



Making WIC Work Better:

Strategies to Reach More Women
and Children and Strengthen
Benefits Use

May 2019 ■ www.FRAC.org



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Acknowledgments

The Food Research & Action Center (FRAC) is grateful for the support of the Robert Wood Johnson Foundation in developing and launching this project to improve the reach and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

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Special thanks go to 1,000 Days for their partnership. We would also like to thank Jamie Bussel, Senior Program Officer at the Robert Wood Johnson Foundation, for her guidance and counsel with this project. FRAC appreciates Imani Marshall and Tina Tran, former FRAC Emerson Hunger Fellows, for their meaningful contributions to the multi-year research project. FRAC is grateful to the many stakeholders who shared their experiences and insights through interviews, surveys, meetings, and group discussions.

The findings and conclusions presented in this report are those of FRAC alone.

About the Food Research & Action Center

The Food Research & Action Center is the leading national organization working for more effective public and private policies to eradicate domestic hunger and undernutrition. For more information, go to: frac.org.



Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal food program that provides low-income nutritionally at-risk pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education, breastfeeding support, and referrals to health care.

Protecting and improving the health of pregnant and postpartum women, infants, and young children is critically important. Those eligible for WIC — and frequently their communities and the nation — are facing levels of poverty, food insecurity, inadequate dietary intake, obesity, and ill health that are far too high. Research shows that WIC can help to alleviate these problems for children, mothers, and their families, and improve overall health and well-being. Yet the program is reaching far too few eligible people: only 3 out of 5. Increasing access to and strengthening WIC is essential to improving nutrition and reducing health disparities in this nation.

Many eligible families not participating in WIC face significant barriers to reaching the much-needed benefits WIC offers. Barriers to WIC include:

- common misconceptions about who is or is not eligible (particularly misunderstandings about the eligibility of low-wage working families, immigrant families, and children ages 1 to 5 years old);
- transportation and other costs to reach WIC clinics to apply and continue to receive counseling and benefits;



- language and cultural barriers;
- negative clinic experiences (such as long wait times or poor customer service);
- loss of time away from work (creating job risk and lost wages) to apply and maintain eligibility;
- dissatisfaction with the contents of the children's food package; and
- difficulty redeeming benefits (limited selection of WIC foods available and embarrassing check-out experiences).

These factors impact decisions to enroll and continue to participate in WIC.

For all stakeholders, including WIC clinics, community-serving organizations, anti-hunger groups, other advocates, health care providers,

Head Start, grocery stores, and other partners — there are proven and innovative strategies to effectively reach and serve more of those who are eligible, including a culturally and linguistically diverse population, and a new generation of technologically savvy mothers.

This publication provides an extensive menu of strategies, including featured spotlight programs, to improve the reach of WIC and benefit use. You will find the information needed to understand barriers to participation, identify strategies appropriate to your state, community, or program, and make the case for WIC. Presented in non-technical language, this publication is intended to be understandable for all stakeholders from the novice to the expert.

The recommended strategies focus on the following key areas:

- WIC Outreach and Promotion;
- WIC Partnerships: Communication, Coordination, and Referrals;
- The WIC Clinic Experience;
- Reaching and Serving Special Populations;
- Technology — Modernizing WIC;
- Nutrition Education — A Valuable Asset for WIC Families;
- WIC Retention and Recruitment of Families With Children 1 to 4 Years Old;
- Optimizing the WIC Shopping Experience;
- Support from Federal, State, and Local Governments; and
- WIC in Disasters.



These recommendations are based on the Food Research & Action Center’s Robert Wood Johnson Foundation-funded multi-year investigation of the barriers to WIC participation and benefits, and effective strategies for maximizing WIC participation and the utilization of benefits. The Food Research & Action Center conducted a comprehensive background research and literature review; an in-depth analysis of WIC participation, WIC coverage, and related factors; a WIC survey; and interviews and discussions with national, state, and local stakeholders, including WIC and Indian Tribal Organization directors, anti-hunger, health, and nutrition advocates, grocery store representatives, early care and education leaders and program operators, and policy makers.

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Part 1: The WIC Program: Basics and Benefits for Participants and Communities

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federal nutrition program, is widely recognized as an important safeguard for protecting and improving the health and nutrition of low-income mothers and children. Poor nutrition, poverty, and food insecurity have detrimental impacts on infant, child, and maternal health and well-being in the short and long terms.¹ One critical strategy to address these issues is connecting vulnerable families to the multi-faceted benefits of WIC, and assuring the use of the benefit package is maximized.

WIC provides low-income pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education and counseling, and referrals to health care and social services.² Women, infants, and children are eligible for the program if they meet the statutory income guidelines (i.e., at or below 185 percent of the federal poverty line), or are deemed income-eligible based on participation in other programs, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). In addition to being income-eligible, applicants must be at nutritional risk (e.g., underweight, overweight, anemic, have poor dietary intake) as determined through a nutrition assessment conducted by a health professional.

WIC is federally funded through the U.S. Department of Agriculture (USDA) and is operated through local clinics by state WIC agencies and Indian Nations. Food packages are prescribed to WIC participants based on their specific nutritional needs and include a variety of foods intended to supplement their diets, not to be a full diet. WIC-authorized foods include fruits and vegetables, milk, soy milk, yogurt, cheese, tofu, eggs, vitamin C-rich juice, iron-fortified cereal, tuna, peanut butter, beans, whole-grain bread, tortillas, and



rice, as well as infant formula, baby food, and infant cereal. The fruits and vegetables, whole-grain bread, and cultural food options (tortillas, rice, soy milk, and tofu) were added to the WIC food package in 2009 as part of an overhaul and improvement of the food package, but the option to offer yogurt was not added until 2015.

Local WIC agencies distribute monthly WIC food package benefits to participants by providing a WIC electronic benefits transfer (EBT) card (smart card) or as a set of paper WIC food vouchers (checks). (States are required to complete the transition from vouchers to EBT cards by 2020.) Participants use the vouchers or EBT card to shop for WIC foods at authorized grocery stores and other WIC-approved vendors. WIC guarantees a specific amount of each WIC food, with the exception of the fruits and vegetables benefit, which has a cash value. For example, participants receive a voucher for one dozen eggs, while the fruit and vegetable voucher will allow the participant to “purchase” \$11 of fruits and vegetables for women and \$9 for children per month.*

* There also is a federally funded WIC Farmers’ Market Nutrition Program that provides some WIC participants additional coupons to use at farmers’ markets in the summer.

WIC Improves Health and Well-Being, Family Food Security and Economic Security, and the Availability of Healthy Foods in Low-Income Communities

A very large body of research shows that WIC is a profoundly important program with well-documented benefits for infants, children, pregnant women, and their families. Research shows that WIC improves participants' health and well-being, dietary intake, and birth and health outcomes; protects against obesity; and supports learning and development. WIC benefits are cost-effective, generating major savings in federal, state, local, and private health care, as well as special education costs.³ Studies demonstrate that WIC improves food and economic security of participants by reducing food insecurity, helping to alleviate poverty, and supporting economic stability.

WIC also can be a powerful tool in creating healthier, more equitable communities. WIC has the potential to improve the availability of healthy foods in low-income communities for all shoppers. The WIC food package improves the variety and availability of healthy foods in WIC and, in some cases, non-WIC food stores. In addition to improving the dietary intake and health of participants, WIC interjects much-needed funds into a community's food economy.

The following selection of studies highlights some of the research demonstrating WIC's effective role in helping to improve food and economic security, health and well-being, and retail environments.

WIC Improves Household Economic Security, Reduces Food Insecurity, Alleviates Poverty, and Supports Economic Stability

- WIC reduces the prevalence of household food insecurity in recipient households with children under 5 years old by at least 20 percent.⁴
- Pregnant women experiencing household food insecurity with hunger who enroll in WIC in the first or second trimester (versus the third trimester) have a reduced risk of any food insecurity post-partum.⁵

- Nationally, WIC lifted 279,000 people above the poverty line in 2017, based on Census Bureau data on poverty and income in the U.S.⁶
- Families receiving housing subsidies, SNAP, and WIC benefits were 72 percent more likely to be housing-secure compared to those families receiving housing subsidies alone, based on a study of low-income caregivers of children younger than 3 years old.⁷ (Housing-secure is defined as living without overcrowding or frequent moves within the last year.)
- WIC, along with other social safety net programs, is a buffer against the harmful impacts of economic hardship and responsive to increased need during economic downturns. For example, program participation increased among eligible children before and during the Great Recession.⁸

WIC Improves Health and Well-Being: Improves Dietary Intake, Birth and Health Outcomes, Protects Against Obesity, and Supports Learning and Development

WIC Improves Dietary Intake

- WIC participation is associated with better dietary intake and overall dietary quality, including increased iron density of the diet, increased consumption of fruits and vegetables, greater variety of foods consumed, and reduced added sugar intake.^{9,10,11}
- The overall diets of young children enrolled in WIC are more nutrient-rich and lower in calories from solid fats and added sugars than the diets of income-eligible nonparticipants.¹²
- Compared to low-income nonparticipants, young children participating in SNAP, WIC, or both programs have lower rates of anemia and nutritional deficiency.¹³
- Multiple studies link the revised WIC food packages with improvements in overall dietary quality, healthful food purchases, and the consumption of fruits, vegetables, whole-grain foods, and lower-fat milk.^{14,15} Research also finds improvements in infant feeding practices in terms of the appropriate introduction of solid foods, as well as increases in breastfeeding initiation.

WIC Improves Birth Outcomes

- WIC enrollment and greater WIC food package utilization during pregnancy are associated with improved birth outcomes, including lower risk of preterm birth, low birth weight, being small for gestational age, and perinatal death.^{16,17}
- A study in South Carolina found that WIC participation is associated with an increase in birth weight and length of gestation, as well as a lower probability of low birth weight, preterm birth, and neonatal intensive care unit admission.¹⁸ In this study, the positive effects of participation were larger for African-American mothers.
- Prenatal WIC participation is associated with lower infant mortality rates, especially for African-Americans.¹⁹ Similarly, WIC participation is associated with lower odds of stillbirth among African-American women.²⁰
- Based on administrative data in Missouri and Oklahoma, mothers who receive WIC during pregnancy are more likely to breastfeed their infant at hospital discharge than nonparticipants. In addition, fee-for-service Medicaid costs from birth through 60 days postpartum are significantly lower for WIC participants in Missouri (\$6,676 for WIC participants versus \$7,256 for similar nonparticipants).²¹



WIC Improves Health Outcomes

- Low-income children who currently participate in WIC have immunization rates that are comparable to higher-income children who are ineligible for the program (e.g., 94 and 92 percent, respectively, for the measles vaccination), whereas low-income children who never participated in the program have the lowest vaccination rates (e.g., 83 percent for the measles vaccination).²²
- Prenatal WIC participation is associated with increased infant health care utilization in the first year of life, in terms of increased well-child visits and vaccinations, based on a study using South Carolina Medicaid claims data.²³ Prenatal WIC participation also is linked to decreases in the average number of days an infant is hospitalized in the first year of life.
- Young children participating in SNAP, WIC, or both programs have lower rates of failure to thrive and lower risk of abuse and neglect, when compared to low-income nonparticipants.²⁴
- Even in the face of family stressors, such as household food insecurity and maternal depressive symptoms, children who receive WIC, compared to those who do not, are less likely to be in fair or poor health and more likely to meet well-child criteria.²⁵ (For this particular study, children met “well-child” criteria if they were in good or excellent health per parent report, were developing normally, were not overweight or underweight, and had not been hospitalized.)
- When compared to their non-WIC siblings, children whose mothers participate in WIC during the prenatal period are less likely to be diagnosed with attention deficit hyperactivity disorder (ADHD) and less likely to have a moderate-to-severe infection as of 6–11 years of age.²⁶

WIC Protects Against Obesity

- A study set in eight New York City-area primary care practices found that food insecurity was significantly associated with increased body mass index only among those women who were not receiving food assistance (SNAP or WIC), suggesting that food assistance program participation plays a protective role against obesity among food-insecure women.²⁷

- A growing body of evidence suggests that the WIC food package revisions are associated with favorable impacts on the prevalence of obesity among young children.^{28,29} For example, in a study using data from 2000 through 2014, obesity rates among 2- to 4-year-old WIC participants were increasing by 0.23 percentage points per year before the 2009 revisions, but obesity rates declined by 0.34 percentage points per year after the revisions.³⁰
- Other research suggests that WIC may protect against obesity among young children in families facing multiple stressors (e.g., household food insecurity and caregiver depressive symptoms).³¹
- In a small sample of preschoolers, children in households receiving WIC benefits weighed significantly less and had lower LDL (“bad”) cholesterol levels than children from nonparticipating households.³² The study’s authors conclude that the results “indicate WIC may be a piece of public health efforts to combat the childhood obesity epidemic and reduce other cardiovascular risk factors, such as blood lipids and blood pressure.”

WIC Supports Learning and Development

- Children whose mothers participate in WIC during the prenatal period are less likely to repeat a grade later in childhood compared to their non-WIC siblings.³³
- Maternal participation in WIC has a strong and direct effect on early childhood language development, especially for receptive communication outcomes (e.g., pointing to common objects or pictures of actions in a picture book).³⁴
- Prenatal and early childhood participation in WIC is associated with stronger cognitive development at 2 years old, and better performance on reading assessments in elementary school, leading researchers to conclude that “these findings suggest that WIC meaningfully contributes to children’s educational prospects.”³⁵

For additional information on the effectiveness of WIC, see the Food Research & Action Center’s *WIC is a Critical Economic, Nutrition, and Health Support for Children and Families*.

WIC Improves Neighborhood Food Environments, Increasing the Availability of Healthy Foods in Low-Income Communities

- After the introduction of the new WIC food packages in 2009, improvements in healthy food availability were observed in WIC-authorized stores and non-WIC stores in a number of studies using composite scores of availability.^{36,37,38}

For example, among 252 convenience stores and non-chain grocery stores in five Connecticut towns, access to healthy foods improved both in WIC-authorized and, to a lesser extent, in non-WIC stores.³⁹ Changes in this study were evaluated through a Healthy Food Supply Score that accounted for the availability, variety, quality, and prices of foods included in the new packages. Improvements in scores were more pronounced for WIC-authorized stores, especially those in lower-income areas, and were driven primarily by the greater availability and variety of whole-grain products.

- Another study set in 45 corner stores in Hartford, Connecticut, found that WIC-certified stores offered more varieties of fresh fruits, a greater proportion of lower-fat milk, and greater availability of whole-grain products after the introduction of the new WIC food packages, compared to those stores without WIC authorization.⁴⁰
- Among 27 small WIC stores in New Orleans, the availability of whole wheat bread and brown rice, and the variety of fresh fruits significantly increased after the introduction of the new WIC food packages.⁴¹ Fresh fruits and brown rice availability also both significantly increased among 66 small, non-WIC stores after the WIC packages were revised. WIC stores, on average, had larger improvements in the number of fresh fruit varieties, as well as in shelf space dedicated to vegetables compared to non-WIC stores.
- In a study of 105 WIC-approved stores in Texas, researchers observed an increase in shelf space availability for most key healthy food options (e.g., fruits, vegetables, and cereal) and greater visibility of fresh juices after the WIC food package revisions.⁴² The study

also found improvements in WIC labeling visibility for fruits, WIC-approved cereal, and whole-grain or whole-wheat bread.

- According to a study of 118 food stores in Baltimore, Maryland, healthy food availability (e.g., fruits, vegetables) improved significantly between 2006 and 2012. These impacts were most pronounced in corner stores and predominantly Black census tracts.⁴³
- In a study examining fruit and vegetable prices in more than 300 WIC-authorized stores in seven Illinois counties, overall prices fell for canned vegetables and frozen vegetables after the WIC food package revisions were implemented, possibly from greater demand and economies of scale.⁴⁴ The largest price reductions were observed for canned fruits and frozen vegetables in small stores, and frozen vegetables in non-chain supermarkets. Chain supermarkets also had modest reductions in the prices of fresh vegetables and frozen fruits. According to another study using the same sample of Illinois stores, the overall availability improved in stores for commonly consumed fresh fruits and vegetables, fresh fruits and vegetables commonly consumed by African-American families, canned low-sodium vegetables, and frozen fruits and vegetables.⁴⁵
- WIC-authorized food retailers across the nation report increased demand for and sales of healthy foods included in the new WIC food packages, especially fresh produce, whole-grain products, and lower-fat milk.^{46, 47, 48} Many also conclude that the introduction of the new food packages has improved their stores, and increased their customers and profits.

For more research on the food packages, see the Food Research & Action Center's [*Impact of the Revised WIC Food Packages on Nutrition Outcomes and the Retail Food Environment*](#).

WIC's four-and-a-half decades of history is one of the great accomplishments in improving nutrition and health. Study after study has found huge benefits of WIC participation. Yet the program is reaching far too few eligible people.

The WIC Program:

- reduces food insecurity;
- alleviates poverty;
- supports economic stability;
- improves dietary intake;
- protects against obesity;
- improves birth outcomes;
- improves health outcomes;
- supports learning and development;
- reduces health care and other costs; and
- improves retail food environments.



Part 2: WIC Participants, Program Trends, Coverage, and Barriers

WIC Participants

WIC provided services to approximately 6.9 million people — 1.6 million women, 1.7 million infants, and 3.5 million children — in an average month in federal fiscal year 2018.⁴⁹ Almost half of all infants born in the U.S. benefit from the WIC program.⁵⁰

WIC plays an important role in creating health equity. WIC serves some of the nation's most vulnerable households, providing them with the means and opportunities to make choices that can help them lead the healthiest lives possible. Almost two-thirds (65.6 percent) of all WIC participants have incomes at or below the federal poverty level.⁵¹ Nearly one-third (32.5 percent) of WIC participants have incomes equal to or less than 50 percent of the federal poverty level.⁵²

WIC serves an ethnically and racially diverse population. Many WIC participants (41.8 percent) are Hispanic or Latino.^{53*} Slightly over 10 percent (10.3 percent) of WIC participants are American Indian or Alaskan Native, 4.4 percent are Asian or Pacific Islander, 20.8 percent are Black or African-American, and 58.6 percent are White.⁵⁴ Across racial and ethnic groups, average annual household income was lowest for Black or African-American postpartum women participating in WIC (\$12,080).⁵⁵

Federal food program costs for WIC totaled \$5.4 billion in fiscal year 2018: \$3.4 billion was expended on food benefits for participants, and nearly \$2 billion for nutrition services and administration.⁵⁶

WIC Participation Trends

In fiscal year 2018, WIC served an average of approximately 6.9 million participants each month, down 23 percent from a

high of 9.2 million in fiscal year 2010.⁵⁷ Improving economic conditions that meant fewer women and children were eligible, and declining birth rates explain some of this decline in participation. But the decline also reflects, in part, a drop in the share of eligible women and children who are actually participating. According to USDA's most recent coverage report, WIC has been serving a considerably smaller proportion of those eligible: 54.5 percent in 2016 compared to 63.5 percent in 2010.⁵⁸

WIC Coverage Rates for Eligible People

In the latest year (2016) for which USDA has published coverage-rate data, WIC served only 54.5 percent of those who are eligible.⁵⁹ The overall coverage rate is the number of people receiving WIC benefits compared to the total number of people eligible for WIC. Typical of long-term WIC participation patterns, the program has the highest coverage rates for infants, lower coverage rates for women, and the lowest coverage rates for children ages 1 to 4 years old. In 2016:

- The WIC program served an estimated 85.9 percent of eligible infants and just 44.1 percent of eligible children ages 1 to 5 years old.
- For most of the infants in WIC, their mothers participated in WIC during pregnancy, enrolling in the first (53.8 percent), second (36.6 percent), or third trimester (9.4 percent). The reported WIC coverage rate for eligible pregnant women, 50.3 percent, is calculated by using adjustments that account for factors related to women participating for all three trimesters.
- WIC served 62.2 percent of eligible breastfeeding postpartum women and an estimated 100 percent of non-breastfeeding postpartum women.

