June 11, 2021

WIC Listening Session Comments
Program Advocates
Food and Nutrition Service
U. S. Department of Agriculture

Dear Ms. Widor and Ms. Watson:

Thank you for this opportunity to provide recommendations on how the U. S. Department of Agriculture (USDA) can invest the $390 million in American Rescue Plan Act funding to support effective WIC outreach, innovation, and program modernization efforts to increase participation and redemption of benefits. The Food Research and Action Center (FRAC) appreciates the USDA WIC division's strong commitment to serving WIC families throughout the pandemic and beyond.

FRAC fully supports USDA's goal of creating a funding utilization plan with a focus on equity and access, particularly for rural, immigrant, Tribal, minority, and other under-served communities. WIC is an important resource for families yet a significant participation gap remains.

We offer our comments organized into the listening session topic categories:

1. Actions to enroll more eligible people in WIC and WIC FMNP and to retain enrolled participants.
2. Strategies for strengthening WIC's position, within the broader public health system, as a critical component in improving maternal and child health outcomes.
3. Strategies for reducing health-related disparities and for improving equity in the delivery of WIC and WIC FMNP.
4. Most urgent/highest priorities for intervention and investment right now.
5. Improvements related to WIC and WIC FMNP outreach, innovation, and program modernization.

1. Actions to enroll more eligible people in WIC and WIC FMNP and to retain enrolled participants.

FRAC's recommendations for actions to enroll and retain more eligible people in WIC are focused primarily on lessons learned from COVID-19 waivers. For a full set of

FRAC's recommendations on enrolling and retaining WIC participants please see Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use.

During the first year of COVID-19, WIC waivers have made the program and its services more accessible. Families have been able to enroll and receive services over the phone or via telehealth. As a result, WIC has had modest gains in participation from the outset of COVID-19. Comparing February 2020 (the baseline pre-COVID-19 month) to February 2021 (the latest available month of data), WIC participation increased from 6.1 million to 6.2 million participants, an increase of 2.1 percent. The change in WIC participation varies widely between regions and states. WIC participation increased in 26 states and the District of Columbia, but decreased in 24 states (February 2020 compared to February 2021). For more details, please see FRAC's report: One Year of WIC During COVID-19: Waivers are Vital to Participation and Benefit Redemption.

Waivers have allowed WIC to issue benefits remotely and to offer flexibilities in the WIC shopping experience, which have enabled families to use their WIC benefits more fully amidst food supply chain issues and social distancing requirements. Waivers have helped facilitate benefit redemption but have not been able to offset all the challenges posed by COVID-19.

Recommendations

- WIC waivers during COVID-19 have helped increase participation and ease benefit redemption. It is important to make these flexibilities permanent because they help modernize and streamline the WIC program and enhance the WIC experience. Parents across the country are universally positive about the waivers allowing them to receive benefits remotely and complete enrollment and appointments from a convenient location over the phone.

- Moving forward, WIC should be allowed to offer a full range of service options, including remote and in-person services. Ensuring this is a success will require investments to coordinate health and participation data between the health care sector and WIC. Investments are needed, particularly between Medicaid and WIC, and with other program operators, including Head Start, child care subsidy programs, and the Supplemental Nutrition Assistance Program (SNAP). Infrastructure, technical assistance, and management information systems need to be updated to do this.

- Some of the American Rescue Plan $390 million funding should be used to establish a WIC community partners outreach program, patterned after the successful SNAP outreach program, which would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach. Effective outreach by community partners could broaden the reach of WIC and help overcome barriers to participation, including widespread misconceptions about

eligibility, concerns expressed by immigrant families, and limited access to information about WIC benefits, including how to apply. Funding community-based trusted messengers and leaders to connect people and communities to WIC is particularly important for immigrant, Tribal, minority, and other under-served communities. WIC outreach, coordination, and connections in a shared language and culture is meaningful and compelling. Community-based WIC initiatives are effective but require resources to support the work within often underfunded community-based organizations. The current WIC strategy of expecting significant effort from community-based organizations without offering any resources often fails.

