



Food Research and Action Center Comments
Methods and Leading Practices for Advancing Equity and
Support for Underserved Communities Through Government
OMB-2021-0005

The Food Research & Action Center (FRAC) appreciates the opportunity to respond to the Office of Management and Budget (OMB) request for information, “Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government” 86 Fed. Reg. 24029 (May 5, 2021). FRAC commends OMB’s efforts to determine effective methods for assessing whether agency policies and actions (e.g., programs, services, processes, and operations) equitably serve all eligible communities, particularly those that are currently and historically underserved.

FRAC improves the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. FRAC’s areas of expertise include

- leading efforts to identify and communicate the connections between poverty, hunger, and obesity among low-income people;
- conducting research to document the extent and impact of hunger and effective solutions;
- seeking stronger federal, state, and local public policies that will reduce hunger, undernutrition, and poor health;
- monitoring the implementation of laws and serve as a watchdog of programs; and
- providing coordination, training, technical assistance, and support on nutrition and anti-poverty issues to a nationwide network of advocates, service providers, food banks, program administrators and participants, and policymakers.

FRAC has a long history of advocating for the federal nutrition programs, including the Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Nutrition Programs, Summer Nutrition Programs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Child and Adult Care Food Program (CACFP). FRAC’s advocacy work would not be possible were it not for strong partnerships with anti-hunger and anti-poverty organizations, particularly those that represent historically marginalized groups. Lessons from FRAC’s experience in the anti-hunger space is applicable to the administration of other social programs and policies.

FRAC’s responses are organized according to the areas that OMB is seeking input:

- Area 1: Equity Assessments and Strategies;
- Area 2: Barrier and Burden Reduction; and
- Area 5: Stakeholder and Community Engagement.

1. Equity Assessments and Strategies

FRAC's recommendations for using data to inform equitable policy focus on overhauling the collection and utility of race and ethnicity data among federal program participants and in national surveys. Recommendations on approaches for equity assessments focus on the use of the Indigenous self-determination evaluation model in Indigenous communities.

Create a more comprehensive and timely system of collecting and fully utilizing race and ethnicity data in the federal nutrition programs.

The reliable and timely collection of race and ethnicity data across programs is essential to identifying and remedying inequities. However, collecting missing race and ethnicity data can be a sensitive issue. Filling in missing race and ethnicity data by visually identifying a person's race or ethnicity is a civil rights issue because of the risk for misclassification. Racial misclassification can disproportionately impact racial and ethnic minority groups. Recently, the U.S. Department of Agriculture (USDA) took the important step of eliminating the process of program operators visually identifying children's race, ethnicity, or both as a back-up measure when forms were not completed. This creates an opportunity to improve the system for collecting this information. FRAC commends USDA for eliminating the use of visual identification to determine race and ethnicity.

To inform equitable policy strategies in the federal nutrition programs, several shortfalls need to be addressed. The new, more comprehensive system should produce reliable data in a timely manner that can be used to evaluate coverage rates, service discrimination, and other civil rights and equity issues. Performance standards with benchmarks can be integrated into management evaluations. USDA should be given the funding and authority to create this system.

Improve data collection and sampling structures to collect more detailed data on food insecurity by race and ethnicity, including a nationally representative sample of Native American households.

There is no current comprehensive annual measure of food security for smaller marginalized populations, e.g. American Indian, Native Alaskan, Native Hawaiian and Pacific Islander. Due to small sample sizes, these populations are often reported in aggregate as an "other" category. Absence of data for these communities is a common situation in relation to federal and state data agencies and policy makers and administrators commonly fail to secure meaningful data. Policies that leave these

populations out of data collection efforts, data reporting, and analysis further exacerbate the situation.

Lack of data is part of the greater issue of erasure and invisibility. The COVID-19 pandemic provided the most recent glimpse of this situation, which has existed for decades. FRAC recommends an expanded mandate and an increase in funding for research on food insecurity and sovereignty among American Indian, Native Alaskan, Native Hawaiian, and Pacific Islander communities.

Actions

- Support researchers from Native-led organizations.
- Increased funding for USDA Economic Research Service and the U.S. Census Bureau for the fielding of annual and periodic surveys.
- Commission an interagency task force to address this issue.