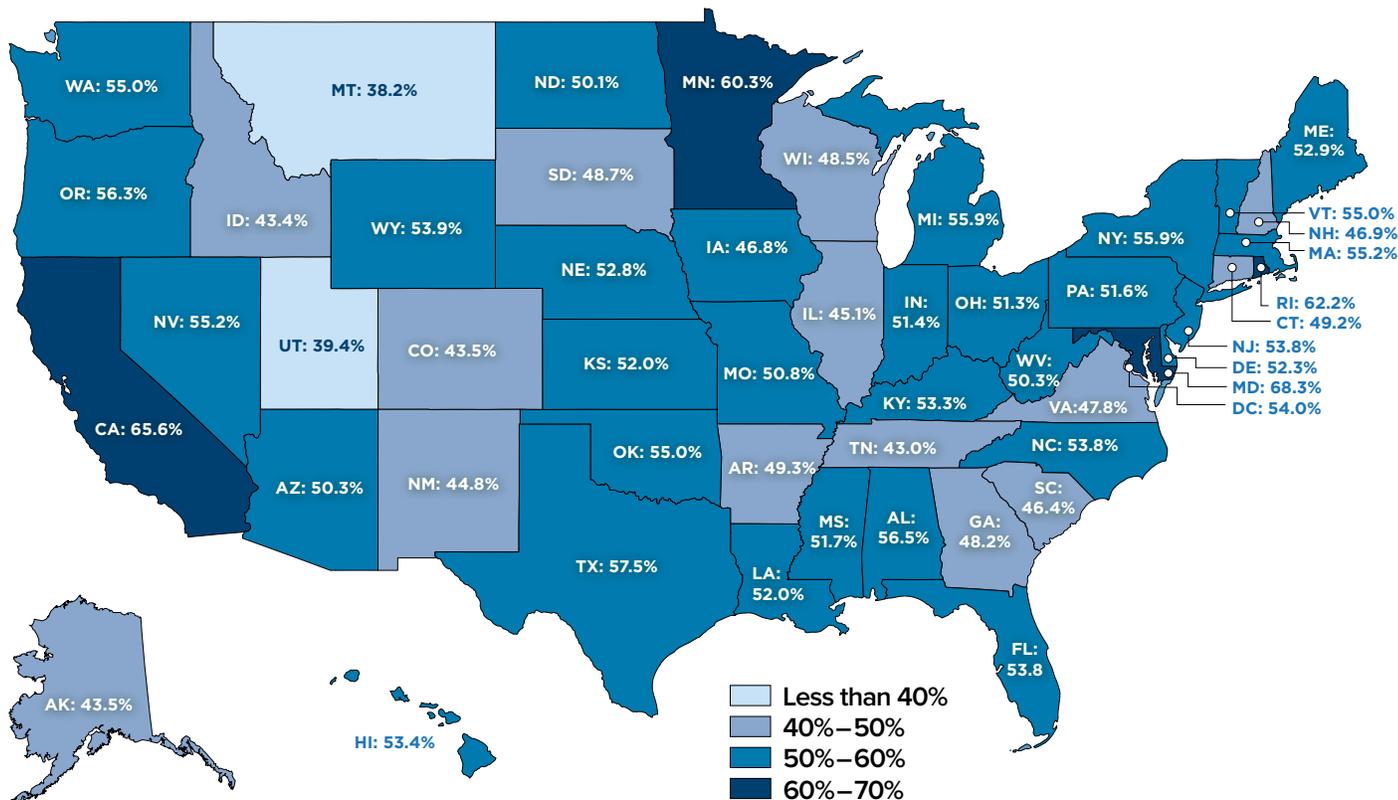
* Ethnicity, Hispanic/Latino or Non-Hispanic/Latino, is reported separately from race.

■ The 2016 coverage rates for infants (85.9 percent) and non-breastfeeding postpartum women (100 percent) are higher than expected. USDA noted that the numbers may be inflated due to a census undercount of WIC eligible infants, but it will take another year of data to confirm that supposition.^{60*}

Coverage rates vary significantly by state.* The overall coverage rate in the most recent data, 2016, varies from

50 percent or lower in 20 states to a high of 65.6 percent in California.⁶¹ For children ages 1 to 4 years old, the state coverage rates are even lower, as low as 30.2 percent, with coverage rates below 50 percent in 46 states. The highest coverage rates for children are in California (57.2 percent) and Vermont (61.2 percent). According to USDA, almost all of the states follow the national pattern of having the highest coverage rates for infants, lower coverage rates for women, and the lowest coverage rates for children.⁶²

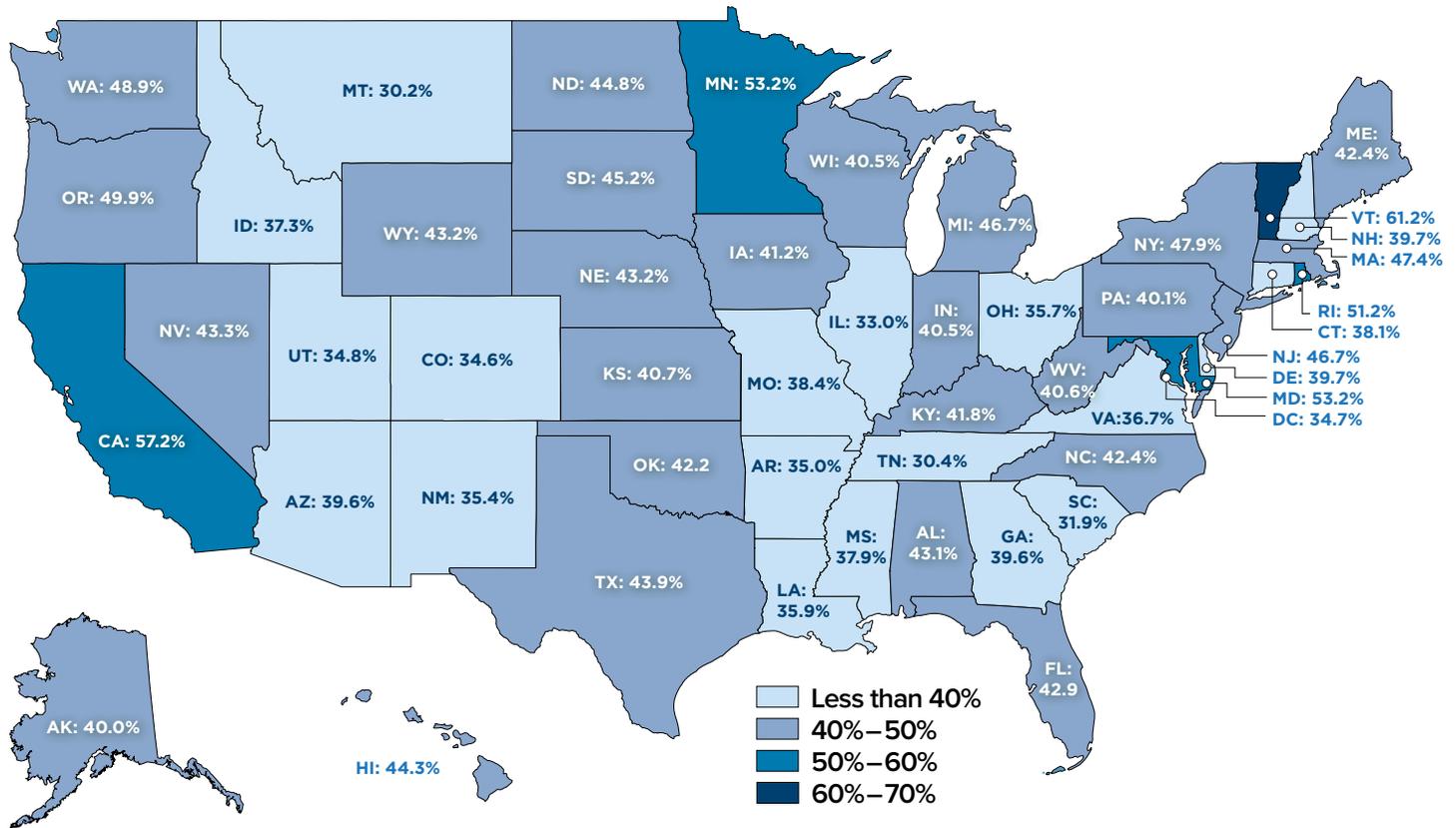
WIC Coverage Rates for Total Eligible Individuals by State, 2016



Source: U.S. Department of Agriculture, National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2016 (Published 2019)

* National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2016: “this may be a single-year anomaly in the estimate of eligible infants due to small sample sizes in the underlying Census data.” and “Another year of estimates is needed to confirm a declining trend in WIC eligibility among infants.” The estimate of eligible infants is also used to make the estimates of eligible postpartum women.

WIC Coverage Rates for Children (1 to 4 Years) by State, 2016



Source: U.S. Department of Agriculture, National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2016 (Published 2019)

State WIC coverage rates show significant variation. This can be related to a variety of factors specific to the state, including:

- Geographic (e.g., rural/sparsely populated areas), demographic (e.g., underserved populations), and economic/political (e.g., high poverty — low levels of assistance) challenges and opportunities;
- State WIC history of reaching more, or fewer, eligible people year after year (impacts funding formula);
- State WIC agency capacity (e.g., size and staff skills), operations, initiatives, and policy; and
- State government rules (procurement and staffing rules) and level of support for WIC.

The barriers and recommendations sections of this report offer more detailed insight into factors and opportunities that

impact coverage rates. For example, spotlights feature the work of several small states successfully serving sparsely populated rural areas through innovative partnerships, creative and visually appealing multi-cultural rural outreach, and a mix of new technology and a long-standing heartfelt commitment to in-person client services.

WIC Coverage Trends

Over the period 2005 to 2016, WIC's overall coverage rate increased until 2011, declined each year from then to 2015, and then increased in 2016.⁶³ In 2005, the coverage rate was estimated at 56.5 percent, increasing each year to a high of 63.5 percent in 2011. The coverage rate has been on a downward trajectory from 2011 until reaching a low of 52.7 percent in 2015, and then increasing to 54.5 percent in 2016. The higher 2016 coverage was due to the decrease in the

number of estimated eligible infants being larger than the decrease in the number of infants served; the child coverage rate did not increase.

There are millions of unserved low-income nutritionally at-risk women and children not receiving much-needed WIC benefits important to their healthy growth and development. Good nutrition is important in all stages of life, but particularly so in the earliest years, when it serves as a critical building block for a healthy future.

Barriers to WIC Participation

Many eligible families not participating in WIC face significant barriers to reaching the much-needed benefits WIC offers. Barriers to WIC include:

- common misconceptions about who is or is not eligible (particularly misunderstandings about the eligibility of low-wage working families, immigrant families, and children ages 1 to 5 years old);
- transportation and other costs to reach WIC clinics;
- language and cultural barriers;
- negative clinic experiences (such as long wait times or poor customer service);
- loss of time away from work (creating job risk and lost wages) to apply and maintain eligibility;
- dissatisfaction with the children's food package; and
- difficulty redeeming benefits (limited selection of WIC foods available and embarrassing check-out experiences).^{64,65,66,67,68,69,70,71,72,73,74,75}

These factors impact decisions to enroll and continue to participate in WIC.^{76,77,78,79,80,81,82}

Common misconceptions about eligibility include particularly misunderstandings about the eligibility of low-wage working families, immigrant families, and children ages 1 to 5 years old.⁸³ Many eligible but not participating families believe that only very low-income households or households without wages, or only children younger than 1 or 2 years old are eligible for WIC. Some families with young children mistakenly believe that by participating

in WIC they would be taking finite benefits from more “deserving” families with infants. More recently, WIC’s role as a safe and welcoming space for all families — regardless of citizen status — has been threatened. Immigrant parents, including legal permanent residents and parents of citizen children, increasingly believe their families are not eligible for WIC or that there will be negative repercussions for participating.⁸⁴

Inconvenient WIC clinic locations and appointments, lack of transportation, and other barriers hinder potential applicants’ access to WIC, and WIC participants’ ability to receive the program’s full benefits.^{85,86,87} The distances participants and applicants must travel and the time they must spend away from work are common barriers to WIC. This is true not just in rural areas, but in metro and suburban areas as well. These barriers can push WIC out of reach for some low-income pregnant women, new mothers, and families.

The WIC clinic experience can facilitate WIC participation, but if appointments are not readily available, or take too long, customer service is poor, waiting rooms are crowded, or families are required to come to the clinic too often, WIC clients may forgo benefits.^{88,89} The cost (time, stress, and money) of participating in WIC are pushed past the perceived value of the food and services offered by WIC. Participants report pressing concerns about the risk of spending too much time away from work for WIC. They cite the realities of working WIC families whose low-wage work is often part-time, offers little or no paid leave, and requires being available to work unpredictable hours.

Language and cultural barriers can negatively impact efforts to find WIC, navigate the enrollment process, benefit from nutrition services, and understand how to redeem WIC food package benefits in the store.^{90,91,92,93} In the U.S., more than 1 in 5 families with children under 6 years old speak a language other than English at home. Parents feel more comfortable and able to interface effectively with WIC when outreach, services, and materials are offered in a language they understand.

Parents are dissatisfied with the WIC children’s food package for many reasons, including the limited range of authorized food options, brands, and child-friendly

choices on some state food lists, and because the children’s package is worth considerably less than the infant package.⁹⁴ The drop in the real and perceived value of WIC benefits is often given as a reason for leaving the program. The estimated dollar value of the monthly WIC food package for children is about one-third of the value of the WIC infant food package: \$123.06 for an infant package compared to only \$39.07 for a child 1 to 4 years old in fiscal year 2014.^{95*} In addition, a range of barriers frustrates parents in their efforts to fully utilize the WIC food package benefits to bring home nutritious foods their children will eat. The balance of the value of the benefits versus the barriers to participation can shift considerably based on family circumstances, WIC policy, and store factors.

Barriers to redeeming the WIC food package can diminish the value and impact of the program.^{96,97} The process of shopping for WIC-approved foods varies significantly from state to state. Barriers to full redemption of benefits include challenges identifying allowable WIC-eligible foods and determining the correct amount of fruits and vegetables for the WIC cash value voucher; a limited selection of WIC foods available in some stores, or the products not available in the allowable forms; and embarrassing check-out experiences, including negative interactions with cashiers.^{98,99,100,101,102} The WIC shopping and check-out experience has been identified as central to participants’ satisfaction or dissatisfaction, and continued participation, or opting out of the program.^{103,104}

Barriers to WIC Participation



* This is the USDA estimate of the infant package cost using the pre-rebate value of the infant formula. State WIC infant formula rebate contracts reduce the WIC State agency post-rebate costs significantly.

Part 3: WIC Recommendations and Strategies

Protecting and improving the health of pregnant and postpartum women, infants, and young children is critically important. Those eligible for WIC, and frequently their communities, and the nation are facing levels of poverty, food insecurity, inadequate dietary intake, obesity, and ill health that are far too high. Research shows that WIC can alleviate these problems for children, mothers, and their families, and improve overall health and well-being. Increasing access to and strengthening WIC is essential to improve the nutrition and health of the nation.

For all the stakeholders in the WIC system, including WIC clinics, community-serving organizations, advocates, health care providers, grocery stores, and other partners — there are proven and innovative strategies to effectively reach and serve more of those who are eligible, including a culturally and linguistically diverse population, and a new generation of technologically savvy mothers.

This publication provides an extensive menu of effective recommendations and strategies to improve the reach and impact of WIC focused on the following key areas:

- **Section 1:** WIC Outreach and Promotion
- **Section 2:** WIC Partnerships: Communication, Coordination, and Referrals
- **Section 3:** The WIC Clinic Experience
- **Section 4:** Reaching and Serving Special Populations
- **Section 5:** Technology — Modernizing WIC
- **Section 6:** Nutrition Education — A Valuable Asset for WIC Families
- **Section 7:** WIC Retention and Recruitment of Families With Children 1 to 4 Years Old
- **Section 8:** Optimizing the WIC Shopping Experience
- **Section 9:** Support From Federal, State, and Local Governments
- **Section 10:** WIC in Disasters

Section 1: WIC Outreach and Promotion



SECTION 1

WIC Outreach and Promotion

Effective outreach can broaden the reach and effectiveness of WIC, helping overcome barriers to WIC participation, including widespread misconceptions about eligibility, limited access to information about WIC benefits and how to apply, and outdated notions of program promotion. WIC outreach needs to serve an increasingly culturally and linguistically diverse population, and the new generation of tech-savvy mothers. Recommended strategies focus on state and local WIC agencies conducting effective outreach, including multicultural and multilingual outreach to reach underserved diverse communities, employing social media, web-based advertisements and WIC websites as updated marketing tools, engaging the power of positive word-of-mouth recommendations, and giving WIC stores a role in outreach.

Recommendations

1. Effective WIC outreach makes a positive, practical, and persuasive connection with eligible families. It can help broaden the reach and effectiveness of WIC, helping more families overcome barriers to WIC participation, by working to:

- **correct common misconceptions** about eligibility, especially countering common misbeliefs by providing information that low-wage working families, immigrant families, and children ages 1 to 5 years old are eligible;
- **facilitate access** by providing practical information on how to apply for WIC; and
- **generate demand** through making an emotional connection around WIC's positive role supporting parents' efforts to raise healthy and thriving children; and promoting the appeal and value of the WIC food package.

2. WIC agencies should conduct multicultural multilingual outreach to reach underserved diverse communities. The U.S. is home to a diversity of families, cultures, and languages. Targeted outreach is essential to increasing access to WIC services in underserved diverse communities. Comprehensive multicultural and multilingual outreach campaigns can increase participation of underserved populations.

At the state level, successful outreach strategies for reaching diverse underserved communities include:

- producing outreach materials in a range of languages and for various cultural and/or ethnic groups;
- collaborating with other statewide agencies and organizations serving WIC-eligible families;
- working with the media popular in diverse communities;
- branding WIC to increase recognition;
- targeting culturally appropriate social media and web-based advertisements in primary languages;
- working with grocery stores, including stores targeting diverse communities;
- establishing a bilingual website and toll-free hotline; and
- collaborating with trusted organizations and coalitions from these communities.

At the local level, successful outreach strategies for reaching underserved diverse communities include:

- utilizing outreach materials reflecting the culture, ethnicity, and language of each community;
- placing WIC posters in laundromats, shopping malls, gas stations, hair salons, dollar stores, grocery stores, local organizations and agencies, as well as on billboards and buses/subways serving the targeted communities;
- attending local community events (e.g., hosting a table/booth at cultural events, health and job fairs);

- generating media and social media coverage in platforms popular with the targeted demographic (e.g., local Spanish radio stations or websites);
- establishing referral networks with relevant social services, health, child care, Head Start, faith-based and immigrant-serving agencies, and institutions and organizations serving each community;
- sharing outreach materials and up-to-date policy information, and soliciting feedback from local community groups; and
- hiring bilingual and culturally sensitive WIC staff.

Spotlight

The WIC Strong Campaign (WICStrong.com) is a comprehensive marketing and outreach campaign created in cooperation with the New York State Department of Health and 14 county agencies.

The website was designed to assist the public in understanding the WIC program and benefits in a user-friendly manner. The website can be instantly translated in over 100 languages. The campaign focuses on working mothers and young children, as well as infants, using web-based stories and messages to communicate the information in an engaging and educational format.

The WIC Strong Campaign invites local New York State-based WIC agencies to join, explaining it “includes all of the marketing and outreach materials that agencies need to effectively communicate their message to participants and prospects.” an easy-to-understand-and-navigate website, brochure, interesting social media posts and graphics, Facebook page, TV commercials and print materials.

3. WIC websites should be attractive, effectively promoting WIC and facilitating the next steps to participating in WIC. Interested and potentially eligible individuals will often search online for state or local WIC information. Visiting the WIC agency website can be the first exposure to WIC, and will hopefully be the first step

in deciding to apply for eligible families. A well-designed website can be an important marketing tool. WIC websites should feature modern options for communicating with WIC, including the information needed to text, e-mail, or message the appropriate WIC staff. Innovations in web-based WIC communications include a WIC chat bot. A phone number to contact WIC is also important.

WIC applicants increasingly use and rely on technology, so they likely are going to expect to navigate the WIC system online. WIC websites should include USDA’s or a State’s WIC online prescreening tools, which will allow potential participants to determine their income eligibility. Having this knowledge in advance can encourage potential WIC participants to apply. Offering applicants the opportunity to schedule an appointment, register, or submit an application online will facilitate that next step. At this time, WIC websites rarely offer options for submitting an application or scheduling an appointment, nor do they offer texting or messaging options. For more information see the Food Research & Action Center’s [review of WIC websites](#).