- Enhancing redemptions is key to retaining WIC participants. COVID-19 highlighted the difficulties in the redemption systems. Remote benefit delivery was not possible for states using the less common offline EBT systems that require benefits downloaded to EBT cards in person rather than through the Cloud. All nine states (Arkansas, Louisiana, Missouri, New Mexico, Ohio, Pennsylvania, Texas, Utah, and Wyoming) with an offline EBT system experienced a decrease in WIC participation during COVID-19. States made an effort to accommodate this system limitation by setting up drive-through downloads and other options; however, offline EBT still poses a greater barrier to receiving benefits than online EBT or even paper vouchers received through the mail. An investment in designing an App to get around this problem or moving to an online system will be central to ensuring the success of transitioning back to a post-COVID system that offers a choice of service options. Some of these offline systems are legacy systems but some are relatively new.

  The progress made toward facilitating online ordering during COVID-19 should be accelerated, in part, through an investment of the $390 million American Family Plan funding. Online ordering systems help WIC participants easily and conveniently choose the right nutritious WIC foods and avoid embarrassing mix-ups during the check-out.

  Another key lesson learned from the experience of the COVID-19 waivers is the value of remote benefits issuance and automatic benefits issuance. Given that almost all states have moved from paper checks to online benefits issuance through EBT, it is time for a new paradigm around benefits issuance. The old paradigm – only give 3 months of benefits at a time -- is based on a paper voucher system. WIC benefits should be disbursed the same as SNAP benefits: every month a WIC client is enrolled they receive their benefits automatically. The American Family Plan funding can be used to increase the capacity of the EBT cards in some states if necessary.

2: Strategies for strengthening WIC's position, within the broader public health system, as a critical component in improving maternal and child health outcomes.

FRAC's recommendations for strategies to strengthen WIC position within the broader public health system focus on improving maternal and infant outcomes.

Recommendations

WIC should partner with initiatives, programs and coalitions focused on reducing maternal and infant mortality 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 United States. 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 as white infants. [1,2] 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 should be supported through the new $390 million fund proposed community partners outreach program to reach shared goals by:

- establishing coordination and cross-referrals with WIC;
- providing feedback and recommendations regarding WIC services;
- evaluating WIC's ability to effectively serve a diversity of families;
- 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, Non-Hispanic white, and/or Asian births, also partner with WIC, including providing feedback and recommendations on culture and language. In 2018, infant mortality rates per 1,000 births were as follows: Non-Hispanic black (10.8), Native Hawaiian or other Pacific Islander (9.4), American Indian/Alaska Native (8.2), Hispanic (4.9), Non-Hispanic white (4.6) and Asian (3.6).[3]

3: Strategies for reducing health-related disparities and for improving equity in the delivery of WIC and WIC FMNP.

FRAC's recommended strategies for reducing health-related disparities and for improving equity in the delivery of WIC focus on reaching and improving services for immigrant families, and families living in rural areas. The recommendations focus on

specialized outreach, policies, and services to help overcome barriers and maximize participation.

Immigrant Families

In the United States, one in four young children is from an immigrant family.[4] 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).[5,6] Children and adults in immigrant families are more likely to be food insecure.[7] U.S. born Hispanic children from immigrant families are significantly more likely (55 percent) to become obese.[8] Shifting immigrant patterns have brought immigrant families to new communities in numerous states.[9]

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 not participating in WIC 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.

In the last Administration, WIC's role as a safe and welcoming space for all families — regardless of citizen status — was threatened. Immigrant parents, including legal permanent residents and parents of citizen children, increasingly believed their families are not eligible for WIC or that there would be negative repercussions for participating. A climate of fear and uncertainty had been created by anti-immigrant rhetoric, U.S. Immigration Services raids and deportations, and proposed or rumored national and state anti-immigrant policies. The Biden administration has reversed these decisions and now is the time to move forcefully to overcome the chilling effect on WIC participation.