Use an Indigenous Self-Determination Evaluation Model to develop and assess equity among Indigenous peoples. FRAC’s recommendations on approaches and methods for equity assessments for Indigenous peoples focus on an Indigenous self-determination evaluation model. The Urban Indian Health Institute has collected resources for Indigenous Evaluation. OMB can consult the entire annotated bibliography, which is included as an attachment to this comment. Key highlights are included below.

An Indigenous Evaluation Model includes

- centering the lived expertise of community members whose needs are being addressed so that program design and evaluation reflect their needs and values, rather than relying on external, non-Tribal evaluators;¹
- using an assets-based approach, rather than a deficits-based approach, to program evaluation;² and
- agencies should train Tribal members to be evaluators, researchers, and program staff to “design and implement evaluation on their own.”³

2. Barrier and Burden Reduction

Barriers to program access are higher for individuals and families with limited resources. Challenges for these groups should be explicitly measured and considered, and eligibility requirements and enrollment processes should be designed to not exclude those who struggle with access the most. Simplified processes increase the chances of participation, reduce risk of facing discrimination, and reduce “churning.”

Consistent with the request for information, FRAC’s recommendations focus on barrier and burden reductions primarily through methods and policy changes within the existing rules and current leading practices. FRAC also respectfully submits a list of recommended program improvements to increase equity, including policy and legislative proposals in two documents attached to these comments, [“This is the Time to Heal in America,” and It Begins with Addressing Hunger](#) and [Child Nutrition Reauthorization: Priorities to Improve and Strengthen Child Nutrition Programs](#).

This section begins with a list of recommendations to address common barriers, followed by recommendations specifically for immigrant and Native American communities:

- improve customer service, particularly through upgraded technology;
- provide more flexibility in enrollment and recertification;
- eliminate arbitrary barriers to eligibility and improve other benefit computation rules;
- increase coordination across social safety net programs regarding applications, outreach, and enrollment assistance;
- partner on outreach with national and community organizations that represent all constituencies, especially those that are marginalized;
- ensure that participants have physical access to program resources:
 - state and local SNAP and WIC agencies should evaluate geographic access and ensure SNAP office and WIC clinic locations and operations provide adequate access for all eligible people;
 - the federal government should work with state and local government partners and other stakeholders to promote WIC and SNAP retail store options for participants; and
 - child nutrition program agencies should streamline program participation requirements and target outreach to recruit providers for CACFP and schools and programs for school and summer meals programs in underserved communities;
- reduce the stigma of participating in social safety net programs;
- increase local agency capacity to track participation and utilization, evaluate progress, and adapt plans to expand access;
- in immigrant communities, ensure that families and individuals, regardless of immigration status, have access to programs; and
- in Native communities, center Native leadership and Native people’s needs in program enrollment and delivery.

Improve customer service, particularly through upgraded technology.

Negative experiences during enrollment or program use can dissuade eligible individuals and families from participating in programs. Burdensome paperwork, long wait times, and lack of transportation have been consistently cited as a top barrier among participants and outreach workers.^{4,5} These barriers in the application process can exacerbate lost work time and wages and are especially burdensome for communities of color. Systemic injustices, like discrimination in hiring and job segregation, have led to disproportionate representation in low-wage jobs that require in-person work and have fewer flexibilities and time off,⁶ and have increased the urgency to maintain a job due to higher rates of unemployment.⁷ COVID-19 has exacerbated these disparities.⁸ In addition, lack of control over resources and time lead to deep feelings of disempowerment. In one qualitative study of predominantly Black women,⁹ participants perceived that programs were quick to sanction and punish while reinstating benefits was a bureaucratic and lengthy process.

Streamlining administrative systems is key to getting underserved, marginalized populations to apply and enroll in programs. In partnership with the The Food Trust and local anti-hunger organizations, FRAC has convened several task forces across the country to assess barriers and solutions to enrolling participants in SNAP.^{10,11,12,13} There is broad consensus that simplifying the application process and doing a better job of integrating online and telephone services increase enrollment.

FRAC's WIC recommendations are based on a multi-year investigation of the barriers to WIC participation and benefits, and effective strategies for maximizing WIC participation and the use of those benefits.¹⁴ FRAC conducted a comprehensive background research and literature review; an in-depth analysis of WIC participation, WIC coverage, and related factors; and discussions with national, state, and local stakeholders.

