

Making WIC Work Better:

A Summary of Strategies to Reach More Women and Children and Strengthen Benefits Use

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 WIC 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, early care and education, grocery stores, businesses, members of obesity coalitions, healthy food access initiatives, 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.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federal food program, 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.

This report provides an extensive menu of strategies, including featured spotlight programs, to improve the reach of WIC and benefit use. It contains 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 report is intended to be understandable for all stakeholders from the novice to the expert.

These recommendations are based on FRAC'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. FRAC 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 policymakers.

SECTION 1

WIC Outreach and Promotion

- Effective WIC outreach should make a positive, practical, and persuasive connection with eligible families.
 - WIC agencies should conduct multicultural multilingual outreach to reach underserved diverse communities.
 - WIC websites should be attractive, effectively promoting WIC, and facilitating the next steps to participating in WIC.
 - WIC agencies should more effectively reach out to millennial parents by conducting WIC outreach and program promotion through social media, and web-based advertisements.
 - WIC agencies should use the outreach power of positive word-of-mouth recommendations.
 - State agencies should effectively administer outreach, promotion, and referral activities through local agencies.
 - WIC stores should play a key role in WIC outreach.
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SECTION 2

WIC Partnerships: Communication, Coordination, and Referrals

- Health professionals, hospitals, and clinics should refer potentially eligible patients to WIC.
- Primary care services in community health centers, migrant health centers, public health departments, and private practices should coordinate with WIC.
- Hospitals should maximize opportunities to coordinate and co-locate with WIC services.
- Stakeholders should maximize opportunities created by the Affordable Care Act to increase WIC access and strengthen services.
- SNAP and WIC agencies should establish partnerships and agreements to facilitate cross-referrals and WIC income eligibility determinations.
- 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.
- 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.
- 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.

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- 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 agreement with WIC.
 - Productive Head Start and WIC partnerships can contribute to reaching the shared goals of supporting the good health and development of young children.
 - Elementary, middle, and high schools can make a WIC connection for potentially eligible students and families through school-based WIC outreach and referrals.
 - State and local anti-hunger organizations can play an important role in strengthening and expanding WIC.
 - Facilitating feedback from relevant stakeholders, including leaders, such as representatives from diverse communities and groups served by WIC, and parents participating in WIC, as well as parents eligible but not participating in WIC.
 - Faith-based organizations should include WIC outreach and referrals as part of food pantry services, health promotion messages and resources for potentially eligible parishioners.
 - The emergency charitable food network should promote WIC participation.
 - 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.
 - 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.
 - Diaper banks and other charitable organizations serving low-income babies and young children should connect to WIC.
 - Local businesses can support WIC outreach, promotion, and incentive efforts.
 - Drug stores, pharmacies, and big box stores can include WIC in health fairs and services, especially as they increase the number of such events.
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SECTION 3

The WIC Clinic Experience

- Schedule hours of operation and appointments at WIC clinics at convenient times.
- Local WIC agencies and clinics need to minimize wait times.
- 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.
- 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.
- Clients should be reminded of upcoming appointments using texts, a WIC app, e-mail, or other messaging options, while also keeping the option of phone call reminders.
- WIC services should be tailored and translated to serve the increasingly culturally and linguistically diverse population.
- Programs should keep the number of required WIC in-clinic visits to a minimum.
- 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 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.
- State and local WIC agencies, Medicaid, neighborhood clinics, and Head Start should implement innovative options for assisting participants with transportation.

SECTION 4

Reaching and Serving Special Populations

- WIC partners should integrate WIC resources and referrals into agencies and programs serving grandparents raising grandchildren and foster parents.
- WIC agency programming and practices should facilitate the inclusion of foster parents and grandparents raising grandchildren.
- WIC agencies and relevant stakeholders should conduct multicultural and multilingual outreach, promotion, coordination, and referrals to reach underserved immigrant families.
- WIC services, materials, and resources should be tailored and translated to serve the language and culture of immigrant families.
- WIC should maximize the cultural food choices available in the WIC food package and in stores.
- 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.
- 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.
- WIC should target outreach to rural communities with positive messages.
- State and local WIC agencies can reduce the time and expense to families participating in WIC by reducing the distances WIC participants need to travel and the number of trips required.
- 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.
- 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 family shelters, temporary and transitional housing.

SECTION 5

Technology — Modernizing WIC

- 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.
- State and local WIC agencies should offer online appointment scheduling.
- State agencies should make the program more attractive and more conducive to participation by offering mobile WIC applications.
- WIC should offer clients the option to submit documentation to local agencies via digital technology.
- WIC should maximize technology to reduce barriers and facilitate the full redemption of WIC food benefits.
- 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.
- WIC websites, apps, and other client-facing technologies should be available in the primary languages used by WIC applicants and participants.

SECTION 6

Nutrition Education — A Valuable Asset for WIC Families

- WIC should include an increased focus on limiting sugar-sweetened beverage consumption by young children.
- 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 clients should be offered at least one option to complete a nutrition education requirement offsite via technology, such as online classes and modules, mobile applications, and video telehealth or video chats (e.g., via Skype).
- 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.
- WIC breastfeeding support and education should continue to expand and evolve.
- 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.
- SNAP Ed and WIC can work together to ensure participants receive consistent nutrition messages, to develop joint nutrition education materials, and to have SNAP Ed staff deliver programming through WIC.

SECTION 7

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

- Maximize the value of the children's WIC food package.
- Offer targeted high-value nutrition education and counseling around key transition issues for parents of toddlers.
- State WIC agencies should adopt and promote a one-year certification period for children, rather than requiring recertification semi-annually.
- 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.
- Agencies should establish protocols to identify participants at risk of dropping out of WIC, and then focus special assistance and attention on them.
- WIC agencies and partners need to provide outreach targeted to families with children 1 to 4 years old.

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SECTION 8

Optimizing the WIC Shopping Experience

- Local WIC agencies should offer the training, tools, and materials participants need to prepare for a successful shopping trip.
- WIC participants should have options easily available to determine if a food is WIC-eligible while they are shopping.
- WIC participants should have a variety of options available to check their food-benefit levels and expiration dates easily when using WIC EBT cards.
- WIC clients should receive reminders when their monthly food benefits will soon expire.
- WIC participants should have options available to report problems and request timely assistance from WIC when they are shopping.
- 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.
- States should increase the availability of authorized WIC stores in underserved areas.
- Governments should make any public financing, economic incentives, subsidies, or grants to food stores in low-income areas conditional on their participation in WIC.

SECTION 9

Support From Federal, State, and Local Governments

- USDA should continue to strengthen and expand WIC.
- State governments should act to reduce barriers to WIC.
- State legislatures can use the power of appropriations and law to support WIC.
- Local governments can play a range of important roles in supporting WIC.

SECTION 10

WIC in Disasters

- 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.
- State and local WIC agencies should employ options for WIC food package and redemption flexibilities, and benefit replacement as necessary in disasters.
- State and local WIC agencies must continue WIC services through existing or temporary WIC clinics, and partners can offer space for temporary clinics.
- State and local WIC agencies should utilize options to offer simplified income eligibility and flexibility around certification periods.
- Offering WIC nutrition and breastfeeding support and services is a vital support for mothers during disasters.
- Relevant agencies and WIC should coordinate to offer referrals to needed disaster services.
- Partnering organizations and WIC should widely disseminate WIC disaster services and policy information to impacted communities and populations.