4. WIC agencies should more effectively reach out to millennial parents by conducting WIC outreach and program promotion through social media and web-based advertisements. Eligible millennial women — and millennial men/fathers — have a number of traits that make them ideal for marketing through social media and web-based advertising. They are highly connected — millennial women have an average of 3.4 social network accounts and spend an average of 17.4 hours per week on those sites.¹⁰⁵ Millennial moms also are more likely than any other group to use their smartphone to shop for services.¹⁰⁶ Some State and local WIC agencies have developed social media outreach strategies, including creating an engaging presence on Facebook, Twitter, Instagram, and other social media sites. State and local agency directors select WIC staff with the necessary skills to support these efforts or provide training. In addition, some states have developed targeted outreach campaigns with social media and web-based components. The National WIC Association has excellent social media and web-based advertisements as part of a comprehensive outreach campaign that WIC agencies can pay to use.

5. WIC agencies should use the outreach power of positive word-of-mouth recommendations. One of the most effective forms of WIC outreach is positive word-of-mouth recommendations. Often pregnant women and mothers of young children hear about WIC through other pregnant women, friends, neighbors, and family. Local WIC agencies build and foster a good reputation through quality customer service.

WIC can encourage current WIC participants to help with outreach in a variety of ways, such as offering attractive WIC promotional materials to share. To increase interest in the materials and make it easier for someone to share, some agencies include a healthy easy-to-prepare recipe or nutrition tips. Local WIC agencies also can implement “bring a friend” initiatives, contests, or events that encourage WIC participants to introduce a contact to WIC.

Another step is for local WIC agencies to hire current or former WIC participants or other advocates as outreach workers in their communities. These women are well-respected in their communities, making them excellent messengers for WIC. In the Hispanic community, the

women who are seen as promotoras (lay community health workers) are effective WIC ambassadors.

Spotlight

WIC agencies in Dorchester (Massachusetts), Riverside County (California), and Washington state have worked to encourage participant outreach. Dorchester WIC ran a “Tell Your Friends about WIC and Get a Chance to Win Four Passes to Harlem Globetrotters and Many More Great Prizes” contest. Riverside County WIC has an ongoing **“Tell A Friend – Win a Prize”** initiative. When the friend enrolls in WIC, both friends get a prize. An important component of their “bring a friend” contest is an engaging referral form for participants to fill in their contact information, as well as the name of the referred friend or family member. The contest and referral form are available in hard copy and on the WIC website. Washington state WIC has a [tell-a-friend brochure](#).



6. State agencies should effectively administer outreach, promotion, and referral activities through local agencies.

Key components of a successful strategy include the State agency actively providing leadership on the need to engage in outreach, promotion, and referral resources and materials for use by the local agencies; outreach and marketing support and funding to local agencies; and requirements that local agencies develop outreach plans. State agencies can produce WIC outreach toolkits/guides providing practical “how-to” guidance on effectively utilizing state and local outreach materials and resources, implementing online marketing, generating positive media coverage, and establishing productive referral networks, as well as including resources, templates, and model press releases. Model local agency policy and procedures should include the duties and responsibilities of a local WIC Outreach Coordinator.

Spotlight

Arizona WIC has an outreach campaign with a catchy tag line aimed at reinforcing the important role of potentially eligible parents: [You Do A Lot — We Do A Little](#). The state provides local agencies with a range of multicultural marketing logos and outreach materials in English and Spanish.

WIC agency staff have access to two commissioned outreach reports: WIC Attitudes, Barriers, and Beliefs Study; and WIC Outreach Campaign Concept Testing. Local WIC clinics have a new caseload tracking tool allowing them to track their progress toward meeting caseload goals on a daily basis. Local agencies not meeting their goals are expected to take action that day toward remedying the situation. Key to the success of the rapid action plans is the concept that outreach is the responsibility of all WIC staff members and everyone is involved in the process regardless of their role in the clinic. A common strategy is for all the staff to get on the phone before lunch and call the clients scheduled for afternoon appointments, and those that have missed appointments or dropped out.

WIC outreach needs to serve an increasingly culturally and linguistically diverse population, and the new generation of tech-savvy mothers.

7. WIC stores should play a key role in WIC outreach.

WIC-authorized stores can be important partners in conducting WIC outreach. Some of the ways these stores can inform current and potentially eligible participants include distributing WIC brochures and promotional materials via in-store information areas; hanging WIC posters and outreach flyers with a WIC barcode (QR codes) and/or tear-off numbers on store bulletin boards; hanging WIC mini-posters in the grocery aisles (e.g., a “Let WIC buy your fruit” outreach mini-poster for produce shelves); highlighting local WIC agency contact information in the store newspaper, e-newsletter and website; identifying the store as a WIC vendor in advertisements; and allowing WIC to periodically set up a table or booth in the store.

Spotlight

In La Crosse, Wisconsin, local grocery stores, including Festival Foods, host WIC dietitians to provide nutrition services, issue benefits, and teach participants how to use their benefits in the store. The WIC agency worked with the stores to publicize the in-store WIC days. A story published by the La Crosse Tribune pitched the services to those people “who are having trouble making it to the WIC office and/or learning how to use the benefits.”

Section 2: WIC Partnerships: Communication, Coordination, and Referrals



SECTION 2

WIC Partnerships: Communication, Coordination, and Referrals

Partnerships have the power to play an important role in efforts to support, strengthen, and expand WIC. A productive network of communication, coordination, and referrals with a broad range of health, social service, early childhood education, school, advocacy, and community partners is necessary to increase WIC participation and address health inequities.

The goal is to integrate WIC connections and opportunities into other services and supports for low-income families, pregnant women, new mothers, infants and young children, and communities. In addition, these partnerships can strengthen WIC's role in referring clients to needed services. Strategies include work on state and local levels to engage in partnerships to establish communication, coordination, and referrals through the following sectors:

- **Health Care;**
- **SNAP and Social Services;**
- **Early Care and Education;**
- **Education (K–12);**
- **Nonprofit: Advocacy, Equity, Faith-Based, and Community-Based Organizations; and**
- **Business.**

The levels of communication, referrals, and coordination include communicating feedback on WIC (e.g., identifying barriers and making recommendations); distributing WIC outreach information/materials; making WIC referrals; creating cross-referral streams; offering cross-training opportunities; sharing participant, eligibility, or health data when permissible; coordinating services; co-location; and, in some cases, integrated services. These actions require varying ranges of commitment and involvement to yield positive results.

WIC Partners



Recommendations:

Health Care

- 1. Health professionals, hospitals, and clinics should refer potentially eligible patients to WIC.** Patients typically put considerable trust in a referral from their health care providers. Health professionals, including obstetricians, pediatricians, physicians' assistants, and nurses; clinics, including prenatal and well-child clinics; and hospitals, including labor, delivery, and newborn nurseries, are all important sources of referrals to WIC. Not only should health professionals be informed about the program, they should be convinced of their vital role in reaching high-risk individuals and be active partners in referring women and children to the WIC program. Referral efforts include a focus on trying to bring pregnant women into WIC early in the pregnancy — 46 percent enroll in WIC after the first trimester.¹⁰⁷

Too many pediatricians who regularly see low-income children ages 1 to 5 years old are not speaking to their patients about WIC. This is due to a number of factors: pediatricians may not know WIC is available to children up to 5, how to promote WIC, or what is in the WIC food

package for young children. Doctors might assume that because a family received WIC during the child's infancy, the family will continue to participate in the program for as long as they are eligible, and not emphasize the importance of staying in the program.

Spotlight

Pediatricians in a range of settings — from an individual practitioner in Tyler, Texas, to state departments of health (e.g., North Carolina's Children and Youth Branch of the Division of Public Health) and health organizations (e.g., Cystic Fibrosis Foundation) are screening their patients for food insecurity and making referrals to WIC and other federal food programs. They are using [Addressing Food Insecurity: A Toolkit for Pediatricians](#) as a resource and training tool, and modifiable components of the toolkit (e.g., referral fact sheets) are being tailored and adapted based on community-level needs and resources. The toolkit is a joint project of the Food Research & Action Center and the American Academy of Pediatrics.

Spotlight

In Rhode Island, health care providers can consult the state's [KIDSNET health database](#) to see if a child is participating in WIC. This secure database also has each child's immunizations, blood tests, assessments, and early interventions. Head Start nurses can also access KIDSNET. Parents can restrict or block access to their child's information.

in the clinics or offices on a rotating basis; and co-locating services. Sharing nutritional assessment data will limit the number of times mothers, infants, and children must go through height and weight measurements, and blood tests for anemia. Facilitating WIC's access to relevant primary care services for nutritional and health data can be accomplished by 1) a digital information-sharing agreement (with a patient confidentiality waiver), which allows programs to share data electronically (e.g., send it electronically, create a WIC-accessible location for the data, or establish joint access to records); and/or 2) give a copy of the results to the patient. WIC can reduce visits to the WIC clinic by allowing nutrition counseling provided as part of primary care services to count as WIC nutrition education. Higher levels of service integration include scheduling WIC staff to enroll patients and provide services on a weekly or monthly basis in primary care locations.

Spotlight

As a result of the Central Vermont Medical Center and Vermont WIC working together, an innovative service-delivery model that coordinates WIC and primary care services is available for patients. Nutrition counseling provided by trained staff as part of the health care services at the Central Vermont Medical Center will now count as WIC nutrition education contacts. With the patient's permission, the health center also will share patients' data on height, weight, and blood work with WIC. This new innovation will help coordinate care and streamline WIC participation, reducing the number of tests and trips to WIC clinics required of local families.

2. Primary care services in community health centers, migrant health centers, public health departments, and private practices should coordinate with WIC. Effective coordination includes a range of activities depending on need and resources: creating cross-referrals systems; sharing health and medical data; maximizing the value of primary care nutrition services; WIC staff offering services

3. Hospitals should maximize opportunities to coordinate and co-locate with WIC services. Hospital social workers and case managers should be part of a coordinated system designed to connect potentially eligible patients with WIC. This is an important component in supporting good health outcomes for new mothers and babies. Staff can make referrals and help coordinate care by sharing the relevant nutrition and health data. Hospital

computer systems can be updated to automatically assess potential WIC eligibility based on the information commonly available in hospital records: income, Medicaid participation (leading to adjunctive eligibility for WIC), family size, and age of children. While it is relatively uncommon, WIC can out-station staff in local hospital maternity wards offering to actually enroll/certify new mothers and infants. This can be accomplished through handheld apps or laptops with the appropriate software and access. An enterprising WIC staff created a rolling WIC hospital cart with everything needed to certify a participant. Hospitals also administer local WIC programs and house WIC clinics.

4. Stakeholders should maximize opportunities created by the Affordable Care Act (ACA) to increase WIC access and strengthen services.

Integrating WIC into ACA case management and referral models is an important strategy. Medicaid Managed Care Organization (MCO) plans can address beneficiaries' needs by offering help with securing nutrition and food services. This emphasis is increasingly common, as MCOs seek to control health care costs by improving the food security and nutritional status of their patients.

WIC and Medicaid state agencies can work together to establish a policy allowing Medicaid Non-Emergency Medical Transport (e.g., a contracted taxi service) for some specific WIC transportation needs. This type of policy can help low-income women in under-resourced communities overcome a lack of transportation to the

WIC clinic. Coordinating nutrition services and payment is an effective avenue for increasing low-income families' access to additional nutrition services using WIC staff, for having Medicaid pay for special formulas rather than WIC, and for maximizing ACA payments to afford breastfeeding equipment.

Under the ACA, nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) at least every three years and adopt strategies to meet the needs identified.¹⁰⁸ This is an important opportunity for local hospitals to establish or strengthen coordination and referrals with WIC, and, in some cases, to improve the WIC services offered at the hospital. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility.

SNAP and Social Services

1. SNAP and WIC agencies should establish partnerships and agreements to facilitate cross-referrals and WIC income eligibility determinations.

State SNAP agency and local county offices offer a pathway to eligible, but nonparticipating, low-income families to learn about and obtain WIC. SNAP offices can include WIC outreach materials and posters in office waiting rooms. Promotional and referral materials can highlight the fact that SNAP participants are deemed income-eligible for WIC. SNAP protocols can require referrals of potentially eligible clients to WIC. SNAP staff can make WIC referrals for pregnant or post-partum women, and families with infants and children ages 1 to 4 years old. SNAP office software can be programmed to identify potentially eligible individuals and families for staff to follow up with. SNAP agency websites can also include links to WIC as a valuable family resource.

Referrals in the opposite direction — from WIC to SNAP — are also important, and consistent with WIC's mandate to provide appropriate referrals to needed services. Innovative pilots have focused on cross-training staff (WIC and SNAP staff learn about program eligibility, benefits, and referral options) and creating opportunities for WIC and SNAP staff from local clinics to meet.

State-level interagency agreements should strive, to the



extent possible, to secure timely and direct electronic access to SNAP data at the local WIC clinic level. State agencies should have effective Memorandums of Understanding specifying this type of direct access, including required measures to ensure confidentiality. Barriers around the interoperability of State WIC and SNAP data management computer systems are common and may be time-consuming to address. Some State agencies have created work-arounds, such as sharing timely lists of SNAP participants with WIC, as an interim measure while pursuing the long-term goal of direct access.

Spotlight

In California, two local SNAP and WIC agencies implemented a successful pilot establishing WIC-SNAP cross-referrals. This effective initiative employed cross-training and creating opportunities to meet staff from nearby clinics. The net effect increased the number of referrals to both programs. The California WIC State Agency underwrote the pilot through their innovation grants.

- 2. State and local social services agencies should work with WIC to establish cross-referrals for child welfare, family support, home visiting, TANF, employment support, and other relevant programs.** Referrals to these programs are consistent with WIC's role in referring participants to other needed services. The social workers or staff in these programs should provide WIC referrals to potentially eligible individuals.
- 3. Drug abuse prevention, treatment, and recovery service agencies should work with WIC to integrate cross-referrals into screening and education programs, as well as encourage cross-training.** The Centers for Disease Control and Prevention reported that the number of pregnant women with opioid use disorder at labor and delivery more than quadrupled from 1.5 per 1,000 in 1999 to 6.5 per 1,000 in 2014.¹⁰⁹ Opioid use disorder during pregnancy has been associated with maternal death, preterm birth, stillbirth, and extreme withdrawals

for newborns.¹¹⁰ Given the national opioid epidemic, it is vitally important to establish cross-referrals and training between WIC and drug abuse prevention, treatment, and recovery services. WIC has implemented a new WIC risk criterion for infants, "neonatal abstinence syndrome," which can be used as the basis for WIC certification. USDA has recommended that State Health Officers use the resources and opportunities provided through WIC in their substance misuse prevention efforts. These partnerships can strengthen the efforts of drug abuse related social services and WIC's mandate to "provide drug and other harmful substance abuse information (7 CFR 246.4(a)(9)(i))." WIC's substance abuse screening, education and referral resource guide <https://wicworks.fns.usda.gov/wicworks/Topics/ResourceManual.pdf> and prenatal drug abuse prevention materials <https://wicworks.fns.usda.gov/resources/give-your-baby-healthy-start-tips-pregnant-women-and-new-mothers> can be useful resources for organizations working on this issue. In addition, the expertise of partners can help WIC agency staff fully implement the recommendations and the new WIC risk criterion.

- 4. Lead State social services and health agencies should integrate WIC into the State's public online eligibility screener and/or application tool for programs serving low-income families.** The most common type of online multi-program application system allows users to apply for SNAP and Medicaid. That is important, but the multi-program access should go further. These systems rarely include an option to screen for potential WIC eligibility. WIC should be an integral component of these systems because they generate a large amount of traffic by families who are eligible for WIC. Recently, several innovative states have included screening for WIC eligibility as part of their multi-program systems. Based on the information collected for the SNAP and Medicaid applications, the system can identify individuals who are eligible based on income and category (a pregnant or post-partum woman, infant, or child 1 to 4 years old) for WIC. The system alerts the user of the potential WIC eligibility, and, with permission, sends the user's eligibility and contact information to the local WIC agency. The local agency then makes targeted outreach calls.

Currently, the systems can screen for two out of three criteria for WIC eligibility. In the future, these systems will be able to accept the data needed to screen for nutritional risk, e.g., dietary intake data, height, weight, and blood work. In addition, these systems should be able to move from a WIC screening function to an online application.

Spotlight

The Georgia Department of Health WIC Program succeeded in getting screening for WIC included into Georgia's Gateway system. The Gateway is a new online eligibility determination system for health coverage, Child Care and Parent Services, SNAP, and TANF. The system is programmed to let potentially eligible applicants know they could be eligible for WIC. Georgia WIC is continuing to evaluate and identify potential future innovations to the system.

Spotlight

Families using PEAK, the state of Colorado's new online system to screen and apply for Medicaid, SNAP, and other programs, can submit a request for WIC to contact them. WIC receives helpful information for making a productive outreach call: the applicant's name, date of birth, gender, address, phone, email, number of household members, number of children, and if a household member is pregnant (including the estimated due date). The Colorado WIC agency requires local WIC agencies to attempt to contact referrals within two weeks and to make at least two attempts to contact referrals. As with any new innovation, the State WIC agency is evaluating and adjusting the system to contain costs (changing the download options) and appropriately target resources (local WIC agency PEAK outreach protocols are being reviewed). Under the new configuration, the local agency staff will download referrals from the State WIC system rather than the PEAK system, which charges for each "log-in." This will reduce the per referral cost from \$10 to \$1.44.

Early Care and Education

1. To facilitate outreach and referrals, State and local agencies and programs administering early care and education programs, including Child Care Subsidy, Head Start, Pre-Kindergarten, and the Child and Adult Care Food Program, should have a partnership or Memorandum of Understanding (MOU) agreement with WIC.

Key partners for reaching children in early care and education settings include State and local agencies and programs administering Head Start, the Child Care and Development Block Grant (child care subsidy programs), Pre-Kindergarten programs, and the Child and Adult Care Food Program (CACFP). A recently updated federal MOU between the U.S. Department of Health and Human Services' Administration for Children and Families (Child Care and Development Block Grant and Head Start), and USDA's Food and Nutrition Service (WIC and CACFP) encourages the relevant State and local agencies to promote each other's programs and to make referrals. The MOU also encourages the agencies to share statistical, medical, and eligibility information regarding participants to the extent that confidentiality policies permit. Agencies should identify opportunities for collaboration and reducing the duplication of effort around nutrition services, education, and staff training.

In addition, relatively new rules for State agencies administering the Child Care and Development Block Grant require them to offer families information about other programs, such as WIC, that could be helpful. Child Care Resource and Referral agencies can also distribute this information and post it on a parent resource page. The State agency can also invite a representative of WIC to participate in the statewide planning committee. Child care centers and family child care homes using CACFP are required to distribute WIC outreach materials to participating families at least annually.

2. Productive Head Start and WIC partnerships can contribute to reaching the shared goals of supporting the good health and development of young children.

The majority (nearly 76 percent) of children participating in Head Start are 3 or 4 years old.¹¹¹ Early Head Start Programs also provide child development and family support services to low-income infants and toddlers

under the age of 3 years old, their families, and pregnant women. Head Start programs can offer parents WIC information and referrals. In addition, with the parents' permission, Head Start programs can give the parents' contact information to WIC for outreach. WIC can conduct in-person outreach at Head Start centers. WIC also can provide WIC services at Head Start sites (e.g., in the Head Start facility or in a WIC mobile unit). Data-sharing can reduce duplication of effort, easing the burden for participants and staff by allowing WIC to share participants' nutrition assessment data with Head Start.

Spotlight

The Kids on the Move Early Head Start in Orem, Utah, includes WIC promotion and referrals in the program's monthly visits with expectant mothers. The Head Start and WIC agencies have an MOU for data-sharing and a parental consent form. Parents can sign a consent form allowing Kids on the Move and WIC to share nutrition assessment information. WIC office waiting rooms have Kids on the Move brochures describing available Head Start and services for children with special needs.

Eligibility Provision (CEP) schools and other schools serving a significant proportion of low-income families can host a rotating WIC clinic. Elementary schools with Pre-K classes can collaborate with WIC to identify and enroll potentially eligible but unserved children.

Spotlight

In Newark's South Ward, the Achieve Community Charter School (PreK–12) serves students and families exposed to significant adverse childhood experiences and toxic stress through a network of education and services that includes connecting families to WIC.