Actions

- Reduce time at agency offices or clinics by minimizing wait times, streamlining appointments, and eliminating unnecessary office visits.
- Offer easy-to-use, appealing, and informative websites and apps in multiple languages, online appointment scheduling, eligibility pre-screening tools, digital options for submitting documentation, and mobile applications.
- Provide adequate funding for local agency offices to hire enough staff and provide training. When agencies are under-funded, they become understaffed, thus decreasing available assistance and increasing wait times for participants.
- Offer transportation assistance.
- Establish staff accountability for customer service (e.g., performance reviews and client feedback).

- Collaborate with state administrators to test notices, messages, and technology tools with participants and community-serving agencies prior to implementing them.

Additional recommended resources:

- Book: *Administrative Burden: Policymaking by Other Means*.¹⁵
- Report: *Technology, Data, and Design-Enabled Approaches for a More Responsive, Effective Social Safety Net*¹⁶

Provide more flexibility in enrollment and recertification. Requiring in-person interviews disproportionately affects individuals and families with fewer resources, including time and access to transportation. Examples of external barriers include less flexible job hours, caretaking responsibilities, and the fear, among immigrant families, of being out in public.

COVID-19 has provided the opportunity to assess the effects of federal waivers that increase flexibility in enrollment and recertification. For example, the WIC program allowed participants to receive benefits remotely and complete enrollment and appointments from a convenient location over the phone. SNAP extended certification periods, waived period reporting requirements due to income changes between recertifications, eliminated telephone and in-person interviews, and allowed telephonic signatures on applications. These waivers have helped increase participation and ease benefit redemption.^{17,18}

FRAC recommends making permanent federal flexibilities during COVID-19 that have reduced barriers for the enrollment and recertification processes, such as allowing video and telephone appointments and extended recertification periods.

Eliminate arbitrary barriers to eligibility and improve other benefit computation rules. Policymakers should also extend the federal nutrition programs to people struggling with hunger who are excluded from receiving federal nutrition program benefits due to arbitrary eligibility rules. Expanding federal income and asset eligibility would also help households located in areas with higher costs of living and working families with significant out-of-pocket expenses for child care and shelter.

FRAC recommends that eligibility for SNAP should be expanded at the federal level, including 1) eliminating time limits for certain unemployed and underemployed people who are unable to document sufficient weekly work hours, bans for former drug felons, and five-year bans on green card holders; 2) allowing college students who meet income criteria to participate; and 3) increasing income and asset eligibility.

Increase coordination across social safety net programs regarding applications, outreach, and enrollment assistance. Many mean-tested programs have significant overlap in eligibility criteria. Despite this, individuals and families enrolled in one program might not be enrolled in another due to burdensome paperwork, lack of awareness, and misinformation. Coordination across programs is critical because individuals often face multiple material insecurities, including income, food, housing, and healthcare insecurity.¹⁹ The history of U.S. slavery, segregation, deindustrialization, migration, and social policies has resulted in disproportionately high rates of these overlapping insecurities among communities of color.²⁰

For example, most adults and children who qualify for Medicaid, based on income eligibility, also will qualify for SNAP and WIC; however, in 2018, less than half (47 percent) of Medicaid enrollees also participated in SNAP and 54 percent of children under 5 years old who were enrolled in Medicaid also were enrolled in WIC.²¹

In Washington, D.C., the partnership between Community of Hope and D.C. WIC is a successful example of linking programs to reduce inequities. Recognizing that many of their patients are eligible for WIC, the Community Hope has a partnership 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.

Actions

- Facilitate data sharing between programs and agencies.
 - Express Lane Eligibility (ELE), where Medicaid and CHIP can rely on eligibility findings from other programs to identify, enroll, and renew coverage for children. ELE reduces participant burden and administrative costs, although impact is rarely reported by race or ethnicity.^{22,23}
 - SNAP, Medicaid, and Temporary Assistance for Needy Families (TANF) provide adjunctive income eligibility for WIC. A recent research brief describes how data sharing and matching with SNAP and Medicaid can be used to increase enrollment in WIC, and includes key considerations for executing a data-sharing agreement across programs and agencies.²⁴
 - School districts can use income data from Medicaid to identify students for free and reduced-price meals without a separate application.
- Expand access to SNAP through Broad-Based Categorical Eligibility (BBCE) and raising gross income limits. Because other safety net programs use SNAP enrollment, this would increase awareness of and enrollment in other programs. One study found that increases in BBCE increased state-level enrollment in free and reduced-price school meals and in WIC.²⁵

