training. PCS provides skills for preventing and/or addressing some of the common challenging situations with participants.

Reported reasons employees continue in their WIC jobs, Table 7.3: WIC staff enjoy working with other team members (64.36%). An effort to promote team collaboration across WIC agencies is being explored. Team building activities and project collaboration can promote job satisfaction at WIC.

Limitations

Many limitations should be taken into consideration when reviewing the results. First, all data were self-reported, which may result in self-reported bias. Additionally, comparisons across region, position types, and other variables should be reviewed considering small numbers in some reporting.

³ [WIC Local Agencies - MN Dept. of Health \(state.mn.us\)](#)

⁴ [Homepage | National WIC Association \(nwica.org\)](#)

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