Education (K–12)

1. Elementary, middle, and high schools can make a WIC connection for potentially eligible students and families through school-based WIC outreach and referrals. Elementary schools can serve families with a child who may be eligible for WIC, or may have a new baby on the way. In addition, middle and high schools can serve pregnant and parenting students in need of WIC services. Schools can feature WIC information and referral tools as part of school websites, newsletters, and other communications. WIC information can be sent home with school meal menus or applications. Parent nights or other school family events provide a good opportunity to distribute fliers or have WIC outreach staff host a resource table in a central area. Schools can integrate WIC referrals as part of school health services, parent liaisons services, and school-based case management. Community

Nonprofit: Advocacy, Equity, Faith-Based, and Community-Based Organizations

1. State and local anti-hunger organizations can play an important role in strengthening and expanding WIC.

Advocacy partnerships are essential for reaching the millions of unserved mothers and children who could benefit from WIC's healthy foods and nutrition services. Advocates can build an effective action plan to strengthen and expand WIC in their state or community. State and local anti-hunger organizations can conduct WIC outreach and promotion, strengthen WIC referral streams, help to identify and address barriers to WIC participation, facilitate feedback from a diverse range of stakeholders, and engender productive dialogue.

Highlighting WIC's benefits, correcting common misconceptions about WIC eligibility, and providing the practical information needed to facilitate access are just some of the ways advocates in anti-hunger organizations can promote WIC. Anti-hunger organizations can promote WIC through their websites, e-newsletters, social media, and publications. They also can create a strong referral stream to WIC through their hunger hotlines, web-based screening tools, and outreach workers. State WIC agencies can allocate funding for grants to state anti-hunger organizations for special WIC initiatives. Media outreach provides ample opportunities for anti-hunger organizations to generate positive coverage about WIC,

with the added benefit of educating potential participants about the program.

Spotlight

Hunger Solutions New York was awarded a contract from the New York State Department of Health's WIC program to conduct targeted outreach activities to help increase enrollment in WIC. Hunger Solutions New York created a comprehensive WIC outreach and promotion plan, trainings, outreach materials, and web-based and social media content. Community-based services are being provided through subcontracts with community-based organizations in 20 counties. Outreach workers conduct WIC outreach, screen for eligibility, make referrals, and set up first appointments.

State and local anti-hunger organizations can help identify and address the barriers to WIC participation by:

- facilitating feedback from relevant stakeholders, including leaders, such as representatives from diverse communities and groups served by WIC, parents participating in WIC, and parents eligible but not participating in WIC;
- conducting site visits to evaluate the WIC clinic experience (e.g., customer service, wait times, racial equity and cultural sensitivity, use of technology and innovation to streamline visits, and conditions);
- interviewing local WIC staff and WIC-authorized grocery stores;
- reviewing the State WIC food packages (e.g., choice, flexibility, and cultural food options);
- evaluating the WIC shopping experience (e.g., WIC foods availability and ease of identification, and stigma-free check-out experience);
- examining the WIC-Farmers' Market interface for farmers and participants; and

- analyzing WIC participation and benefit redemption trends, integrating equity factors (including race, ethnicity, income, language use, and determinants of health), creating maps and other data visualizations, and identifying underserved communities and populations.

Spotlight

Hunger Free Oklahoma works with WIC administrators to increase WIC participation. To better understand WIC participation in Oklahoma, Hunger Free Oklahoma coordinated data-sharing with WIC administrators from the Oklahoma State Department of Health, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Muscogee (Creek) Nation, Osage Nation, the Otoe-Missouria Indian Tribe of Oklahoma, the Inter-Tribal Council of Oklahoma, and WCD Enterprises. FRAC worked with the aforementioned partners to create a series of interactive maps illustrating county-by-county patterns of WIC participation, WIC fruit and vegetable benefit redemption, household languages used, and WIC clinic and store locations.

Advocates can connect State and local WIC agencies with new partners and opportunities for feedback through advocacy networks, coalitions, and members. Connections and communications can be established through conferences, meetings, materials, and trainings. These connections can help increase WIC referrals and feedback, including from immigrant groups, emergency food-assistance networks, and the faith-based community. Advocates also can work with these key stakeholders and others to organize opposition to damaging proposals limiting access to WIC.

Advocates can coalesce equity, nutrition, food policy, and access coalitions around the importance of supporting and promoting WIC to meet shared goals for families and communities and the need to identify and address barriers to participation. WIC recommendations should be included in reports focused on hunger, food access, food policy, and nutrition. Hosting or co-hosting a state WIC

summit is another way to engage with the public (local funding from foundations, businesses, and community organizations may help with this).

From harnessing the power of coalitions to personal connections, advocates can generate the political will to move State and local public officials to remove barriers to WIC's progress, e.g., the governor directing state agencies to cooperate with WIC in establishing partnerships and shared data systems for outreach, referrals, and streamlining eligibility.

There are additional opportunities for advocates to engender productive dialogue, including creating a pathway for stakeholders to provide input on the State WIC plan. (Soliciting public input on the State WIC plan is a regulatory requirement for states that is seldom followed. In most states, the State WIC plan is not publicly available.)

Establishing a State WIC Advisory Council or a WIC workgroup can provide an opportunity for stakeholders to collaborate and coordinate on ways to support WIC. State legislators can mandate WIC Advisory Councils, but more commonly WIC State agencies establish the councils. WIC workgroups can be short or long term, are less formal, and can be started and staffed by an organization, such as an anti-hunger group.

From harnessing the power of coalitions to personal connections, advocates can generate the political will to move State and local public officials to remove barriers to WIC's progress.

2. Faith-based organizations should include WIC outreach and referrals as part of food pantry services, health promotion messages and resources for potentially eligible parishioners. Food pantries can promote access to WIC by including WIC promotional materials in food pantry bags or in waiting rooms, and by referring potentially eligible clients to local WIC clinics. WIC also can train food pantry volunteers on how WIC works, give volunteers a tour of a local WIC agency, and provide a chance to meet the staff. Weekly faith-based health promotion messages through texting or other means can include WIC. USDA has 52 text health messages for faith-based organizations; three of them include WIC. Faith-based organizations also can share WIC information with potentially eligible parishioners.

Spotlight

Advocates in Pennsylvania and Georgia have focused on ensuring that WIC parents' voices and perspectives are heard and inform decisions on how WIC will operate.

- Just Harvest in Pittsburgh, Pennsylvania, works closely with community members, including WIC parents. They provide the parents with advocacy training to empower them to testify at WIC listening sessions and other opportunities.
- In Georgia, the Atlanta Community Food Bank conducted a series of focus groups with WIC parents and parents eligible but not participating. The focus group participants represented the diversity of eligible families in Georgia, including parents from underserved communities of color. The findings have informed the WIC state agency and a community coalition formed to promote WIC improvements. Asset mapping with WIC clinic locations facilitated the needs assessment.

3. The emergency charitable food network should

promote WIC participation. Food banks can promote access to WIC by providing the education, materials, and connections needed for member food pantries and other network agencies to promote WIC to patrons. This can include WIC promotional materials for food pantry bags, WIC posters for waiting rooms; options for referring potentially eligible clients to the local WIC clinic; and connections to invite WIC staff to provide WIC nutrition education and/or certifications at food pantries on high-traffic food distribution days. Innovative models of food bank and WIC co-location are also underway.

Spotlight

In 2017, Missoula WIC opened a clinic site at the Missoula Food Bank. The WIC clinic operates two days each week offering appointments and accepting walk-ins. On WIC clinic days, participants have direct access to the food bank pantry in addition to receiving WIC benefits. The food bank has created a fun, community-friendly atmosphere with a child activity center allowing caregivers to attend a WIC appointment and visit the pantry while their children play. This new WIC site has improved retention, helped enroll new families in WIC, and improved families' overall food security by increasing access to nutritious food.

4. Nutrition and obesity-prevention initiatives, coalitions, workgroups and organizations should maximize the value of WIC, establish ongoing communication, and create WIC outreach opportunities with State and local WIC agencies. The WIC program's broad reach (e.g., being the source of nutrition education for nearly half of the new mothers in the country) and expert public health nutrition staff make WIC an important partner for community-based nutrition and obesity-prevention initiatives. Inviting WIC to be part of events and meetings is a good way to open channels of communication. The State and local WIC agency staff often are willing to share updates on their nutrition education plans, and on WIC's initiatives, such as increasing breastfeeding

WIC's broad reach and expert public health nutrition staff make WIC an important partner for community-based nutrition and obesity-prevention initiatives.

rates. Initiatives, coalitions, and groups can also ask for a meeting with WIC. State and local professional associations (e.g., Academy of Nutrition and Dietetics) or health-related associations (e.g., American Diabetes Association) have goals, such as reducing health disparities, that are consistent with working to strengthen and expand WIC.

5. Initiatives, programs and coalitions focused on reducing maternal and infant mortality should partner with WIC to establish coordination and cross-referrals, provide feedback on WIC services, and offer training.

There are a variety of infant and maternal mortality initiatives and programs, often operated through maternal and child health services, home visiting programs, and community-based organizations. There are considerable racial disparities in maternal and infant mortality in the U.S. Black women are three to four times more likely to die from pregnancy-related mortality as White women, and Black infants are twice as likely to die than White infants.^{112,113} As discussed in the research section, WIC is associated with lower infant mortality rates especially for African-Americans. Initiatives, programs, and coalitions focused on addressing the high rates of Black maternal and infant mortality can reach shared goals by:

- establishing coordination and cross-referrals with WIC;
- providing feedback and recommendations regarding WIC services;
- evaluating WIC's ability to serve a diversity of families effectively;

- offering racial equity and cultural competency training for WIC staff; and
- giving maternal and infant mortality presentations to WIC staff.

Similarly, it is particularly important that efforts focused on American Indian/Alaska Native, Native Hawaiian or other Pacific Islanders, Hispanic, and/or Asian births, also partner with WIC, including providing feedback and recommendations on culture and language. In 2016, infant mortality rates per 1,000 births were as follows: Non-Hispanic Black (11.4), American Indian/Alaska Native (9.4), Native Hawaiian or other Pacific Islander (7.4), Hispanic (5.0), Non-Hispanic White (4.9) and Asian (3.6).¹¹⁴

Spotlight

The Community of Hope's (Washington, D.C.) birthing center creates a safe and nurturing place for women of color to receive the care and medical services needed for a healthy mother, birth, and baby. This is very important because maternal and infant mortality rates in D.C. are much higher for Black mothers and babies in low-income neighborhoods than in more affluent, White neighborhoods.¹¹⁵ The Community of Hope clinics offer a medical home for women and children using Medicaid. Recognizing that many of their patients are eligible for WIC, the Center partners with D.C. WIC to make sure WIC services are available at each of their clinics. D.C. WIC uses its new mobile WIC unit to create one-stop shopping for expectant mothers, infants, and children to participate in WIC.

6. Diaper banks and other charitable organizations serving low-income babies and young children should connect to WIC. Some cities have specialized charities, such as diaper banks and walk-in centers offering infant formula, baby gear, and clothing for babies and toddlers. These charities should reach out to WIC to explain their mission, target audiences, and create a referral process. In addition, these charities can expand the resources of the families they serve by connecting potentially eligible families with WIC.

The goal is to integrate WIC connections and opportunities into other services and supports for low-income families, pregnant women, new mothers, infants and young children, and communities.

Business

- 1. Local businesses can support WIC outreach, promotion, and incentive efforts.** Local businesses can help get the word out about WIC. Local stores can donate items, tickets, groceries, or gift certificates to local WIC agencies for use as incentives or contest prizes, or as part of cooking demonstrations. Even modest financial donations from businesses are appreciated by local WIC staff, as they can be used for supporting innovation and special projects. This type of donation also helps get the word out about WIC because it often generates positive local press coverage. Local business, such as laundromats, gas stations, hair salons, and dollar stores, can post WIC outreach posters, counter cards, and fliers. (The specific role for WIC-authorized grocery stores is covered in the WIC outreach and promotion section.)
- 2. Drug stores, pharmacies, and big box stores can include WIC in health fairs and services, especially as they increase the number of such events.** Pharmacies, drug stores, and big box stores are offering health and wellness services that include health fairs, in-store dietitians, and healthy food store tours. These stores and pharmacies can include WIC in these initiatives and invite WIC to teach health-related staff about WIC and WIC foods. Local WIC agencies can take advantage of new trends that provide opportunities for WIC outreach and improve store services for WIC participants.

Section 3: The WIC Clinic Experience



SECTION 3

The WIC Clinic Experience

The WIC clinic experience can facilitate WIC participation and encourage mothers and children to enroll in and stay in the program. If appointments take too long, appointments are scheduled at inconvenient times for working parents, customer service is poor, families are required to come back to the clinic too often, waiting periods are too long, or parents do not understand the WIC rules due to language barriers, then WIC clients may forgo benefits. In addition, access to WIC services is limited if clients face barriers in the form of inconvenient WIC clinic locations and lack of transportation.

The recommended strategies for reducing clinic-based barriers to WIC participation include scheduling WIC visits at convenient times, minimizing wait times, streamlining WIC enrollment and certification, reminding clients of upcoming appointments, addressing language barriers, and minimizing unnecessary clinic visits. Local agencies should have the resources, tools, and flexibility to track participation and utilization, evaluate progress, and adapt plans to maximize caseload allocations. In addition, access to WIC clinics can be addressed through establishing convenient WIC clinic locations, employing satellite offices and mobile units, and adopting innovative options for transportation assistance.

Recommendations

- 1. Schedule hours of operation and appointments at WIC clinics at convenient times.** WIC clinic hours should reflect the needs of the WIC clients, including the many working families in the program. This should include keeping WIC clinics open during lunch, and in many areas offering early morning or evening hours each week. If possible, clinics should offer flexible scheduling, including walk-in, same-day, and next-day appointments. WIC agencies can solicit client input on hours of operation via surveys.
- 2. Local WIC agencies and clinics need to minimize wait times.** Long wait-times are significant barriers to WIC participation, especially if a client works at a job that does not allow time off for such appointments. Many low-paid jobs have little or no paid leave and do not offer flexible work hours.
- 3. WIC should streamline WIC enrollment and certification by ensuring local clinics can establish adjunctive eligibility for applicants onsite via computer access to state Medicaid and SNAP data.** Participants in SNAP or Medicaid are automatically “adjunctively” income-eligible for WIC. Modernized eligibility procedures include substituting reliable data matches for form completion and applicant documentation. Incompatible state computer systems or State agency reluctance to provide access to data is a common barrier for WIC State agencies and clinics. Data matches can establish automatic income eligibility for WIC, based on SNAP or Medicaid enrollment data. Given that 70 percent of WIC participants are on Medicaid and 30 percent use SNAP, WIC State agencies should be given access to SNAP and Medicaid data for the purposes of establishing automatic income eligibility for WIC. This will encourage more people to apply, reduce red tape, free up WIC clinic resources for nutrition education and other support, make eligibility determinations more reliable, and more closely connect the nutrition and health programs that low-income participants need.
- 4. Local WIC clinics should have the necessary technology and equipment onsite to measure height and weight and perform blood iron tests, and to enter/access client certification information via a computer or handheld device.** Referring applicants and beneficiaries to other sites for nutritional screening discourages participation. Providing the necessary tests and measurements at the WIC clinic eliminates the need for families to find other places to get the blood tests and other measurements done. In addition, the newer non-invasive hemoglobin screening devices that some WIC agencies have purchased are much more child-friendly than those that require finger pricks and needles.
- 5. Clients should be reminded of upcoming appointments using texts, a WIC app, e-mail, or other message options, while also keeping the option of phone call reminders.** Mothers who participate in WIC are busy and

have expressed a preference for receiving appointment reminders from local WIC agencies electronically or via phone.

6. WIC services should be tailored and translated to serve the increasingly culturally and linguistically diverse population.

American families with young children come from diverse cultural and ethnic backgrounds. More than 1 in 5 families with children under 6 years old speak a language other than English at home. Addressing language barriers will help facilitate WIC participation.¹¹⁶ According to a national USDA study, the majority, 86 percent, of local agencies have participants who do not speak English well enough to communicate about eligibility, procedures, nutrition, breastfeeding, and services.

It is critically important to provide services, resources (such as websites and apps), and materials in the preferred language of the participant. Federal rules require that “where a significant number or proportion of the population eligible to be served needs the information in a language other than English in order effectively to be informed of or to participate in the Program, the State agency shall take responsible steps considering the size and concentration of such population, to provide information in appropriate language to such persons” (7 CFR, 246.8 (c)).

In addition to providing resource materials in the participant’s preferred language, it is important to have someone on staff at the local clinic who can communicate with the participant. If no one on staff speaks the language, a translator (in person or by phone) is one option, but such a process is slow, impersonal, and meaning may be lost through the translation. Providing scholarships for WIC nutrition educators and clerical staff to learn a second language could be useful.

7. Programs should keep the number of required WIC in-clinic visits to a minimum.

It is not uncommon for WIC agencies to require WIC participants to complete an in-clinic visit every three months. This may meet the needs of some clients but could present a burden for

WIC One-Year Certification Timeline: Child

START OF YEAR 1	MONTH 3	MONTH 6	MONTH 9	END OF YEAR 1
Certification	Nutrition Education	Mid-Certification	Nutrition Education	Re-certification

others. Keeping the number of required in-clinic visits to a minimum can be accomplished through a variety of mechanisms, including:

- offering tech-friendly options (online, mobile applications, texting, or phone) for completing nutrition education offsite;
- to the extent possible within current regulations, maximizing opportunities to meet WIC requirements for an enrolled family in a single appointment rather than staggered individual appointments for each family member;
- utilizing technology to allow clients to submit documentation remotely; and
- transitioning from “paper vouchers” to a smart card system of food benefit delivery (electronic benefit transfer), eliminating the need to visit the clinic to pick up vouchers.

WIC can offer flexibility in scheduling family nutrition education contacts together. To the extent possible, clients should be offered the opportunity to meet nutrition education requirements for their family in one appointment rather than separate WIC visits. WIC appointment timelines for individual family members can also be dictated by the required certification timeframes. For example, a child’s WIC certification runs out on his/her birthday. When scheduling an appointment to recertify the child, WIC can only extend or shorten the certification period up to 30 days. However, federal rules for mid-certification visits offer more flexibility. State WIC policies can encourage WIC staff to utilize these flexibilities more fully when working to schedule appointments for family members together.

8. Local agencies should have the incentives, resources, tools, and flexibility to track participation and utilization, evaluate progress, and adapt plans to maximize caseload allocations. State agencies can help local agencies maximize caseload allocations through

caseload-based performance standards, tracking tools, and timely relevant data. Local WIC agencies can manage caseloads, examine the impact of their work, revise plans, and identify areas of unmet need and underserved populations through a variety of mechanisms.

WIC Caseload	WIC Benefit Utilization — Redemption	WIC Caseload and Redemption Analysis: Key Categories and Factors	WIC GIS Mapping
<p>Analyze and track:</p> <ul style="list-style-type: none"> ■ progress in meeting local agency performance standards for caseloads targets on a daily, weekly, and monthly basis; ■ no-shows on a daily, weekly, and monthly basis; ■ the number of clients added to the program on a daily, weekly, and monthly basis; ■ the number of clients exiting the program on a daily, weekly, and monthly basis; and ■ the number of enrolled but not participating clients on a monthly basis. 	<p>Analyze and track monthly food benefit utilization/ redemption rates, trends, and patterns:*</p> <ul style="list-style-type: none"> ■ the total value of redeemed and unredeemed WIC benefits; ■ the number of fully unredeemed monthly benefits; ■ redemption rates by type of participant, and food benefit category; and ■ redemption by store. <p><i>(*States should take advantage of the enhanced redemption data available through EBT.)</i></p>	<p>Analyze WIC caseload and redemption data using:</p> <ul style="list-style-type: none"> ■ WIC categories: pregnant, breastfeeding, and non-breastfeeding postpartum women, and infants and children by age (1 year, 2 years, 3 years and 4 years old); ■ Equity-related characteristics in the WIC database, including race, ethnicity, income, and zip code; and ■ other potentially relevant variables available in WIC, such as the number and types of family members on WIC and participation in other programs. 	<p>Create GIS maps using:</p> <ol style="list-style-type: none"> 1. WIC data: <ul style="list-style-type: none"> ■ clinic, store, and participant locations; and ■ participation and benefit redemptions' value or trends; 2. equity indicators and metrics, including: <ul style="list-style-type: none"> ■ census bureau data on race, ethnicity, poverty, language use, food deserts, unemployment, and health; and ■ structural drivers of the determinants of health, such as geographic; distribution of life expectancy by zip codes, rates of community disinvestment, and incarceration.¹¹⁷

Local agency caseload management and the need for robust caseload performance standards and monitoring have come under increased scrutiny as participation has continued to decrease. WIC local agency and clinic staff are concerned and fear that clinics will eventually be closing and considering layoffs. Several State agencies have devised tools for their local agencies to track WIC caseloads closely. State agencies can use the data analytics functions of their Management Information Systems to produce daily, weekly, and monthly data; trends; and analysis for local agencies.