- Provide adequate funding. Increased collaboration between agencies will require investments in information systems and technical assistance.
- In addition to enrolling participants, collaboration across agencies should be leveraged to enroll providers. For example, child care licensing and subsidy agencies can be recruited to help raise awareness of CACFP, while the U.S. Department of Education can help eligible school districts qualify for the Community Eligibility Provision to offer free school meals to all students.
- Streamline the application process for multiple benefits or align programs. Examples include ONE Oregon,²⁶ which provides enrollment assistance for the Oregon Health Plan, SNAP, TANF, Refugee Program, and Employment Related Day Care; Los Angeles County's YourBenefitsNow! webpage,²⁷ which allows residents to apply for and view their benefits online for CalWORKs, CalFresh, General Relief, and MediCal; Your Texas Benefits,²⁸ which has application tools and navigators for SNAP, TANF, health insurance, mental health services, and WIC.

Partner on outreach with national and community organizations that represent all constituencies, especially those that are marginalized.

Programs must include culturally responsive and linguistically appropriate outreach, education, and enrollment to ensure that programs reach all eligible children and families and meet the diverse needs of communities. Outreach, coordination, and connections in a shared language and culture is meaningful, compelling, and necessary: in 2017, almost 26 million people reported being limited English proficient (LEP), including 60 percent who speak Spanish.²⁹ Effective outreach by community partners could broaden program reach and help overcome barriers to participation, including widespread misconceptions about eligibility, concerns expressed by immigrant families, and limited access to information about benefits, including how to apply.

Agencies should support state and local program offices with appropriate funding to support outreach efforts and provide guidance on prioritizing marginalized racial, ethnic, and other populations. For example, USDA recently released guidance for State Outreach Plans for SNAP, which identifies four priority areas for outreach: racial equity, students, immigrant communities and mixed-status families, and veterans.³⁰ Federal matching funds reimburse state agencies for SNAP outreach, including for contracting with community partners. Funding community-based trusted messengers and leaders to connect people and communities to programs is particularly important for immigrant, Tribal, and other underserved communities with lower access to resources and often underfunded community-based organizations. Earlier in this century the Bush administration implemented 100 percent federally funded competitive grants to support innovative SNAP outreach that were launched by the Clinton administration. As FRAC

and UnidosUS leaders have written to USDA, the federal government should again dedicate resources for such efforts.³¹

An example of a successful partnership between a national and community-based organization breaking down barriers to health and social services is the collaboration between UnidosUS and the Latino Community Development Agency (LCDA) in Oklahoma. Using *Comprando Rico y Sano*, a program developed by UnidosUS that centers *promotores de salud* (community health workers), LCDA has become the primary agency responsible for assisting Latinos with SNAP enrollment in Oklahoma City. A UnidosUS report on community-driven strategies to reduce food insecurity includes details of LCDA's culturally responsive implementation strategy.³²

Actions

- Provide adequate federal funds for state agencies to partner with community organizations to conduct outreach and enrollment to immigrant, Tribal, rural, and other marginalized communities.
- Employ social media, web-based advertisements and websites as updated marketing tools. Prioritize easy-to-use, inclusive materials in multiple languages.
- Engage the power of positive word-of-mouth recommendations.
- Give providers, like SNAP- and WIC-authorized food retailers, a role in outreach.

Ensure that participants have physical access to program resources. The ability to access resources is an important factor in measuring the equitable impact of programs. Whether a participant can access resources impacts their cost-benefit decision when enrolling. FRAC's recommendations focus on increasing access.

- ***State and local SNAP and WIC agencies should evaluate geographic access and ensure SNAP office and WIC clinic locations that allow access to all participants.*** Locating WIC clinics and SNAP offices in high-needs areas that are close to mass transit lines facilitates access to programs. To evaluate geographic access requires mapping SNAP and WIC locations and demographics, including income, race and ethnicity, language spoken at home, infant and maternal mortality, overweight and obesity rates, and transportation. Establishing satellite SNAP offices and WIC clinics can extend the programs' reach to vulnerable populations. Co-locating WIC clinics with maternal and child health services offered in clinics and hospitals allows coordination of appointments and reduces the number of separate trips. Successful strategies include rotating a WIC mobile unit or assigning WIC staff to spend time periodically with local Head Start programs and at places of substantial low-wage employment, shopping malls, and schools.