Recommendations

- Successful WIC outreach, coordination and referral strategies will need to include a focus on the immigrant communities, their trusted leadership and service providers, and to establish coordination and referral networks between WIC and relevant immigrant-serving agencies, community and migrant health clinics, hospitals, and food security organizations. FRAC recommends USDA designate a portion of the $390 million in WIC outreach innovation and program modernization funding to support culturally responsive and linguistically appropriate outreach through state and local community organizations. This can be accomplished through USDA implementing guidance that specifies that expected and allowable funding uses should include state agency regrants to state and local community organizations to conduct outreach to Latino and mixed immigrant status households on WIC eligibility and enrollment. UnidosUS and FRAC state and local groups, as trusted, well-connected organizations, could run

effective campaigns and use their promotores de salud and community workers as WIC navigators to help families sign up. In the Hispanic community, the promotoras (lay community health workers) are effective WIC ambassadors. Establishing a WIC community partners outreach program would be an effective key component of the Biden administration's WIC outreach plans. We agree "that connecting more eligible women and young children to WIC is one of the tools to reduce stark racial disparities in maternal and child health." Despite moving quickly to pivot to remote services and increasing participation in many areas, WIC has not been able to reach many of those in need during the pandemic. Joining forces with partner organizations to reach Latino mothers and children will help to overcome some of the current barriers.

- 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 and 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 should also 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 it more accessible.

- 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.

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.[10] One in five households with children outside of metropolitan areas (20.4 percent) were food insecure, compared to one in six in metropolitan areas (15.9 percent).[11] 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.[12] It is estimated that fewer than half of the country's rural counties still have a hospital that offers obstetric care.[13] Rural healthcare facilities are less likely to have nutritionists or weight management experts available.[14] 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, including by making permanent the COVID waiver option for remote services. Prior to COVID many eligible rural families not participating in WIC faced 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.

Recommendations

- 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. This type of partner would be key to success of the proposed WIC community partners outreach program using the American Families Act $390 million funding.

- 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 options, hopefully including the choice of phone enrollment and certification visits; promising and delivering quick service; and featuring new nutrition education 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.

- 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. To keep offering a full range of service options including in-person and remote, WIC needs to keep the remote access options but also utilize best practices for serving rural areas. 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 visits to a minimum can be accomplished through a variety of mechanisms: offering remote services via phone or telehealth and 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); and using technology to allow clients to submit documentation remotely.

- 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-Emergent 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.

3: Most urgent/highest priorities for intervention and investment right now.

Despite overall modest growth and the success of some expansion efforts, WIC is still reaching too few eligible people. More must be done to increase access to WIC. It is important to act on lessons learned during COVID-19 about the value of service and benefits flexibilities, and what is still needed to facilitate access to WIC. As discussed earlier in more detail under topic number 1, "Actions to enroll more eligible people in WIC and WIC FMNP and to retain enrolled participants", a full range of crucial investments are needed to strengthen and expand access to the WIC program. FRAC identifies the following as the most urgent and highest priority for investment of the American Family Plan $390 million funding:

- support the changes necessary to permanently implement the flexibilities enacted during COVID-19 that allow for remote enrollment, services, and benefits issuance;

- establish a WIC community partners outreach program, patterned on the successful SNAP outreach program, which would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach with a focus on under-served communities and populations, including families with immigrant parents, families living in rural areas, and tribal lands, and vulnerable families;

- coordinate health and participation data between the health care sector and WIC, particularly between Medicaid and WIC, and with other program operators including Maternal and Infant Health Programs, Head Start, child care subsidy programs, and SNAP;

- increase funding for infrastructure, technical assistance, and management information systems to ensure remote service offerings are successful, and to streamline enrollment, participation and education;

- accelerate the implementation of online ordering; and

- engage a diversity of families in a productive dialogue around the program's strengths and opportunities for improvement from the perspectives of the diversity of current and past WIC participants, and eligible but never participating families.

These investments impact the success of most of the recommendations in our comments. FRAC prioritizes the other recommendations made in this comment letter as vitally important. The success of the other recommendations can be further addressed

through policy improvements, implementing best practices, and supported by ongoing MIS and NAS funding.

5: Improvements related to WIC and WIC FMNP outreach, innovation, and program modernization.

FRAC's recommendations for improvements related to WIC outreach, innovation, and program modernization have been covered under topics 1 through 4.

In conclusion, FRAC appreciates the opportunity to provide recommendations to inform USDA's planning process. Please do not hesitate to contact us if you need any additional information.

Sincerely,

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End Notes

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