State agencies also can give local agencies access to the system to create and download reports. Most commonly State agencies distribute monthly reports to local agencies. Some states distribute a monthly report with comparisons to the performance of all local agencies in the state. WIC state and local agencies need a comprehensive plan for engaging in a productive dialogue around the program’s strengths and opportunities for improvement from the perspective of the diversity of current and past WIC participants, and eligible but never participating families.

Engaging a Diversity of Families in a WIC Dialogue: State and Local WIC Agencies

<p>Field WIC satisfaction surveys.</p> <ul style="list-style-type: none"> ■ Engage parents in a discussion around the questions they would like to see in the survey. ■ Share the survey findings. <p><i>If possible, survey results should be understood in the context of participant category, race, ethnicity, and income.</i></p>	<ul style="list-style-type: none"> ■ Review comments and complaints submitted to WIC, and those made on WIC’s webpage, Facebook, and social media. ■ Establish ongoing feedback opportunities through websites/ apps and local offices, e.g., “How are we doing?” 	<ul style="list-style-type: none"> ■ Interview individuals via phone or in-person, and/or conduct focus groups with current and past WIC recipients, as well as potentially eligible but never participated individuals representative the diversity of eligible populations. <p><i>Interviewers and focus group facilitators should represent the diversity of the intended group.</i></p>	<ul style="list-style-type: none"> ■ Host regularly scheduled chats with participants via Google Hangouts or other means. <p><i>The host or co-host capable of communicating in the primary languages spoken in the state or service area, e.g., Spanish, Russian, Vietnamese, or Arabic.</i></p>	<ul style="list-style-type: none"> ■ Hold local or regional WIC listening sessions: promote the opportunity for anyone to offer feedback; work with partners to get the word out, e.g., advocates can help prepare speakers. <p><i>The listening sessions can cover many topics, including the State WIC plan.</i></p>
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Spotlight

The Mississippi State WIC agency website features a permanent WIC Improvement Survey. The website asks: “How are we doing? Give us your feedback on our WIC services: what you like and dislike, and any problems you have had.” Folks are encouraged to “Take the WIC survey now.”

Spotlight

The North Charleston Farmers Market was the site of a full-service mobile WIC clinic on a periodic basis over the summer months. This provided easy access to all WIC services, including certifications, nutrition education, and voucher pick-up. It also was convenient for clients to use their WIC vouchers to get fresh fruits and vegetables at the farmers market.

Access to WIC Clinics

1. State and local WIC agencies should minimize the distances participants and applicants must travel, and the time they must spend away from work, by establishing convenient WIC clinic locations and employing satellite offices and mobile units. Locating WIC clinics in high-need areas that are close to mass transit lines facilitates access to WIC. Co-locating WIC clinics with maternal and child health services offered in clinics and hospitals allows coordination of appointments and reducing separate trips. Establishing satellite WIC clinics and using mobile units in underserved communities can extend WIC’s reach to vulnerable populations. Successful strategies include rotating a WIC mobile unit or assigning WIC staff to spend time periodically at local Head Start programs, places of substantial low-wage employment, shopping malls, and schools.

Spotlight

Mary’s Center, a multi-purpose organization with a WIC program, operates a community outreach van, also known as the Mama and Baby Bus, in partnership with the March of Dimes. The mobile health unit travels throughout the service area in Maryland and the District of Columbia providing services in English, Spanish, and Vietnamese. The WIC program relies on the trained Mama and Baby Bus staff to do WIC outreach on an ongoing basis. When WIC staff are on the bus, they conduct outreach and screen and enroll clients.

2. State and local WIC agencies, Medicaid, neighborhood clinics, and Head Start should implement innovative options for assisting WIC participants with transportation.

Transportation is a common barrier to participation that very few WIC agencies have the tools to address. WIC and Medicaid state agencies can work together to establish a policy allowing Medicaid Non-Emergency Medical Transport for some specific WIC transportation needs. A Head Start program hosting a WIC clinic on a rotating basis can adopt a policy of allowing parents to take the Head Start bus on WIC appointment days. In addition, WIC agencies that are located in multi-purpose social service or health agencies and are operating a free neighborhood van or bus service for clients can seek an agreement allowing WIC participants to use the service.

Spotlight

In Oregon, the State WIC agency worked in partnership with the State Medicaid office to establish a policy allowing Medicaid clients without transportation resources to use Medicaid Non-Emergency Medical Transport systems for specific health-related WIC visits. This allows WIC clients to use Medicaid-contracted transportation services (e.g., a contracted taxi service) to go to WIC clinics for WIC certification, nutrition counseling, recertification, and individual follow-up visits. This type of WIC clinic visit can be covered by Medicaid non-emergency transportation funding because it will help families access WIC, which is designed to improve health outcomes and influence a lifetime of nutrition and health behaviors in targeted, at-risk populations.

Section 4: Reaching and Serving Special Populations



SECTION 4

Reaching and Serving Special Populations

Families headed by grandparents, foster parents, immigrant parents, or college student parents, and families living in rural areas or experiencing homelessness are among those that face unique barriers to participation in WIC. The recommendations below focus on specialized outreach, policies, and services that can be used to help overcome those barriers and maximize participation.

Grandparents Raising Grandchildren and Foster Families Raising Foster Children

Grandparents raising grandchildren and foster parents can play an important role in maximizing participation in WIC. The opioid epidemic, methamphetamine addictions, increased incarceration of women, economic stress, and military deployments all have contributed to a rise in the number of grandparents raising grandchildren. Grandparents are the primary caregiver for 6 percent of children under 6 years old.¹¹⁸ According to USDA, over 5 percent of WIC-eligible infants and children live in families without parents; 3.6 percent live with a related nonparental caretaker, and 1.7 percent live with an unrelated nonparental caretaker.¹¹⁹

Recommendations

1. WIC partners should integrate WIC resources and referrals into agencies and programs serving grandparents raising grandchildren and foster parents.

WIC has an opportunity to pioneer new connections because many of the relevant agencies and organizations do not currently offer any information on WIC for grandparents raising grandchildren. WIC can reach grandparents caring for grandchildren by integrating WIC into the resources and referrals offered by state and local kinship care programs, and the state Department on Aging and Area Agencies on Aging senior services. These programs and agencies should include information about WIC for grandparents raising grandchildren in their resource packets and fact sheets, guides, webpages, and referral systems.



State WIC agencies can partner with agencies serving kinship care givers — grandparents and other relatives raising children. States may offer services or subsidy for kinship caregivers through the department of human services, social services kinship care programs, child protective services, foster care divisions, or the state Department on Aging. These may be administered through local social service agencies and organizations. State and local kinship care navigators and caseworkers should let grandparents know they can enroll eligible grandchildren in WIC and offer them a referral to the nearest WIC clinic.

WIC also can target outreach and generate a referral stream through the State and local agencies responsible for foster parents. Key messages can focus on WIC benefits and the convenience of streamlined eligibility due to the foster child being deemed automatically income-eligible for WIC.

2. WIC agency programming and practices should facilitate the inclusion of foster parents, and grandparents raising grandchildren. WIC clinic practices should streamline enrollments of foster parents by automatically qualifying the foster child as income eligible. It is important to avoid confusion about how to count the family income of a child in foster care: a foster child is considered a family of one and, as such, has zero income. The foster family's income is irrelevant. The foster parent only needs to demonstrate that the child is in a foster placement.

A common barrier created by WIC clinic staff is the mistaken belief that a grandparent must be the legal guardian or have legal custody to enroll grandchildren in WIC. Due to financial or other difficult circumstances, not all grandparents have legal guardianship or custody status despite the fact that they are the sole caregiver for the child. The law does not require grandparents to have legal custody or guardianship to apply for WIC for a grandchild. The grandparents just need to be able to prove that the grandchild lives with them.

WIC staff can make grandparents feel welcome by acknowledging their experience in raising and feeding children as part of WIC clinic intake, nutrition education counseling, or in group sessions.

Spotlight

The Virginia Department for the Aging produced *The Grandparent's and Other Relative Caregiver's Guide to Food and Nutrition Programs for Children* (https://www.caregiving.org/pdf/coalitions/VA_Grandparents.pdf), which includes helpful information about WIC benefits, eligibility, and contacts. The Virginia Department for the Aging's Kinship Care Initiative Statewide Task Force and Information Network uses this guide to assist grandparents and other kinship caretakers throughout the state. Kinship care navigator initiatives provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to the benefits and services that they or the children need. This positive attention is unusual, since many of the navigator initiatives in other states overlook WIC.



insecure.¹²³ U.S.-born Hispanic children from immigrant families are significantly more likely (55 percent) to become obese.¹²⁴ Shifting immigrant patterns have brought immigrant families to new communities in numerous states.¹²⁵

WIC can play a critical role in helping to mitigate some of the physical and mental health consequences of food insecurity. Many eligible immigrant families are not participating in WIC and they face significant barriers to reaching WIC, including common misconceptions about immigrant families' eligibility for WIC, and language and cultural barriers to accessing WIC, utilizing WIC clinic services, understanding WIC nutrition education, and fully redeeming WIC benefits.

More recently, WIC's role as a safe and welcoming space for all families — regardless of citizen status — has been threatened. Immigrant parents, including legal permanent residents and parents of citizen children, increasingly believe their families are not eligible for WIC or that there will be negative repercussions for participating.¹²⁶ A climate of fear and uncertainty has been created by anti-immigrant rhetoric, U.S. Immigration Services raids and deportations, and new, proposed or rumored national and state anti-immigrant policies.

WIC, immigrant-serving agencies, religious institutions, health care providers, and early childhood, housing, food policy, and anti-hunger advocacy agencies, organizations, and coalitions can engage in relevant recommended strategies to help facilitate WIC access for immigrant families.

Immigrant Families

In the U.S., 1 in 4 young children is from an immigrant family.¹²⁰ Nearly all (93.3 percent) of these children are citizens, and half (51 percent) are low-income (family income below 185 percent of the poverty level).^{121,122} Children and adults in immigrant families are more likely to be food

1. WIC agencies and relevant stakeholders should conduct multicultural and multilingual outreach, promotion, coordination, and referrals to reach underserved immigrant families.

Targeted outreach and promotion are essential to increasing access to WIC services in underserved immigrant communities. Unserved immigrant populations and areas of unmet need can be identified by:

- analyzing WIC participation/redemption and census data on race/ethnicity, income, and language use, and creating tables, maps and other data visualizations; and
- consulting participants, stakeholders and WIC experts.

It is important to use outreach materials reflecting the culture, ethnicity and language of each immigrant group in the service area. Place the WIC posters, flyers and other promotional materials in laundromats, stores (e.g., placed near the pregnancy tests), shopping malls, churches, mosques and temples, local organizations and agencies, as well as on billboards and buses serving immigrant communities. Offer to prepare a promotional WIC video (e.g., Vimeo) in the appropriate languages for distribution. Establish a bilingual or multilingual WIC website and toll-free hotline. Generate media and social media coverage in platforms popular with the intended immigrant groups (e.g., local Spanish radio stations or websites).

Successful WIC outreach, coordination, and referral strategies will need to include a focus on the immigrant communities, their trusted leadership, and service providers. WIC should attend local community events (e.g., hosting an informational table at cultural events celebrating immigrant heritage and holidays). Hire current or former WIC participants or respected mothers as outreach workers in their immigrant communities. In the Hispanic community, the *promotoras* (lay community health workers) are effective WIC ambassadors. Establish coordination and referral networks between WIC and relevant immigrant-serving agencies, community and migrant health clinics, hospitals, and food security organizations.

Establish open lines of communication between WIC and immigrant organizations, agencies, advocates, and religious institutions, as well as local immigration attorneys, to review and discuss relevant WIC and immigration policies, and

generate a consistent message in immigrant communities regarding WIC and eligibility. State and local governments can also offer information regarding proposed and current immigration policies and benefit programs, including WIC.

Spotlight

In California, the Los Angeles County government created a [webpage offering information regarding immigration policy, programs, and services](#), including WIC.

2. WIC services, materials, and resources should be tailored and translated to serve the language and culture of immigrant families.

Many immigrant parents have limited English proficiency. It is critically important to provide WIC services, resources (such as websites and apps), and materials in the preferred language of the participant. This will facilitate a successful WIC experience for immigrants by allowing clear communication about eligibility, procedures, nutrition, breastfeeding, and benefit redemption. Materials also should accommodate parents with low-literacy levels in their primary language. Healthy cultural feeding practices and food ways can be incorporated into WIC nutrition counseling. Hiring bilingual and culturally sensitive WIC staff should be a priority. Working with current and past WIC parents from immigrant families and other experts, WIC can develop and implement culturally responsive staff recruitment and training activities. Providing scholarships for WIC nutrition educators and clerical staff to learn a second language could be useful.

Many immigrant families, especially refugee families, are often dealing with the aftermath of trauma. Accounting for adult stress and trauma, and Adverse Childhood Experiences (ACEs) in the nutrition counseling that is offered will make WIC more accessible.

3. WIC should maximize the cultural food choices available in the WIC food package and in stores.

WIC and partners can strengthen healthy food access and the ability of immigrant families to redeem WIC benefits by allowing and supporting ethnic grocery stores in

immigrant communities to redeem WIC benefits. State WIC policy should offer a full range of cultural food choices in the WIC food package. WIC agencies should offer parents, including immigrant parents, the option to deem a proxy to pick up WIC benefits and redeem them at the store.

4. WIC, migrant health services, migrant and seasonal Head Start, and migrant-serving organizations can work together to reach migrant farmworkers and their families with the services they need. State WIC agencies must include provisions in their state plans to “provide Program benefits to eligible migrant farmworkers and their families” (7 CFR, 246(a)(6) and a description of the methods that will be used “to meet the special nutrition education needs of migrant farmworkers and their families” (7 CFR 246(a)(9)(i). Migrant-serving organizations, migrant health clinics, migrant and seasonal Head Start programs, and WIC can establish coordination and referrals. In 2016, WIC served 37,246 participants from migrant families, the majority (72.7 percent) with incomes at or below the poverty line.¹²⁷ Migrant families, coping with frequent moves and often substandard housing, need easily transportable food benefits and WIC enrollment documents. During harvest time, migrant families may not have much flexibility in their schedules. In addition, some farmworkers have no transportation. They rely on the farm foreperson for transportation to and from work. Locating WIC clinics convenient to farmworker housing or bringing a mobile WIC clinic to migrant camps is helpful. Migrant associations and faith-based groups have sometimes arranged for transportation from the farmworker housing to the WIC clinic.

Spotlight

Community Action Partnership of Western Nebraska coordinates services offered to migrant families through their WIC, migrant and seasonal Head Start programs, and community health clinics. <https://www.capwn.org/community-health-services.html>



College Student Parents

WIC can help address food insecurity, contribute to good nutrition, and support academic success for college students parenting young children. Far too many college students face food insecurity and its negative health and academic outcomes.¹²⁸ Research shows that certain groups of college students are at higher risk of food insecurity, including students who are parents, especially single mothers, students of color, and lower-income students.^{129,130} It is especially important when designing WIC outreach, coordination, and referrals to engage students who are women of color. Forty percent of African-American, 36 percent of American Indian or Alaska Native, and 35 percent of Native Hawaiian or Pacific Islander women undergraduates are parents.¹³¹ There are 2.1 million single mothers in college — 11 percent of all undergraduates.¹³² They often face significant barriers to graduating, including food insecurity. The majority of single parents in college are women of color: Black women (37 percent), American Indian/Alaska Native women (27 percent), Hispanic women (19 percent), women identifying as two or more races (17 percent), and Asian/Pacific Islander women (7 percent).¹³³

Recommendations

1. Colleges should ensure that potentially eligible parenting students, including mothers of color, are connected to WIC and other federal food programs as a component of a comprehensive plan to improve equity in higher education access and success.

Ensuring potentially eligible student parents, especially mothers of color, are connected to the federal food programs, including WIC, is an important component of a comprehensive plan to improve equity in higher education access and success. Unfortunately, the majority of colleges fail to make these connections.

Colleges, including community colleges and for-profit technical training schools, should facilitate WIC access for parenting students by integrating WIC outreach, coordination, and referrals into:

- student services, including financial aid and counseling offices;
- campus resource webpages, digital communications, and events; and
- on-campus women's centers, child care programs, health services, and food pantries.

Student organizations operating food pantries, advocates for food security and equity on campus, low-income student parents of young children, student parents of color, and single mothers; relevant staff and faculty; and WIC agencies are all important in creating a comprehensive and responsive WIC plan. WIC agencies can work on the design and implementation of the WIC plan. WIC can provide WIC print and digital outreach materials, guest lecturers, staff, and on-campus WIC clinics.

WIC plans need to address the common barriers to accessing the food assistance student parents face, including lack of information, stigma, and intense time demands generated by school, work, and parenting. Successful college WIC plans:

- make connecting to WIC easy, relatively quick, and stigma-free; and

- are inclusive, welcoming, and practical for a diversity of student parents, including mothers of color.

When integrating WIC outreach, coordination, and referrals into these different services, the people working directly with students need to understand all the barriers disproportionately affecting students of color. Equity and cultural sensitivity training are essential for college services, pantry volunteers, WIC, and other program staff engaged in this process. To create a successful, inclusive, and welcoming system, the staff and offices directly working with student parents should be representative of the population they are serving.

Spotlight

California State University Northridge (CSUN), a large college serving a diversity of students, invited WIC to campus. At first, WIC used their weekly campus visits to conduct outreach for existing clinics off-campus. Given the need for services, WIC decided to open a weekly WIC clinic on campus. They launched an intensive outreach campaign, putting up posters throughout the campus, tabling events at the school farmers market, and making in-class presentations. The full-service WIC clinic has dedicated bilingual, multicultural staff creating a welcoming environment for a diversity of mothers. Posters announce: "**WIC ON CAMPUS** ... WIC wants to help you keep your shopping cart full during your busy school year!" Encouraging folks to visit the campus clinic, the poster also offers potential applicants a phone number and text and email options for communicating with WIC staff.

CSUN serves 38,000 students: nearly half are Hispanic/Latino (45.7 percent), 1 in 5 is White (21.9 percent), 1 in 10 is Asian (11.0 percent), and a relatively small percentage are Black or African-American (4.8 percent).

Spotlight

Wayne State University has an on-campus food pantry with Michigan Department of Health and Human Services caseworkers who are available to assist students with understanding and applying for benefits, including WIC and SNAP. These services are listed on the [Wayne State women's resources webpage](#).

Rural Families

WIC is an important source of healthy food and nutrition education in rural communities. Poverty and food insecurity are worse in rural America. In non-metropolitan areas, 26.8 percent of young children (younger than 5 years old) live in poverty, compared to 20.5 percent in metropolitan areas.¹³⁴ One in 5 households with children outside of metropolitan areas (20.4 percent) were food insecure, compared to 1 in 6 in metropolitan areas (15.9 percent) in 2016.¹³⁵ Higher rates of poverty and food insecurity jeopardize the health and development of pregnant women, infants, and children in rural communities.

Many factors contribute to the development of health disparities in rural areas, including economic, historic, and cultural forces.¹³⁶ It is estimated that fewer than half of the country's rural counties still have a hospital that offers obstetric care.¹³⁷ Rural healthcare facilities are less likely to have nutritionists or weight management experts available.¹³⁸ Rural areas are less likely to have public transportation systems.

Given the forces aligned against health and well-being in rural areas, it is particularly important to ensure access to WIC. Many eligible rural families not participating in WIC face barriers to reaching the much-needed benefits WIC offers. State and local WIC agencies can maximize the value of WIC in supporting healthy mothers, babies, and young children in rural areas by conducting targeted outreach, and particularly by addressing a primary barrier to WIC services in rural areas: the long distances families must travel to clinics for multiple visits.

Spotlight

Montana WIC invested in a project to generate WIC-related videos and pictures that were geographically and culturally sensitive to the Montana population. They were motivated by the shortfall presented in the materials that were produced. The WIC team hired a marketing firm to bring in a production crew to collect testimonials from current and past participants, and create video and radio spots of varying lengths of time; and collect WIC-related pictures of participants, children, clinics, and stores. They arranged visits to a range of WIC clinics, including three Native American tribal lands. Montana WIC will use the new materials to create training and outreach, including billboards, videos for their website, and reading materials for physicians offices and public health department waiting rooms.