An effective example is Mary's Center,³³ a multi-purpose organization with a WIC program, which 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 D.C., 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.

- ***The federal government should work with state and local governments and other stakeholders to ensure sufficient SNAP and WIC retailer options for all participants.*** A successful WIC or SNAP shopping experience is central to program participant satisfaction, continued participation, and maximizing benefits. The shopping experience can be intimidating, confusing, and result in people opting out of the program or not using their benefits.

States should increase the availability of authorized WIC stores in underserved areas. Distance to authorized retailers can limit access to participation or full use of benefits. For WIC, 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. Small vendors in underserved areas should be provided strong vendor training and technical assistance for store staff in order to ensure both commercial viability and that minimum stocking requirements and quality are maintained.

Moreover, recent progress made toward facilitating online ordering for SNAP and WIC recipients during COVID-19 provides a foundation for accelerating it ahead.

- ***Child nutrition program agencies should streamline program participation requirements and target outreach to recruit providers for CACFP, schools, and programs for school and summer meals programs in underserved communities.***

Thousands of child care programs across the nation do not participate in CACFP due to systemic barriers. Many child care programs do not participate in CACFP because the benefits are inadequate, the program is wrought with burdensome paperwork, and the losses and penalties are too detrimental to child care providers that operate on razor-thin margins. These barriers disproportionately

impact communities of color, providers, and parents with few resources, contributing to gross inequities in child care quality and nutrition. FRAC recommends reducing unnecessary paperwork, including increasing the use of direct certification, revising the serious deficiency auditing process, and increasing benefits.

When appropriate, CACFP can extend eligibility to license-exempt family child care homes that meet federal, state, or local approval standards. Many of these homes serve children from low-income families and receive child care subsidy funds. Many low-wage working families use license-exempt family child care because of the flexibility that it provides households with demanding work schedules. Immigrant families often cite family child care as the best choice for receiving culturally relevant care. As mentioned earlier, FRAC has a full set of recommendations for increasing access to the Child Nutrition Programs in the appendix.

Reduce the stigma of participating in social safety net programs. Agencies must be aware of how their programs and policies are impacted by and may perpetuate stigma, which is a key driver of inequities.³⁴ Stigma operates at individual and structural levels.^{35,36} First, stigma affects the behaviors and well-being of groups being targeted. Anticipation of stigma may cause individuals to engage in behaviors to conceal stigmatized characteristics, like adults refusing to enroll in federal programs or youth refusing free school meals. Second, stigma between individuals manifests as prejudice (e.g., discomfort with or dislike of people in poverty), stereotypes (e.g., people in poverty are lazy and take advantage of the welfare system), and discrimination (e.g., unfair or unjust treatment of individuals, such as the failure to offer healthy foods due to the belief that people with low income dislike fresh fruits and vegetables). These interactions may be a result of explicit and implicit biases. Importantly, people may live with a range of overlapping stigmatized identities, including race, gender, and poverty.

Stigma has been shown to reduce enrollment and participation in federal programs.^{37,38} For example, in WIC, shoppers often encounter stigma when purchasing food due to confusion over eligible items in the WIC food package, discrimination, or both.³⁹ This confusion is compounded for participants with limited English proficiency. Furthermore, Black adults report higher levels of stigma than others (e.g., family, friends, service providers, program administrators) than White adults, particularly Black adults who live in communities with few racial groups represented.⁴⁰

Several strategies have been shown to reduce stigma in the federal nutrition programs. Providing electronic benefit transfer (EBT) cards has reduced stigma for participants in SNAP and WIC, which has increased enrollment.⁴¹ Having time for all students to

participate in school breakfast after the bell has increased participation in free and reduced-price breakfast.⁴² In addition, schools have been able to provide meals to all children at no charge from spring 2020 through school year 2021–2022, and this should be maintained beyond the pandemic. Healthy school meals for all supports participation among children whose families are struggling, but do not meet the current eligibility threshold to qualify for free school meals. Healthy school meals for all would eliminate the possible stigma from participating in school meals or from having unpaid school meals debt.

Actions

- Reduce obstructive bureaucracy (long wait times, complex application processes, etc.) and eliminate punitive processes, which cause federal programs to be perceived as deliberately penalizing.⁴³
- Address implicit biases and discrimination among program staff. Recommended strategies include providing anti-racist and cultural competency training, particularly those that provide information to refute common stereotypes.
- Cultivate organizational cultures of equity, diversity, and inclusion. Use environmental cues, such as photographs and art, to communicate respect and inclusivity towards members of stigmatized groups.
- Increase diversity of program staff and hire with language access/cultural competency in mind. Staff and offices directly working with WIC participants should be representative of the population they are serving.
- Support service providers who are from the community. For example, some bilingual and immigrant shoppers prefer small, ethnic stores because they often have bilingual staff and signage. Some immigrant families often cite family child care as the best choice for receiving culturally relevant care.
- For individuals confronted with stigma for participating in federal nutrition programs, incorporate stigma-reducing tools (affirmation interventions, social support) within existing interventions (nutrition education programs, retail environment interventions, etc.).⁴⁴
- For WIC, participants should receive adequate training and easy-to-use options to determine if a food is WIC-eligible.
- Engage in public campaigns to reduce stigma and track shifts in public opinion.⁴⁵ Successful examples include campaigns to change public opinions about homophobia, HIV/AIDS, and mental illness.⁴⁶ Encouraging stigmatized people to share their stories, particularly influential leaders who may have had to access program benefits at some point in their lives, is one strategy that can be incorporated into a campaign.

Increase local agency capacity to track participation and utilization, evaluate progress, and adapt plans to expand access. FRAC recommends

comprehensive methods of measuring program performance in order to measure a benefit program's outcomes or whether it has been implemented as intended.

State WIC and SNAP agencies can help local agencies maximize caseloads through caseload-based performance standards, tracking tools, and timely, relevant data. Local WIC and SNAP 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. Methods include tracking participation and redemption rates based on demographics and equity indicators, needs assessments through data matching and global information services (GIS) mapping, and engaging families representing a variety of racial, ethnic, and other categories of identity in a dialogue.

FRAC is offering WIC as a more detailed example. Local agency caseload management and the need for robust caseload performance standards and monitoring has come under increased scrutiny as participation declined for several years. Even during the COVID-19 pandemic, many states underperformed with nearly half posting participation declines. To increase participation, it is important for state and local agencies to employ effective methods for maximizing caseload through caseload-based performance standards, tracking tools, and timely relevant data. 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. Most commonly, state agencies distribute monthly reports to local agencies, but local agencies can be given access to the system to create and download reports. Local agencies need to be empowered, funded, and given the necessary training to undertake effective daily tracking, as well as longer-term tracking, and needs assessment. This can be in partnership with the state agency. Please see below for two tables with FRAC's recommendations for tracking and assessment methods.

WIC Caseload	WIC Benefit Utilization and Redemption	WIC Caseload and Redemption Analysis: Key Categories and Factors	WIC GIS Mapping
<p>Analyze and track on a daily, weekly, and monthly basis</p> <ul style="list-style-type: none"> · progress in meeting local agency performance standards for caseload targets; · no-shows; · the number of clients added to the program; and · the number of clients exiting the program. <p>In addition and on a monthly basis, analyze and track the number of enrolled but not participating clients.</p>	<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 the database, including the numbers and types of family members participating in WIC and other federal nutrition 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; · area-level participation and benefit redemptions rates; and 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 health determinants, e.g., geographic distribution of life expectancy by zip code, rates of community disinvestment, and incarceration rates.⁴⁷

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

<p>Field WIC satisfaction surveys.</p> <p>Engage parents in a discussion around the questions they would like to see in the survey.</p> <p>Share the survey's findings.</p> <p>The survey's results should be understood in the context of participants' category, race, ethnicity, and income.</p>	<p>Review comments and complaints submitted to WIC and those made on WIC's webpage and social media.</p> <p>Establish ongoing feedback opportunities through websites/apps and local offices, e.g., "How are we doing?"</p>	<p>Interview individuals via phone or in person.</p> <p>Conduct focus groups with current and past WIC recipients, including those who are or may have been potentially eligible but never participated and individuals who represent the diversity of eligible populations.</p> <p>Interviewers and focus group facilitators should represent the surveyed group.</p>	<p>Host regularly scheduled online conversations.</p> <p>At least one of the hosts should be able to communicate in the primary languages spoken in the state or service area.</p>	<p>Hold local or regional WIC listening sessions and promote the opportunity for anyone to offer feedback.</p> <p>Work with partners to get the word out (advocates can help prepare speakers).</p> <p>The listening sessions can cover many topics, including the State WIC plan.</p>
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In immigrant communities, ensure that families and individuals, regardless of immigration status, have access to programs. Some immigrant families face unique barriers to federal programs due to language barriers, discrimination, fear of deportation, and misinformation about eligibility.