Recommendations

- 1. WIC should target outreach to rural communities with positive messages** that resonate with the values of local communities, engage trusted community messengers, emphasize WIC's value, and address potential concerns. The right messages vary by location. In some rural communities, potential WIC participants are deterred by the stigma associated with participating in a "government welfare" program. In one rural state, WIC focused on reducing stigma by connecting WIC participation to an already accepted community norm: participating in USDA's farming and ranching programs. The message to the ranch and farm communities let folks know that WIC is a USDA program. Engaging trusted community messengers, such as the rural faith-based community (churches, temples, synagogues, and mosques), is also a strategy to achieve success with rural outreach efforts. Outreach to potential WIC participants in rural communities can emphasize the value of WIC benefits and services, including, if applicable, the opportunity to talk with other mothers. Positive messages can address potential participant concerns around the travel and time costs of long trips to WIC clinics by promoting convenient

locations, promising and delivering quick service, and featuring new options (such as online or mail-in nutrition education, and WIC hotlines, texting, and online groups) for receiving long-distance support from WIC nutrition experts while keeping the number of required in-person clinic visits to a minimum.

2. State and local WIC agencies can reduce the time and expense to families participating in WIC by reducing the distance WIC participants need to travel and the number of trips required.

Effective strategies include establishing rotating mobile or satellite WIC clinics to extend the convenience and reach of WIC; scheduling WIC clinics at times that are convenient for residents in rural areas; and offering WIC services at convenient locations for parents, such as local Head Start programs, rural community health centers, and work places.

Keeping the number of required in-clinic visits to a minimum can be accomplished through a variety of mechanisms: offering tech-friendly options (online, mobile applications, or texting) for completing nutrition education offsite; maximizing opportunities to meet WIC requirements for an enrolled family in a single appointment rather than staggered individual appointments for each family member (to the extent possible within certification periods and current regulations); using technology to allow clients to submit documentation remotely; and implementing EBT.

Rural WIC participants should be offered options to complete secondary nutrition education requirements offsite via technology — online classes, mobile applications, telehealth/video chat, and, for those with limited internet capacity, hard copies of take-home self-study learning modules, or telephone for individual or group sessions. WIC can use telephone, telehealth video conference (e.g., via a rural public health department or health center system), or video chat (e.g., Skype) to provide services to participants living in isolated areas, as well as on occasions when weather makes long-distance travel difficult.

The use of technology options, such as texts, an app, or a secure web portal, for clients to submit documentation remotely can reduce the need for follow-up trips to bring documentation back to the clinic. In addition, once EBT has been implemented in a state, clients no longer need to visit the WIC clinic to pick up paper vouchers every three months. The required number of in-clinic visits should be adjusted to reflect this change, rather than requiring unnecessary visits that both deter continued eligibility and erode attachment to the program.

State WIC agencies also can approach their State Medicaid office with a request to establish a policy allowing Medicaid clients without transportation to use Medicaid Non-Emergency Medical Transport systems for specific health-related WIC visits.

Strategies to maximize WIC's support should be incorporated into broader approaches that promote opportunity, innovation, and an improved quality-of-life in rural America. Federal government initiatives to expand broadband access to rural areas should require state and local planning efforts to include WIC agencies, and allow expanding WIC access as a fundable grant activity. Medicaid's work to increase rural public health departments' telehealth capacities should include increasing access to or coordinating with WIC.

Spotlight

The Alaska WIC program brings WIC to a large geographic area, serving a range of clients in rural and remote communities, including Alaska Native mothers. Alaska WIC implemented an innovative breastfeeding support program, including texting, phone, and online support groups (Facebook group pages are closed to the public). Clients found the ongoing advice, connection, and problem-solving assistance through phone calls, texting, and online groups to be supportive and accessible. This initiative bridged the gap in ongoing WIC support created by transportation and child care barriers to in-person meetings.

Spotlight

In North Dakota, a sparsely populated state located on the northern plains, WIC uses excellent customer service and a full range of options to facilitate access to WIC in rural areas. North Dakota WIC staff, many of whom have worked in WIC for decades, take pride in offering quality customer service. Local clinics strive to consistently honor the participant appointment time by limiting clinic wait times (usually less than 10 minutes) and streamlining the in-clinic process by having no more than two WIC staff taking care of each client for the full visit.

The State agency maximizes the number of rural WIC clinic locations, including the use of numerous non-permanent satellite offices, and provides flexibility and convenience to participants by promoting the use of online nutrition education contacts, through wichealth.org. The State WIC agency uses the in-kind services of the Bank of North Dakota State to process all WIC food redemptions. State WIC shares nutrition resources and training opportunities with the two Indian Tribal WIC organizations in North Dakota: Standing Rock Sioux Tribe WIC Program and the Three Affiliated Tribes WIC Program.

Families who are Homeless

Over the course of 2016, roughly half a million people in families stayed at a homeless shelter or transitional housing program — nearly 300,000 were children — approximately 145,000 were under 6 years old, and 30,000 were infants.¹³⁹ Pregnant women, new mothers, and young children without a permanent home are at greater risk in terms of their nutrition and overall health. Research has shown that homeless women participating in WIC have better maternal and infant health outcomes.¹⁴⁰

The McKinney Bill and the Hunger Prevention Act (P.L. 100-435) facilitates access to the WIC program for homeless women, infants, and children. The law defines homeless individuals as people lacking a fixed and regular nighttime

residence, staying in a temporary shelter, temporarily living with others in their residence, or staying in a place not designed as a regular sleeping accommodation. State agencies are required to conduct WIC outreach through organizations and agencies serving the homeless and to include a description of how they will provide benefits to homeless individuals in their state plan.

Recommendations

- 1. Homeless shelter, temporary and transitional housing facilities, and service organizations, and WIC should work together to conduct WIC outreach, remove facility storage rule barriers to participation, and coordinate services.** Local WIC agencies can work with partners to increase participation in WIC by women and children experiencing homelessness. Partners hold the key to integrating WIC outreach, referrals, and resources into homeless domestic violence and runaway shelters, and temporary and transitional living facilities and services. Shelter and facilities staff can work with WIC to review shelter storage and security requirements and make improvements if the rules are impeding participation of homeless people in WIC.
- 2. WIC agencies should work with key stakeholders to identify the best set of options for modifying the WIC food packages for easier storage and transportation, and to certify grocers near shelters, temporary and transitional housing.** WIC agencies have the flexibility to tailor the food package and food delivery system in order to meet the special needs of homeless individuals. For example, if a homeless mother is not breastfeeding and does not have access to refrigeration or cooking facilities, she will need ready-to-feed formula instead of powdered formula mix. In addition, homeless WIC families without access to facilities can benefit from a WIC food package that includes individual serving-size containers, shelf-stable containers of fluid milk or juice, and canned fruits and vegetables. Families staying in shelters, temporary, and transitional housing can benefit from having stores authorized to redeem WIC in the vicinity.

Section 5: Technology — Modernizing WIC



SECTION 5

Technology — Modernizing WIC

State and local WIC agencies can use innovative technology to enhance the WIC experience for families, reduce unnecessary repeat visits, and make the program consistent with the busy schedules of working families and the skills and learning preferences of millennial moms. There are missed opportunities for maximizing technology that can help decrease barriers to WIC participation from the initial contact, to WIC enrollment and nutrition education, to WIC benefit redemption. Client-facing technology can be used to modernize customer service and streamline communications, saving time for WIC participants and staff.

The recommendations below focus on innovations, including WIC offering appealing websites, online appointment scheduling, digital options for submitting documentation to local agencies, and mobile applications; and the importance

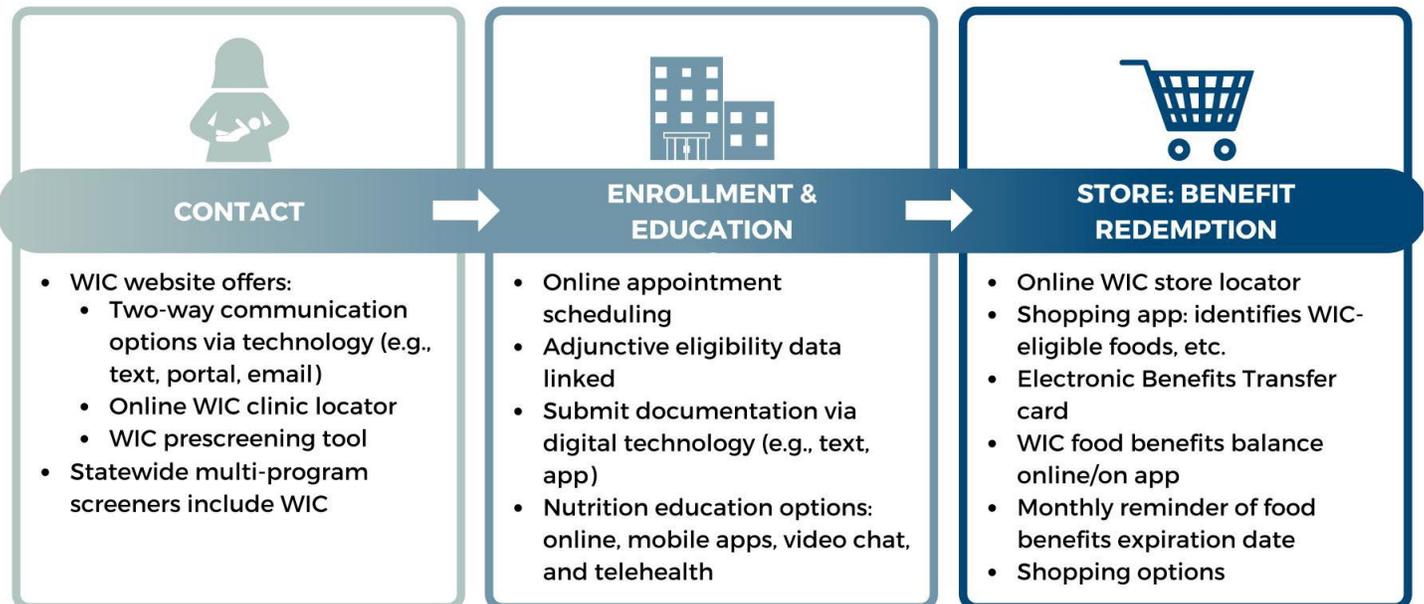
of having WIC websites, apps, and other technology that are engaging and easy to navigate, economical for participants to use, and available in the primary languages used by WIC applicants and participants.

Recommendations

1. State and local WIC websites should include communications and eligibility tools that will connect and prepare WIC applicants and participants for a productive trip to the WIC clinic. Visiting a state or local agency website is often the first step to applying for many eligible families. WIC websites can offer ongoing WIC participants updated information, communication options, and streamlined enrollment. Improving these websites will have a positive impact on recruitment efforts.

State and local WIC websites should feature modern options for communicating with WIC, including the information needed to text, e-mail, or message the

Opportunities to Maximize Technology to Decrease Barriers to WIC Participation



appropriate local or State WIC staff. A phone number to contact WIC is also important. WIC websites should provide the information necessary to navigate the WIC system, including a clear and simple list of the documentation needed for a WIC appointment. A web-based tool for locating the nearest clinic helps families find the right WIC clinic and avoid unnecessary travel.

WIC applicants increasingly use and rely on technology, so they are likely going to expect to navigate the WIC system online. WIC websites can include USDA or a State's WIC online prescreening tools that will allow potential participants to determine their income eligibility. Having this knowledge in advance can encourage potential WIC participants to apply. Offering applicants the opportunity to register or submit an application online will facilitate that next step. In addition, many WIC participants would prefer to use an online option as part of the recertification process.

2. State and local WIC agencies should offer online appointment scheduling. WIC can adopt innovative practices by allowing participants to schedule, review, and reschedule their appointments online. This can help reduce no-show rates, especially for many WIC mothers who work in jobs with shifting schedules and irregular hours.

Spotlight

The Texas WIC agency is developing a WIC Chatbot feature for its website to help answer applicant questions about eligibility and schedule appointments online. The WIC Chatbot will be designed using an intuitive chat-user interface. Through the WIC Chatbot, participants will be able to interact with WIC on-demand without the limitations of normal business hours. This innovative approach to WIC services is being funded through a USDA WIC Special Project grant.

3. State agencies should make the program more attractive and more conducive to participation by offering mobile WIC applications. These applications allow WIC participants to bring WIC services and information with them on their phone or other hand-held device. WIC apps can be focused on a specific purpose, such as shopping for WIC-approved foods, or using a WIC EBT card. For example, WIC participants with a WIC shopping app can use their phone to scan food product codes to determine if a food can be purchased with WIC benefits. A multi-purpose app can offer a full range of services, including confirmation of benefit levels, benefit expiration reminders, appointment scheduling, appointment reminder messaging, nutrition education, and record keeping.

Spotlight

Michigan's WIC app, WIC Connect, is effectively designed to improve client engagement and experience, contribute to efficient clinic operation, and increase participation and retention. The innovative app allows applicants to use the WIC eligibility screener, submit a registration form, book an appointment online, and locate the nearest WIC-approved stores and clinics. Clients can update their contact information with WIC, get appointment reminders, download documents necessary for appointments, and use a variety of resources and information. WIC Connect provides resources to simplify WIC shopping including the WIC food guide in English, Spanish, and Arabic. Participants can identify WIC-eligible foods by scanning the UPC code and be apprised of the level of benefits they have left. Clients can select a language and save their preference to use the app in English or Spanish. Other states were eager to use the app in their state, including Florida, Indiana, Maryland, New York, and South Dakota.

4. WIC should offer clients the option to submit documentation to local agencies via digital technology,

such as a password-protected secure WIC web portal, app, e-mail, and text, including the ability to attach a photo of the necessary documentation. These options can streamline application, enrollment, and recertification processes for WIC staff and participants, and help processes run smoothly by keeping important information accessible. Innovative systems, such as integrated comprehensive WIC apps, allow clients to complete and update their medical and health data, as well as submit income eligibility documentation, prior to their next certification appointment.

5. WIC should maximize technology to reduce barriers and facilitate the full redemption of WIC food benefits.

WIC participants should have options easily available to determine if a food is WIC-eligible while they are shopping, check their food-benefit levels and expiration dates when using WIC EBT cards, and receive reminders when their monthly food benefits will soon expire. In addition, the innovative use of technology in ordering and selection can help to eliminate stigma and stress during a WIC shopping experience. These and other options are covered in the optimizing shopping section of this report.

Spotlight

Starting in 2016, the Colorado State WIC agency launched a series of innovations using technology to offer WIC clients more choices and flexibility in communication options (texting food benefit updates and appointment reminders); shopping (benefits on a smart card rather than paper vouchers, and a shopping app to easily identify WIC-eligible foods and determine benefit levels); and nutrition education services (increased online and phone options). In addition, the agency expanded the food choices available through the WIC food package.

Colorado WIC markets the innovations using clear positive language emphasizing the value to participants:

- **“Texting:** WIC families receive appointment reminders, food benefit updates, nutrition tips and other program information via text.
- **eWIC:** Instead of picking up a bundle of paper checks at a WIC clinic and taking them to the store for processing, WIC families get a debit-style eWIC card that can be remotely loaded with their food benefits and then swiped at the grocery store to pay for food, track monthly purchases and check food benefit account balances.

- **WICShopper:** WIC participants can download this free mobile app to scan product barcodes to determine if a food is WIC-eligible; check their food balances; and find helpful shopping information, “Life Hacks” and recipes.
- **Online education:** WIC families can access nutrition lessons online, follow up on clinic visits and check food benefit account balances. Educators can issue food benefits to the family’s eWIC card without the family having to come to a clinic.
- **Nutritious foods:** WIC’s new list of allowable foods brings choice and flexibility to the program’s nutrition requirements by adding a larger variety of dairy products such as string cheese and lactose-free milk, more wholegrain options such as tortillas and pasta, organic baby food and new sizes in popular products.”

The State agency reports the new technology and food package improvements led to better retention of program participants, improved program access, fewer missed appointments, and a smoother, less stressful WIC shopping experience.

6. WIC apps, websites, and other client-facing technologies should be designed to be highly engaging and easy to navigate, while not requiring high data usage or charges to download, update, and operate. Given that mobile applications, websites, and other technological platforms have been identified as preferred avenues for obtaining information by many WIC participants, efforts should be focused on making these tools easy to use and engaging. At the same time, WIC participants have also made clear that data usage and charges must be kept to a minimum, as many WIC participants have prepaid phone plans to save on costs.

7. WIC websites, apps, and other client-facing technologies should be available in the primary languages used by WIC applicants and participants. All eligible families, regardless of their preferred language,

should feel welcomed by WIC. Parents feel more comfortable and able to interface effectively with WIC when client-facing technology, services, and materials are offered in a language they understand.

Additional technology-based recommendations related to WIC outreach, coordination, clinic experience, serving special populations, nutrition education, and shopping are covered in the relevant sections of this report. In addition, strategies for government agencies to support WIC technology are included in the government sections of the report. The Food Research & Action Center will be continuing to produce further information on WIC client-facing technology and WIC websites and posting such materials on its website: frac.org.



Section 6: Nutrition Education — A Valuable Asset for WIC Families



SECTION 6

Nutrition Education — A Valuable Asset for WIC Families

Quality, accessible, and convenient nutrition education is important for reaching WIC's nutrition and health goals, retaining WIC participants, and recruiting new families to WIC through positive word-of-mouth. State and local WIC agencies should provide WIC nutrition education that is engaging, culturally appropriate, and accessible through a mix of in-person and client-facing technology while offering options for participants with limited or no internet access, or low digital literacy. Nutrition education strategies include an increased focus on limiting sugar-sweetened beverage consumption in young children, continuing to expand and evolve breastfeeding support and education, and increasing the diversity of WIC nutrition educators. In addition, Supplemental Nutrition Assistance Program Education (SNAP-Ed) programs can partner with WIC to expand the nutrition education available to participants.



WIC Nutrition Education

WIC is required to offer participants nutrition education contacts on a quarterly basis. WIC is one of the largest providers of nutrition education in the U.S., and often the only reliable source of nutrition counseling available for women in low-income communities. WIC nutrition education must address the needs of families from diverse cultural and ethnic backgrounds. Program administrators and staff are understandably proud of the important role WIC has in providing nutrition services.

WIC is required to offer a participant nutrition education on a quarterly basis. Typically, the first nutrition education takes place as part of the initial appointment to enroll and certify a WIC participant. The second nutrition education contact is scheduled for three months later. In the past, this mid-certification nutrition education visit was always in the WIC clinic because this allowed participants to pick up the next three-month batch of WIC food vouchers. When a state implements online issuance, WIC benefits are transmitted to the participant's EBT card, which eliminates the need to pick up paper food checks at the WIC clinic. As states move from paper checks to online benefits issuance through EBT, a new paradigm is forming around opportunities to use innovative technologies for WIC nutrition education and for revising benefit issuance timeframes and expiration dates.

Recommendations

- 1. WIC should include an increased focus on limiting sugar-sweetened beverage consumption by young children.** WIC has an important role to play in helping limit the consumption of sugar-sweetened beverages by young children. USDA's study of WIC infant and toddler feeding practices found relatively high rates of sugar-sweetened beverage consumption.¹⁴¹ The consumption of sugar-sweetened beverages increased with age: rising from 11 percent among 13-month-old children on any given day, to nearly one-quarter (23 percent) among 24-month-old children.¹⁴² Most of the sweetened beverages consumed were fruit-flavored drinks: 4 percent of children consumed carbonated soda, and 5 percent consumed other drinks, such as sports drinks and sweet

tea.¹⁴³ Sugar-sweetened beverage consumption is high, not only among WIC participants, but nationally for all young children. The 2016 Feeding Infants and Toddlers Study (FITS) of U.S. feeding practices found that 29 percent of toddlers (12–23.9 months old) and nearly half (46 percent) of children 2 to 3 years old (24–47.9 months) consumed sugar-sweetened beverages.¹⁴⁴ WIC classifies “routinely feeding a child any sugar-containing fluids,” such as soda/soft drinks or sweetened ice tea, as an inappropriate nutrition practice for infants and children. WIC can work on reducing consumption through educating and counseling parents on identifying and eliminating sugar-sweetened beverage consumption at home and in child care. In addition, WIC can partner with coalitions and initiatives that are working to reduce sugar-sweetened beverage consumption.