A report released by FRAC in partnership with the National Immigration Law Center found that the 2019 Department of Homeland Security (DHS) public charge rule had a chilling effect on program enrollment in nutrition programs among Latino families.⁴⁸ This included SNAP, a program directly covered by the public charge rule, as well as programs not covered, like WIC and school meals. For example, more than one-quarter of the immigrant parents who were surveyed reported that they stopped using SNAP or other food programs in the last two years due to immigration-related concerns, which was echoed by nutrition service providers. FRAC's findings are confirmed by other research linking uncertainty about the public charge law to reduced enrollment in nutrition assistance programs⁴⁹ and reduced enrollment of children in Medicaid before the rule even went into effect.⁵⁰

Actions

- Encourage agencies and state governments to issue clear, affirmative messaging on immigrant family access to programs. Succinct messaging on how eligible immigrant families can safely access programs without fear of public charge consequences can help combat misinformation. Examples of state SNAP agencies that have publicized how the public charge rule does not apply to SNAP include California;⁵¹ Massachusetts;⁵² and New York City.⁵³
- Build relationships with immigrant communities and immigrant-serving organizations.⁵⁴ This ensures that families are hearing about programs in accurate and easy-to-understand terms that are culturally appropriate, in a language they are familiar with, and from those they trust. Partner with trusted organizations to craft and disseminate information about services and program enrollment.
- Implement, publicize, and monitor policies that help immigrants feel safer when seeking federal assistance.

In Native communities, center Native leadership and Native people's needs in program enrollment and delivery. The collective historical and current traumas endured by Native Americans have led many to distrust U.S. government programs and interventions. Federal programs must consider the legacy in the design and delivery of programs.

One central issue is granting Tribes, as sovereign governments, the authority to directly administer the child nutrition programs, including school meals, out-of-school time

meals, and CACFP. Tribes already have the option to run WIC. This is critically important for recognizing Tribal sovereignty and would ease the administrative burden on tribes, like the Navajo Nation, that straddle multiple states and have to coordinate with multiple state agencies to provide school meals.

Another key priority is to support food sovereignty on Tribal lands by using food produced by Native farmers in the child nutrition programs. The current child nutrition food procurement and WIC vendor rules create significant barriers, favoring large producers and excluding Tribal producers. FRAC recommends creating easier pathways for Native farm products to be included in the school meal and out-of-school time meal programs and the Tribal child care programs (including Head Start), and to be allowed as WIC vendors redeeming the WIC fruits and vegetables vouchers.

The Food Distribution Program on Indian Reservations (FDPIR) is a nutrition assistance program that provides access to food for low-income Native families who do not have easy access to grocery stores through the delivery of food boxes.⁵⁵ FRAC recommends allowing Tribal organizations to enter self-determination contracts to procure foods for FDPIR packages and to allow participants to use benefits from FDPIR and SNAP at the same time.

5. Stakeholder and Community Engagement

Use sustainable strategies to engage individuals with lived expertise to help improve policies. Fostering productive dialogue around program strengths and opportunities for improvement from the perspectives of the diversity of current and past participants, as well as those who have been eligible for programs but never participated, is crucial. Their expertise should be used to inform why disparities in enrollment or outcomes exist and how to innovate and improve policies and procedures. To do so, participants must be engaged in a way that is authentic, values their expertise, and is minimally intrusive.

One example is soliciting feedback through apps that provide services for program clients. For example, Propel administers an app called “Fresh EBT” that helps SNAP participants monitor their EBT balance, receive important updates about program changes, and access linkages to other resources.⁵⁶ During COVID-19, the app has been used to field surveys to track hardship and access to programs among Fresh EBT users. Survey results can be disaggregated by gender, race, and ethnicity, and are published in reports and shared through monthly webinars hosted by FRAC. This type of rapid survey data could help coordinate efforts between agencies. For example, the May 2021

report found that about one-quarter of Fresh EBT households eligible for the Child Tax Credit will not receive it in July because they did not file their 2020 taxes.⁵⁷

Advocates in Pennsylvania and Georgia have focused on ensuring that WIC parents' 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 focus groups with WIC parents and parents who are eligible but are not participating. The participants represented the racial and ethnic makeup of eligible families in Georgia. The findings have informed the WIC state agency and a community coalition formed to promote WIC improvements.

Another strategy to solicit participant feedback is through [periodic summits](#), meetings, listening sessions, and/or task forces.^{58,59,60,61} These organized events provide an excellent forum to hear from providers, clients, those likely eligible for programs, and a full range of partners about the facilitators and barriers to participation and success. These efforts should center the needs, feedback, and leadership of individuals with lived expertise and employ a racial equity framework.⁶² Summaries, key findings, and actions can be written in reports and widely distributed at the regional and national level.

Invest in community coalitions. Local task forces or coalitions bring together stakeholders from a variety of organizations to strengthen social services. Coalitions can include nonprofits, state agencies, faith-based organizations, emergency food providers, community health clinics, and more. These stakeholders should serve all populations, especially those that are marginalized, and regularly seek client feedback. Coalitions also provide opportunities for sharing information, training, and the coordination of services.

Coalitions lead to policy changes that promote equity. For example, FRAC's Maryland Hunger Solutions (MDHS) participates in a Governmental Access Workgroup, which facilitates the sharing of information from partners across various sectors and programs. Through this coalition, language access was identified as a barrier to inclusive customer service, particularly during the pandemic with rapidly changing policies and procedures (e.g., how to receive school and summer meals). The coalition has focused on hiring bilingual staff, incentivizing bilingual applicants to apply, and providing training on how to use translation services. MDHS has engaged with the Maryland SNAP agency to review their language access policy and provide recommendations for improvement. Other examples of community coalitions include the [Community Quality](#)

[Councils](#), established in 2004 by the Illinois Hunger Coalition and the Illinois Department of Human Services, and the [Community Partner Program](#), established in 2012 by the Texas Health and Human Services Commission.

Actions

- Fund community coalitions in order to support the expertise of community organizations that are often strapped for resources.
- Coordinate across agencies to create broad coalitions.

In Native communities, engage Tribal leaders through the consultation process. The Biden administration has recommitted itself to centering Indigenous voices through consultations;⁶³ these consultations will center on the needs of Tribal communities.

Actions

- Consultations with Tribal leaders and Tribal organizations must take place in accordance with [E.O. 13175: Consultation Coordination with Indian Tribal Governments](#); and
- “Dear Tribal Leader” letters and other calls for consultation must be provided to Tribes, at a minimum, 30 days before the consultation is scheduled to take place. These announcements must be widely publicized.

Expand opportunities to engage with policy makers by expanding the use of virtual town halls, listening sessions, and office hours after the pandemic is over. The COVID-19 pandemic shifted public engagement of policy makers to mostly virtual engagement. Virtual visits and other forms of engagement have opened up an important opportunity to potentially reach underserved communities. For instance, FRAC’s partnering state and local anti-hunger advocates have employed virtual lobby visits where they were able to incorporate advocates with lived expertise to speak to elected officials. In contrast, in-person engagement often requires travel to Washington, D.C., which can have cost-prohibitive barriers (such as transportation and lodging costs, and taking time off of work). These barriers prevent those who are experiencing hunger and poverty, and are critical to engage in policy solutions, from participating.

Still, access to virtual engagement must be examined to ensure that it does not have unintended consequences and exacerbate disparities. Virtual engagement should take into account language access and accommodations, like closed captioning, and availability of reliable and high-speed broadband in rural areas to overcome barriers to participation. In-person engagement and other forms of engagement are still important and may be more accessible than virtual participation depending on the community.

Agencies should assess the barriers faced by communities and then work to address those barriers to maximize engagement. Public comments, like this solicitation, are also good opportunities, but the comment period should be 90 days in order to allow time for coalitions of community-based organizations and their constituents to respond.

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