2. WIC in-person nutrition education and counseling contributes to the sense of community and increases the level of support WIC mothers feel, and should continue to be available to all WIC participants.

WIC in-person counseling and services are central to the success of the WIC program. The excellent work done by WIC nutritionists forms the central core of the program, which can be enhanced and extended through technology. When WIC offers a blend of in-person and off-site technology-based services, participants have the best of both worlds.

Spotlight

Massachusetts WIC created the [Good Food Project](#), an interactive nutrition education curriculum designed to improve child retention and benefit redemption by improving cooking and shopping skills. The curriculum focuses on fun and practical hands-on learning experiences through healthy food demonstrations (using portable kitchens) and tastings with take-home recipe cards, and offers guidance for group education on shopping and cooking skills. The project, funded by a USDA grant, was successfully pilot-tested and evaluated. The State WIC agency reports that, “Participant and staff satisfaction was evident, and child retention and benefit redemption improved among families that participated in GFP (Good Food Project) activities!”

When WIC offers a blend of in-person and off-site technology-based services, participants have the best of both worlds.

The local Framingham WIC pilot made a series of Good Food Project YouTube videos to promote the ease of WIC shopping and offer participants an opportunity to watch the cooking demonstration. This is a soup cook off: <https://www.youtube.com/watch?v=QXEA-aiHR18>.

Massachusetts WIC’s multicultural “Good Food and a Whole Lot More” promotion and education initiative includes Spanish and English versions of outreach brochures and videos on shopping with a WIC EBT card: <https://www.mass.gov/service-details/using-your-wic-card-in-stores>. There also is a brochure with pictures of WIC-approved foods, <https://www.mass.gov/service-details/buy-good-food-with-wic>, and tags to identify them easily.

3. WIC clients should be offered at least one option to complete a nutrition education requirement onsite via technology, such as online classes and modules, mobile applications, and video telehealth or video chats (e.g., via Skype). Technology gives WIC the flexibility to offer effective nutrition education and support to participants at times and through methods that are convenient for them. Technology also offers new opportunities for WIC to serve rural communities better, and when weather makes travel difficult. Offering these options for completing the nutrition education requirement increases the accessibility and convenience of WIC nutrition education, and effectively supports such education while decreasing the number of times a WIC participant must come to the WIC clinic.

Spotlight

WIChealth.org is an online nutrition education hub that delivers high-quality education on nutrition and physical activity to WIC participants. It is a partnership between the Michigan WIC State agency, Western Michigan University, and several other State agencies. The website provides interactive, learner-centered nutrition education to WIC participants in all partner states. In an effort to be accessible to families of diverse linguistic backgrounds, the website is available in English and Spanish. The wording is kept simple in order to be accessible to participants of all literacy levels. WIC participants have a password-protected account. They receive a certificate when they have successfully completed the nutrition education requirement.

Spotlight

The Georgia WIC agency uses the Georgia Telehealth Network to provide video WIC certification services. WIC clients can access a WIC nutritionist for assessment and counseling. According to the [WIC policy](#), the video certification is intended to increase participant access to certification services; expand available service hours for certification services; increase the number of participants that can be certified and provided Nutrition Education; and reduce the number of hours and cost of employees traveling from one location to another.

4. For participants with limited or no internet access, or low digital literacy, additional opportunities for WIC nutrition education can be offered through phone- and paper-based methods. According to the Pew Research Center, the digital divide persists even as lower-income Americans make gains in their adoption of and access to technology.¹⁴⁵ Lower-income Americans are more than twice as likely as those in other income groups to be

classified as digitally unprepared.¹⁴⁶ About 39 percent of rural Americans do not have access to broadband services, according to a 2016 report by the Federal Communications Commission. Participants can be offered opportunities to meet the WIC nutrition education requirements through in-clinic or take-home paper self-study learning modules, or via telephone for individual or group sessions.

5. WIC breastfeeding support and education should continue to expand and evolve. WIC makes breastfeeding a priority. Breastfeeding rates have increased substantially, in some cases doubling over the past two decades among WIC participants. WIC breastfeeding rates are 83 percent at initiation, 62 percent at 1 month, 42 percent at 3 months, and 31 percent at 6 months.¹⁴⁷ WIC has specialized breastfeeding training and education programs. WIC breastfeeding support can be provided through one-on-one counseling, mothers' groups, ongoing texting and calls, and warmlines (toll-free breastfeeding hotlines). It can be convenient and timely for WIC to visit new mothers in the hospital.

USDA encourages local WIC agencies to use breastfeeding peer counselors, and paraprofessionals who are "recruited and hired from WIC's target population, and representing the same racial/ethnic background as the mothers they support."¹⁴⁸ Peer



counselors provide education, support, and role modeling. However, the use of peer counselors is not yet universal.

WIC breast pump borrowing programs are most effective when the pumps are of high quality and the borrowing process is simple. WIC can help mothers with coverage understand how to secure a breast pump through ACA-mandated benefits. USDA has a comprehensive breastfeeding promotion and support campaign: [WIC Breastfeeding Support](#). USDA also gives Loving Support awards to high-performing states.

USDA research found that children on WIC who were breastfed for at least 13 months were significantly less likely to be high weight-for-length (overweight) at 24 months.¹⁴⁹ Alternatively, children on WIC who were never breastfed, or breastfed less than 2 months, were significantly more likely to be high weight-for-length (overweight).¹⁵⁰

WIC's achievements in providing support and education to pregnant women and new mothers on the program have contributed to a WIC breastfeeding initiation rate equal to the national rate. However, in WIC and nationally, there are disparities in breastfeeding rates among racial and ethnic groups.¹⁵¹ Despite significant improvements, the challenging task of extending the duration of breastfeeding and the rates of exclusive breastfeeding further is necessary. The six-month breastfeeding rate for WIC is 31 percent compared to 57.6 percent nationally.¹⁵²

WIC Nutrition Education Checklist

- engaging
- culturally appropriate
- available in languages that are used by WIC applicants and participants
- mix of in-person and client-facing technology
- options for participants with limited or no internet access, or low digital literacy

The recommendation to breastfeed exclusively for about six months is met by only one-quarter of postpartum women nationally and an even lower rate for WIC: 15.9 percent at 5 months.^{153,154} WIC partners with Breastfeeding Baby hospital initiatives and other projects because WIC is one of many factors impacting breastfeeding rates.

6. State and local WIC agencies can commit to increasing the diversity of WIC nutrition educators by creating career pathways, employing paraprofessionals and breastfeeding peer counselors, and collaborating with educational institutions to host internships and mentorships. The majority of dietitians, the common professional qualification for a WIC nutrition educator, are White. Only 5 percent are Hispanic, 5 percent are Asian, 3 percent are African-American, and 2 percent are another racial category. This does not represent the communities WIC serves. State and local WIC agencies can collaborate with universities, junior colleges, and high school vocational programs to help create more equitable pathways to being a WIC nutrition educator. State and local agencies can host dietetic interns for their public health rotation, or they can establish a full internship. Local agencies can also offer an internship career path for existing paraprofessional staff to increase their credentials. A few local agencies have a paid internship integrated into the job. This generally involves a commitment to work at WIC for several years once the internship is complete. WIC agencies can also use USDA's materials and curriculum to provide training at no cost for WIC breastfeeding peer counselors.

7. SNAP Ed and WIC can work together to ensure participants receive consistent nutrition messages, develop joint nutrition education materials, and have SNAP-Ed staff deliver programming through WIC. SNAP-Ed can be an important resource for WIC because of its role in teaching people who are using or are eligible for SNAP about good nutrition and how to make their food dollars stretch further. The populations served by the two programs overlap. For this reason, there are opportunities for offering consistent messages and developing joint nutrition education materials. In addition, SNAP-Ed staff can deliver programming, such as smart shopping store tours, for WIC participants.

Section 7: WIC Retention and Recruitment of Families With Children 1 to 4 Years Old



SECTION 7

WIC Retention and Recruitment of Families With Children 1 to 4 Years Old

There is a significant drop in WIC participation that begins when children turn 1 year old,¹⁵⁵ and this descent continues as children grow older, while they remain eligible for the program. The participation rate is 76.9 percent for infants and 44.4 percent for children 1 to 4 years old.¹⁵⁶ State and local WIC agencies need to employ a range of strategies to retain families with children 1 to 4 years old, focused on maximizing the value of the children’s WIC food package, offering high-value nutrition education, streamlining recertification and services, and engaging in targeted retention and outreach efforts.

Recommendations

1. Maximize the value of the children’s WIC food package. Parents identify dissatisfaction with the WIC food package for children 1 to 4 years old, including the limited range of authorized food options, brands, and child-friendly choices on some State food lists, and the fact that the children’s package is worth considerably less in dollar terms than the infant package.¹⁵⁷ The estimated dollar value of the monthly WIC food package for children is about one-third of the value of the WIC infant food package: \$123.06 a month for the infant food package compared to only \$39.07 for a child’s food package in fiscal year 2014.^{158*} The children’s food package was worth only slightly more than one-quarter (27 percent) of the estimated monthly cost for fully formula-fed infants, \$145.70. In addition, a range of barriers frustrates parents in their efforts to fully use the WIC food package to bring home nutritious foods their children will eat. The drop in the real and perceived value of the WIC benefits is often

given as a reason for leaving the program. However, State agencies can maximize the value of the children’s food package within the federal rules to help retain participation past the child’s first birthday.

State WIC agencies must offer the basic foods in the children’s food package but can make decisions regarding the forms, types, brands, and additional food options that will be allowed. All foods must meet the healthy WIC nutrition standards, for example, sugar-limits for breakfast cereals. The basic children’s food package includes milk, cheese, eggs, vitamin C-rich juice, iron-fortified cereal, beans or peanut butter, whole-grain bread, and fruits and vegetables.

WIC Monthly Food Package**	
Children 1 to 4 Years Old	
Juice, single strength	128 fluid ounces
Milk	12-16 quarts
Cheese	0-1 pound***
Eggs	1 dozen
Breakfast Cereal	36 ounces
Fruits and Vegetables	\$9 in cash value vouchers
Whole Wheat Bread	2 pounds
Legumes or Peanut Butter	1 pound dried (64 ounces canned) Or 18 ounces

* Due to the WIC infant formula rebate contracts, the post-rebate cost of formula is much lower.

**Refer to 7 CFR 246.10 (<https://www.fns.usda.gov/wic/wic-food-packages-regulatory-requirements-wic-eligible-foods>) for the full description of the WIC food package requirements.

***This is typically one pound of cheese. (Substitution for 3 quarts of milk.)

States can tailor the food package to include a full range of allowable healthy choices or authorize a more limited number of options. States have the discretion to determine many aspects of the food package including the following:

1) Types and brands of each food in a category, including:

- Allowing only plain yogurt rather than a choice of plain or flavored yogurts;
- Allowing only mozzarella cheese rather than all types of real cheeses;
- Allowing a choice of only four healthy breakfast cereals instead of 10 healthy breakfast cereals.

2) Form of the food, including:

- Only allowing dried beans rather than the choice of canned or dried beans;
- Only allowing fresh produce rather than the choice of fresh, frozen, or canned fruits and vegetables.

3) Choice of food options in lieu of bread or milk:

Bread:

- States can offer participants the option to choose another approved whole-grain item in lieu of whole-grain bread. For example, a state could allow participants to choose the cultural option of whole-grain corn tortillas instead of bread.
- State agencies can offer a full range of whole-grain options including brown rice, soft corn or whole wheat tortillas, whole wheat macaroni products, and whole-grain buns, rolls, bulgur, oatmeal, and barley.

Milk:

Dairy Options:

- State agencies can add one pound of cheese and one quart of yogurt to the package. These additional dairy items are added as a substitution for milk: one quart of milk for one quart of yogurt and three quarts of milk for one pound of cheese.
- All states include one pound of cheese, but not all include yogurt (a relatively new option)

Non-dairy Options:

- State agencies can add non-dairy milk substitutes, soy beverages, and tofu to the package in place of milk.



4) Organic WIC foods (other than fruits and vegetables) can be allowed or prohibited.

For each applicable WIC food category, states should include a range of healthy WIC foods that are popular with children. Based on feedback from WIC parents, offering a selection of juices, cereals, whole-grain products, and yogurts that are popular with children will make the WIC food package more useable and worthwhile. Offering peanut butter in the children's package is also a welcome addition for many parents. In addition, more flexibility in the allowable forms and sizes will make it easier to get the full value of the WIC package at the store.

In addition, parents value the inclusion of cultural food options, such as tortillas, in the package. WIC participants have consistently expressed the importance of allowing the convenient forms of the relevant WIC foods, such as canned beans instead of just dried beans. Some parents have stressed the need for the food package to account for children's allergies by including the allowable options for lactose-free milk, soy milk, tofu, and gluten-free cereals.

State and local WIC agencies can work with WIC participants to evaluate the state's WIC food packages and potential improvements available within the existing federal regulations. Particularly in restrictive states, agencies, WIC parents, and advocates should examine the potentially negative impact of offering only a limited selection of choices, types and/or forms has on the

perceived value of the children's food package and shopping experiences. Offering a constrained set of options, for example, no peanut butter or yogurt and only a limited number of allowable WIC cereals, can have an impact on recruitment and retention. The limitations may create a barrier to participation by diminishing the value of the available children's food package, making it harder to find authorized foods, and/or increasing the risk of an embarrassing WIC foods check-out experience. Based on this type of analysis, some states have chosen to enhance their children's food package to increase the retention of young children in their WIC program.

2. Offer targeted high-value nutrition education and counseling around key transition issues for parents of toddlers. Nutrition education can play a role in the retention of WIC families with young children. Targeted high-value nutrition education and counseling around

key transition issues from one eating stage to another for parents of infants and toddlers addresses pressing problems, e.g., how to cope with toddlers who are picky eaters. WIC should examine options for building on the success of WIC's two-way texting for breastfeeding to include support for nutrition education and counseling support for parents of young children.

3. State WIC agencies should adopt and promote a one-year certification period for children, rather than requiring recertification semi-annually. The 2010 Healthy, Hunger-Free Kids Act provided WIC state agencies with an important option to help maximize WIC services and minimize paperwork for children. Under the provision, agencies can certify children (1 to 4 years old) to receive WIC benefits for a full year, rather than requiring their parents to complete income and eligibility paperwork every six months as currently required.

Spotlight

Several recent State WIC agency initiatives to increase WIC participation have resulted in improved food packages. Based on redemption data analysis and consultation with WIC local agency staff, participants, vendors, and key stakeholders, Virginia WIC determined that enhancing the state's WIC food packages would help to facilitate meeting WIC's health and participation goals. The food package improvements were accompanied by a comprehensive roll-out plan that included new friendly WIC food package guides, store signage, and WIC food shelf labeling requirements designed to make WIC shopping easier. The new Virginia WIC Approved Food List now includes yogurt and whole-grain pasta; allows all varieties of beans, peas, and lentils; and allows national brands of peanut butter, cheese, and hot and cold breakfast cereals (effective April 1, 2018). The new children's food package is expected to increase participant satisfaction and the retention of children on WIC. For a complete listing of the roll-out materials, communications, and plans, see the [Virginia State agency's WIC retailer page](#).

Similarly, based on a survey of WIC participants, New Jersey WIC enhanced the state's food packages by adding "some brand-name peanut butter, any brand of cheese, and whole-grain products," and will be adding yogurt next year.¹⁵⁹

The survey, which included a focus on child retention, revealed that respondents reported difficulty finding authorized food items, especially store-brand items and prescribed product sizes.

West Virginia WIC rolled out an improved food package with more options, including yogurt, canned and frozen fruits and vegetables, whole wheat pasta, and corn tortillas. There is also a wider variety of whole-grain rice and organic baby food. More package sizes have been added for cheese, juice, whole-grain bread, and buns. The new package options were based on participants' feedback and redemption patterns, and extensive consultation with grocery store distributors and manufacturers to assure availability in all areas of this rural state.

4. The WIC process for families with children 1 to 4 years old should be streamlined by reducing the number of times parents must bring their children to WIC appointments.

Children do not need to be present for WIC nutrition education contacts or for voucher pick-up. The innovative use of telehealth or video chats also could help overcome barriers to bringing a child to a mid-certification health assessment. The mid-certification health assessment is a nutrition education and growth assessment appointment scheduled mid-year for children. It is a best practice and it is highly recommended that the child be present; however, if the caregiver has the necessary information (current weight, length or height, blood iron value); and can answer the Assessment Questions, the child does not need to be present. The time required can represent a significant barrier to participation. Innovations being piloted in WIC will allow telehealth or video chats to bring a child into the appointment in some situations.

5. Agencies should establish protocols to identify participants at risk of dropping out of WIC, and then focus special assistance and attention on them.

An effective protocol relies on a consistent screening mechanism to identify participants at risk of dropping out. The screening can be accomplished by using data analytics software, WIC Management Information Systems data analytics reports, or in-clinic data. The screening criteria should include WIC participants who no longer redeem their benefits or are not redeeming the full value, WIC participants who have missed a nutrition education appointment, or families with a child who is about to turn 1, 2, 3, or 4 years old.

The type of follow up depends on the WIC communications options available, the risk identified, and the staff resources available. Clinic systems can be programmed to alert the WIC educator when he/she opens a client's file for an appointment. In addition, communication can reach participants via mail, e-mail, text, or phone. Options include sending a WIC birthday card, friendly texts to create or encourage the parent's intent to keep a child in the program, and WIC shopping

tips. Automatically generated messages are the most efficient. Offering special targeted assistance as part of an effort to retain participants can include friendly calls to reschedule a missed appointment, to explain how to use the online nutrition education options to help meet the requirements in a timely manner, to problem-solve WIC benefit redemption issues, or to make a special offer. The implementation of EBT gives WIC new innovative options for bringing back enrolled, but nonparticipating, clients.

Spotlight

The WIC Program at the Oklahoma State Department of Health rolled out an innovative EBT system that created efficiencies within the program for clients, clinics, and vendors. These improvements also enhanced retention efforts. The program created a protocol giving local WIC staff new retention options focused on enrolled participants not actively participating. Such participants are past due on nutrition education and out of benefits. Local WIC staff reach out to these participants via the telephone and offer assistance to get them back on track: scheduling a new clinic appointment and downloading one month of WIC benefits onto their EBT card to carry them over in the interim.

6. WIC agencies and partners need to provide outreach targeted to families with children 1 to 4 years old.

Targeted outreach promotes the value that WIC can have for children up to 5 years old, and the positive role that parents play in keeping their eligible children in the program. Common misconceptions can be corrected, such as correcting beliefs that WIC does not serve children over the age of 1, that income eligibility levels are very low, that working families are not eligible, and that immigrant families are not eligible. Providing strong WIC service for families of children 1 to 4 years old will encourage positive experiences that will retain WIC participation until the child ages out of the program.

Section 8: Optimizing the WIC Shopping Experience



SECTION 8

Optimizing the WIC Shopping Experience

A successful WIC shopping experience is central to WIC participant satisfaction, continued participation, and achieving the efficacy of the WIC food package. The WIC shopping experience can be intimidating, confusing, and result in people opting out of the program or not using their benefits. Recommendations focus on WIC participants' needs, increasing the number of WIC-authorized stores in underserved communities, and allowing innovation to inform WIC's future. WIC participants should receive adequate training and easy-to-use options to determine if a food is WIC-eligible, to report and resolve problems, to check food-benefit levels and expiration dates, and to receive food benefits expiration reminders.

Recommendations

- 1. Local WIC agencies should offer the training, tools, and materials participants need to prepare for a successful shopping trip.** Assuring that WIC participants are well-prepared for and confident about WIC shopping sets the stage for success in the store. Common barriers to full redemption of the WIC food package are difficulties with identifying allowable WIC-eligible foods and determining the correct amount of fruits and vegetables for the WIC cash value voucher. Effective local WIC agency nutrition education, shopping preparation, and ongoing access to education resources are essential. State agencies can provide local agencies with training curriculum, tools, and resources related to shopping. Some State and local WIC agencies prepare online training and post it on the WIC website or app for local agencies and WIC participants to use. In addition, offering store tours as nutrition education can be helpful.
- 2. WIC participants should have options easily available to determine if a food is WIC-eligible while they are shopping.** WIC should offer participants this information in a variety of formats, including a paper copy of the State WIC food list or guide, an online version of the State

WIC food list or guide, and an option to scan a grocery item's barcode (via a WIC app) to determine whether it is eligible for WIC purchase. State WIC food lists/guides with pictures of the allowable foods and brands are helpful particularly for low-literacy clients.

Stores can clearly identify WIC-eligible foods with approved WIC-eligible shelf labels (tags), WIC stickers, or a specific WIC-designated color sticker, e.g., any item with a pink sticker is WIC-eligible. Stores also can use "point-of-sale" signs at the check-out counter that provide basic tips on how to purchase food with the WIC EBT card or with WIC paper vouchers. Large stores with a significant proportion of WIC customers can create a set of WIC shelves in one area with a selection of WIC-approved foods. To avoid making WIC shoppers feel pressure to use these designated areas, the items also should be stocked in the expected aisles.

Spotlight

The innovative and cutting-edge Minnesota WIC app was developed to support the engagement with WIC families by encouraging retention, providing the tools necessary to identify WIC foods easily, and communicating important messages to participants such as appointment reminders. The app offers the client the balance of their WIC benefits in real time, with current and upcoming start and end dates. In addition, clients can scan an item to identify WIC foods in the store. Participants can opt into a personalized message service set to send reminders for appointments and when benefits are going to expire.

- 3. WIC participants should have a variety of options available to check their food-benefit levels and expiration dates easily when using WIC EBT cards.** To cover all contingencies and circumstances, the systems ideally will provide more than one option for checking a WIC food balance. The options include calling a toll-free number, using in-store card readers, keeping the receipt with the balance of food benefits, using a WIC app, and accessing an EBT portal that is operated by the EBT

company. Some stores have WIC e-card readers available for WIC customers to use.

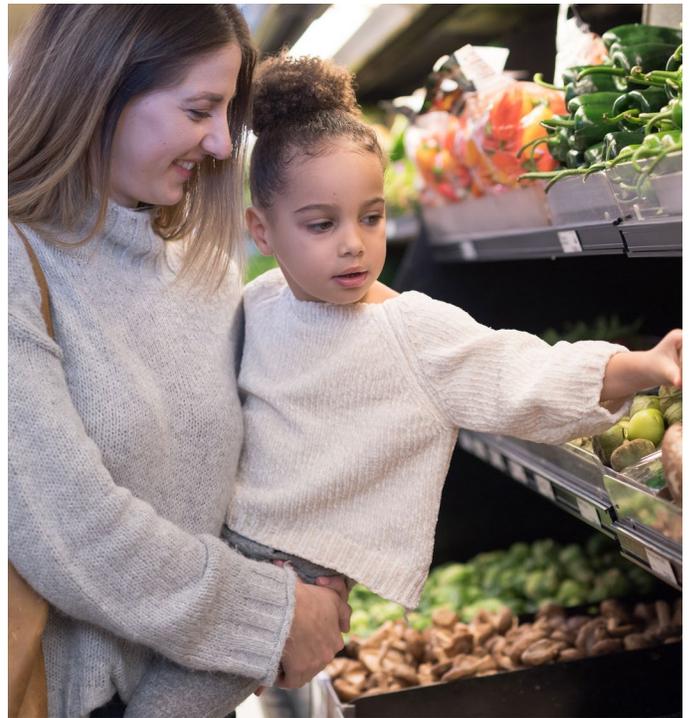
4. WIC clients should receive reminders when their monthly food benefits will soon expire. Strategies include customers receiving reminders from WIC via text, email, or a push-notification from a WIC app; from the EBT system; and from a pre-recorded phone message.

5. WIC participants should have options available to report problems and request timely assistance from WIC when they are shopping. It is better for WIC participants and retailers if WIC can help participants, and in some instances, store staff, quickly resolve problems. Similarly, issues related to EBT cards need to be resolved quickly to complete a transaction in the store. Avenues to secure a timely response to questions should be built into the client-service systems and policies. Options include calling, texting, or e-mailing the WIC agency and the EBT provider. In some cases, these issues can be resolved through communication portals within the WIC app. However, the option to calling and texting should also be available.

Spotlight

In Knoxville, Tennessee, the popular “Call the WIC Lady SOS” campaign invites WIC participants to call or text the local WIC agency if they have a question or complaint while shopping. WIC customers regularly text questions with pictures of the food items attached.

6. WIC should allow WIC customers to use online ordering options offered by WIC-authorized grocery stores and retail vendors, through systems that are secure, accurate, and reliable, while avoiding additional costs for WIC programs or participants. Innovation in this sector is the subject of a great deal of interest by technology experts, retailers, USDA, WIC administrators, and advocates in the nutrition, obesity, and anti-hunger fields of work. WIC participants would appreciate the convenience of online ordering. In



addition, online systems can be programmed to allow split issuance, meaning that participants making a produce purchase that exceeds the value of the funding on their WIC EBT can seamlessly substitute another source of funding to complete the purchase. Online ordering systems, allowing “curb-side” or “in-store” pick up, could simplify the WIC shopping experience. The possibility of an embarrassing check-out experience is reduced. Online systems could be programmed to operate based on the WIC EBT smart card account number (similar to a credit card number) and Personal Identification Number; identify the type and level of benefits; and allow participants to “charge” the appropriate WIC-approved foods to the card. States could identify a list of WIC-approved foods and use them successfully in WIC shopping apps.

7. States should increase the availability of authorized WIC stores in underserved areas. Distance also can limit access to WIC participation or full use of benefits when there is a paucity of state-approved WIC stores, forcing participants to travel long distances to the nearest store that accepts WIC benefits. Lifting unnecessary State WIC agency moratoriums on new vendors gives stores the opportunity to apply to become authorized to redeem WIC benefits. States should employ appropriate

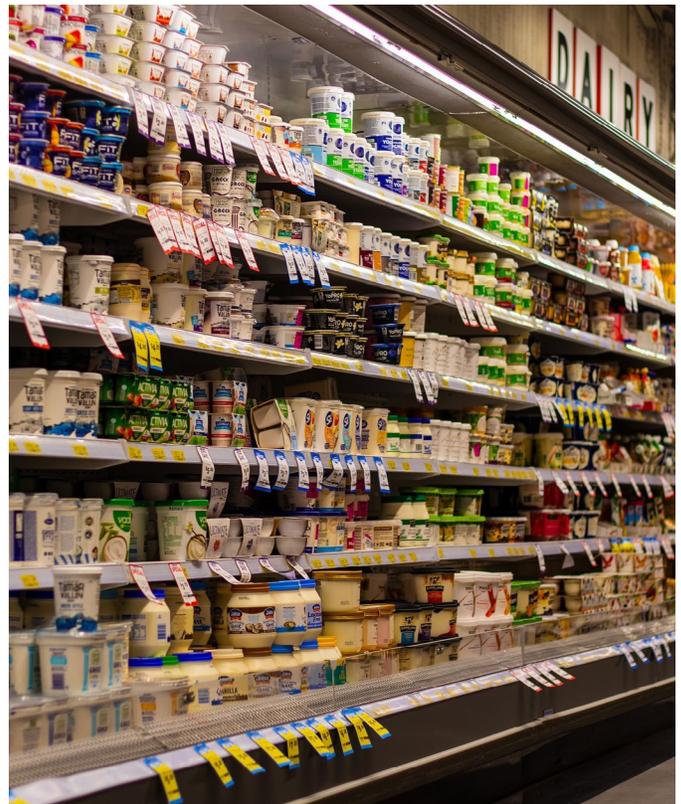
and reasonable “vendor selection” requirements to qualify stores in underserved areas, and offer a clear, timely, and practical authorization process for stores. An important step to supporting success for small vendors in underserved areas is to provide strong vendor training and technical assistance for store staff and monitor to ensure minimum stocking requirements and quality are maintained. In addition, give local WIC agencies a role in establishing and maintaining relationships with local WIC grocery stores.

Spotlight

Rather than managing all store contact through the State WIC agency, North Dakota has found that local connections and control work the best in rural areas. Local WIC agency staff engage their community, including the local grocery stores. Local WIC agency staff have the responsibility for establishing an ongoing relationship with the stores, offering training, conducting site visits, and getting the contracts signed. This local system is effective in recruiting and retaining local rural stores as authorized WIC retailers.

8. Governments should make any public financing, economic incentives, subsidies, or grants to food stores in low-income areas conditional on their participation in WIC. One way to increase the number of stores participating in WIC, particularly in underserved communities, is to require any store applying for public

financing, economic incentives, subsidies, grants, or loans to build or improve retail grocery stores to commit to becoming a WIC-authorized store. By establishing this requirement, healthy food financing initiatives, community transformation grants, community development corporations, and other promotions for healthy living can integrate WIC as an important tool for improving the health and well-being of a community’s more vulnerable residents.



Section 9: Support From Federal, State, and Local Governments



SECTION 9

Support From Federal, State, and Local Governments

Federal, state, and local governments are essential sources of support for WIC growth and benefit usage. USDA should have the resources and authority to support innovation, services, outreach, targeted expansion, policy development, and oversight. State and local governments need to take advantage of the myriad opportunities to strengthen and expand WIC by investing more resources and prioritizing the program.

Recommendations

1. USDA should continue to strengthen and expand WIC.

USDA should have adequate resources and authority to continue to:

- implement program, policy, and research plans that support more WIC enrollment and more robust use of the food package;
- particularly enhance the recruitment and retention of children 1 to 4 years of age;
- fund WIC pilots to test innovation;
- provide technical assistance and support to assure that State agencies transition effectively to EBT by 2020, implement updated Management Information Systems, integrate data analytics, and offer a full range of effective participant-friendly, client-facing technology; and
- complete the decennial review and revision of the WIC food packages.

The WIC food package revision should include a focus on enhancing the value of the children's food package, increasing participant choice and flexibility, and supporting both breastfeeding and non-breastfeeding postpartum women. In addition, USDA should examine opportunities to eliminate barriers to full utilization in the current redemption rules. For example, limiting



redemption to 30 days is a barrier to full redemption that should be addressed. The full implementation of EBT creates an opportunity to establish a new paradigm allowing more flexibility for benefit issuance timeframes and expiration dates.

USDA should consider modifying State WIC agencies' management evaluation to include performance standards for maximizing the participation of eligible women and children within available federal funds. Another focus should be on implementing the existing State WIC agency requirement to establish a procedure for the public to comment on the development of the State WIC plan.

2. State governments should act to reduce barriers to WIC.

State governments should support fully staffed state WIC agencies. WIC coverage rates in some states are well below half of the number of people eligible, including Utah (39.4 percent), Montana (38.2 percent), New Hampshire (46.9 percent), and New Mexico (44.8 percent). WIC participation continues to decline, and WIC funds go unspent each year. The unspent funds are returned to USDA rather than being used to support good nutrition, healthy communities, businesses, and grocery stores. In addition, the cycle of losing participation year after year results in successively lower funding allocations to the state. Eventually, this reaches a tipping point, staff is laid off and clinics close, reducing access for participants even further. The reasons for participation declines can be a complex array of external and internal factors.

State agencies can engage in proactive strategies to address caseload and retention issues. State agencies should establish caseload performance standards for local WIC agencies; provide training, retention, and recruitment plans; share monthly redemption and participation data reports; and use tracking tools to monitor daily progress toward meeting caseload goals. Ideally, local agencies would be granted access to the State agency database and Management Information Systems report to track redemption rates (including the number of unredeemed WIC “checks”); the value of the unredeemed “checks” by clinic and store; and the number of clients who are enrolled, enrolled but not participating, and no-shows. Local agencies not meeting their goals should be expected to take swift action toward remedying the situation. Governors can exercise their power to persuade their state public health department that local health departments administering local WIC agencies should fully comply with plans to maximize WIC participation. State agencies sometimes struggle to motivate local agencies that basically report to someone else.

Allocating state funds to WIC agencies to facilitate effective WIC program outreach and growth can pay significant dividends by improving health and well-being, and bringing more WIC food dollars to local food retailers. Governors should increase participation in WIC by implementing policies that require government agencies that are in charge of nutrition assistance, early care and education programs, and other related programs to collaborate (e.g., SNAP agencies should ensure that those who are eligible for SNAP are participating in WIC as well).

State and local governments need to take advantage of the myriad opportunities to strengthen and expand WIC by investing more resources and prioritizing the program.

Spotlight

The District of Columbia’s city council directed the Child Care and WIC agencies to collaborate in order to promote WIC at child care facilities. The agencies launched a successful “Adopt a Daycare Center” initiative where each WIC clinic “adopted” between one and five early learning facilities (including private facilities and Head Start centers) in their geographic area. WIC local clinic staff attended meetings with parents and hosted other events to meet and engage with parents and share WIC information and resources. WIC staff also host Open House events to encourage parents from targeted facilities to visit WIC clinics. The agencies are required to submit [reports](#) to the Council of the District of Columbia detailing their work.

State governments should give priority to WIC technology upgrades within state IT departments, and allow WIC to hire needed contractors and services to transition to EBT, operate fully integrated Management Information Systems, and offer up-to-date client-facing services needed to modernize access and services to recruit and retain WIC participants.

3. State legislatures can use the power of appropriations and law to support WIC by appropriating state funding for the WIC program, and encouraging State interagency partnerships and collaboration, including creating a WIC advisory council.

4. Local governments can play a range of important roles in supporting WIC. Local governments can support local WIC agency website, communications, and space needs. City councils can make financial investments through funding WIC outreach, allowing for staff time to form a WIC advisory council or workgroup focused on interagency cooperation, and providing a WIC supplemental fund as a spending cushion. Mayors and city leaders focusing on improving health, including addressing social determinants of health, should integrate WIC outreach and coordination into initiatives. City and county governments can direct city services, such as libraries, to partner with WIC.

Section 10: WIC in Disasters



SECTION 10

WIC in Disasters

During a disaster, it is crucial to preserve access to WIC food benefits, nutrition and breastfeeding support, and referrals to services. In many low-income communities affected by a disaster, a significant proportion of pregnant women, infants, and new mothers are WIC participants. In the disaster zone, the number of people who are eligible for WIC will increase due to the loss of family income, and housing and food security. When natural disasters strike, such as hurricanes, floods, wildfires, earthquakes, and tornados, WIC can employ special “alternative procedures” to help WIC clients and those who are newly eligible to get timely access to WIC benefits and services.^{160, 161} When there is a Presidential Declaration of a disaster, authority provided in the Robert T. Stafford Disaster Relief and Emergency Assistance Act allows USDA to provide administrative programmatic flexibilities on a case-by-case basis when a request is made by a WIC State agency. Recommended strategies include State WIC agencies preparing disaster plans; using approved and appropriate “alternate procedure” options for WIC food package and redemption flexibilities, benefit replacement, and simplified income eligibility as necessary; continuing WIC services; and encouraging partners to disseminate WIC disaster help to impacted communities.

Recommendations

1. State WIC agencies should prepare disaster plans to help ensure the continued delivery of WIC benefits to existing recipients, as well as outreach to potential newly eligible individuals in the event of an emergency. USDA strongly encourages State WIC agencies to follow this recommendation; however, many states do not have a plan. Without a plan, the necessary forms, protocols, and training needed to respond quickly to a disaster will not be in place.

The WIC disaster plan should include the full range of appropriate “alternative procedure” options that State and local WIC agencies could employ to continue services in federally declared disaster areas. With a plan, it is easier for a WIC State agency to submit a request to seek USDA’s approval for the appropriate

“alternative procedures” during the disaster. The use of the “alternative procedures” will depend on the nature of the disaster and its impact, which will also dictate the administrative programmatic flexibilities USDA will approve. USDA’s [Guide to Coordinating WIC Services During Disaster](#) is an important resource for WIC and partners working on a disaster plan.

2. State and local WIC agencies should employ options for WIC food package and redemption flexibilities, and benefit replacement as necessary in disasters.

To accommodate disaster conditions, such as a loss of refrigeration or the presence of unsafe drinking water, WIC can modify WIC food package components by issuing, for example, ready-to-feed infant formula, shelf-stable milk, or smaller packages of other food items. For WIC shoppers in stores with reduced stock, WIC can allow substitutions for missing items, offering flexibility regarding the types (e.g., full-fat or low-fat milk if non-fat milk is not available), brands, and sizes of WIC foods. State WIC agencies can also exercise their authority to include a lost WIC benefits replacement policy as part of their disaster plans. By replacing lost, unredeemed WIC food vouchers, prorated for the remainder of the month, WIC restores a vital benefit when WIC clients need it most.

3. State and local WIC agencies must continue WIC services through existing or temporary WIC clinics, and partners can offer space for temporary clinics. USDA

strongly discourages the suspension of WIC services because the program is regarded as an adjunct to health care, and it is considered to be a vital service during a disaster. WIC can establish temporary WIC clinics using mobile equipment to provide certification and benefit issuance services to WIC participants in the disaster area. Also, within the disaster area, existing clinics that remain operational can sometimes expand their caseload to accommodate clients and applicants from closed clinics. Outside the disaster zone, WIC should be prepared to serve WIC clients displaced from their homes if adjoining counties, states, or territories have been declared a disaster. Partners can offer space for temporary clinics.

4. State and local WIC agencies should utilize options to offer simplified income eligibility and flexibility around certification periods. WIC can simplify eligibility procedures by allowing disaster-impacted families

to qualify for WIC by signing a “self-declaration” form to demonstrate that they are income eligible. This accommodates the many people who lose their income documentation during a disaster. Using automatic income eligibility for applicants who are newly enrolled in the Disaster SNAP (D-SNAP) program (SNAP for people in disaster areas) will simplify the process. During a disaster, WIC can shorten or extend WIC eligibility certification periods by up to 30 days to streamline the WIC certification process to get newly eligible participants in the program, or extending WIC re-certification due dates by 30 days to avoid creating unnecessary hardship on current participants. These options can also streamline the workload for WIC staff during disasters, potentially allowing them to meet the increased need for WIC.

5. Offering WIC nutrition and breastfeeding support and services is a vital support for mothers during disasters.

WIC has responded to disasters by offering special breastfeeding support hotlines for mothers who have been impacted by a disaster, providing in-clinic nutrition education and counseling on relevant food and water safety issues, and educating participants on the impact of disaster-related trauma on infant and child feeding behaviors and eating patterns. WIC also can modify nutrition education requirements, e.g., by consolidating nutrition contacts, or offering participants lessons that can be completed off-site from the WIC clinic (e.g., at home). Lessons can be shared in hard copy format if electricity and digital communications networks are not functioning.

6. Relevant agencies and WIC should coordinate to offer referrals to needed disaster services.

In response to a disaster, WIC can fulfill its important function of connecting participants to services by making referrals to SNAP and the Federal Emergency Management Agency’s emergency services. D-SNAP benefits are a primary source of food for families impacted by disasters. The Federal Emergency Management Agency’s emergency services state and regional planning process should include state WIC and SNAP agencies.

7. Partnering organizations and WIC should widely disseminate WIC disaster services and policy information to impacted communities and populations.

State WIC agencies should use the State WIC toll-free phone number, website, texting systems, and social

media (including Facebook) to help WIC clients who are displaced by disasters to locate the nearest open WIC clinic, and to keep updated on WIC’s disaster policies. State and local agency disaster communications should be issued in the primary languages used by WIC applicants and participants. Advocates can facilitate access to WIC during a disaster by fully utilizing their networks to share WIC’s toll-free numbers, the location of open or temporary WIC clinics, relevant WIC nutrition services, such as breastfeeding hotlines, and any State USDA approved “alternative procedures” to facilitate access to WIC benefits for disaster victims.

Spotlight

Following Hurricane Harvey in Texas in 2017, the State WIC agency consulted with USDA for the appropriate administrative programmatic flexibilities and implemented their Texas WIC disaster plan.¹⁶² Temporary mobile clinics were deployed to provide service to WIC clients while regular clinics were flooded or without electricity. WIC offered pro-rated benefit replacement for WIC clients who had been evacuated and left behind their WIC card, food, or formula benefits. Food package flexibilities were granted, allowing WIC mothers without access to clean water to get ready-to-feed formula for their infants, and WIC shoppers to bypass some of the usual restrictions on WIC-authorized food package sizes, brands, and types in stores with reduced stock.

Texas WIC acted quickly to use its website and Facebook page to post hurricane Harvey-related WIC updates in English and Spanish, including the toll-free numbers and some of the special disaster options. The disaster WIC information was also communicated through WIC clinics, WIC-authorized stores, disaster aid/volunteer workers, and the anti-hunger advocacy network. WIC-authorized stores were notified of the food package flexibilities through a notice sent via e-mail as part of the “Vendor News Flash.”¹⁶³ The Texas anti-hunger organization, Center for Public Policy Priorities, pushed disaster assistance information for WIC, SNAP, and school meals through their robust network.

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