

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides support in the form of healthy food packages, nutrition education, breastfeeding counseling and support, developmental and immunization screenings, and referrals to additional services. WIC has been proven to enhance the nutritional status and overall health of qualifying low-income mothers, infants, and young children.¹

How does WIC Work?

- WIC is a federally funded, discretionary assistance program.
- USDA provides grants to each state to administer the program at the local level.
- In Pennsylvania, the Department of Health's Bureau of WIC is responsible for the administration and oversight of program activities statewide.
- Management of the program is contracted to county and private non-profit agencies, each responsible for a designated service area.



Who is Eligible?

- Pregnant and breastfeeding women for 1 year postpartum
- Non-breastfeeding women for 6 months postpartum
- Infants and children up to age 5
- Income at or below 185% of federal poverty line²
- Must be at nutritional risk (either medically-based, such as anemia, failure to thrive, maternal age, pregnancy complications or diet-based risk)

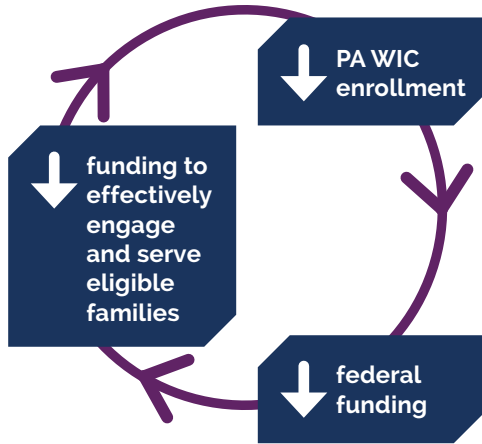


Status of WIC

WIC participation had been declining for many years in Pennsylvania and nationally. Since the pandemic hit, many states have begun to reverse this decline. Yet in Pennsylvania, participation has continued to decline due to both challenges with PA WIC's structure and issues that have been exacerbated by the pandemic. According to the most recent data posted by USDA, PA WIC participation decreased 8.7% from February 2020 to February 2021. In the previous decade (2009 – 2019), federal

WIC funding to PA decreased by 17.6%.³ While a small portion of the enrollment decline may have been due to improved economic conditions that increased family income, this large reduction in funding means WIC agencies have fewer resources to support operations, outreach, enrollment, and retention efforts. This can lead to a further decline in enrollment, and subsequently, less funding, triggering a vicious cycle that is difficult to reverse.

Downward Spiral Resulting from Extended Decline in Enrollment



Key Health and Nutritional Benefits of WIC

Given the depth of research about children's rapid growth and development in the first three years of life, it is crucial that all eligible families with young children participate in WIC, which:

- Reduces the prevalence of household food insecurity, increases housing security, lifts participants above the poverty line, and protects against economic hardships
- Reduces the incidence of preterm births and low birth weight
- Reduces incidence of iron-deficiency anemia among infants and children
- Increases access to early prenatal care and encourages breastfeeding
- Improves diet quality and intake of key nutrients
- Improves access to healthcare and social services

WIC Client Feedback is Crucial to Making Program Improvements

Over the course of the past year, Just Harvest and the Greater Philadelphia Coalition Against Hunger conducted several surveys and completed over 50 phone interviews with current and former WIC clients to gather valuable feedback about positive and challenging features of the WIC program. The information shared provides value to improving PA WIC to lessen barriers to enrollment, meeting program requirements, enhancing client experiences, and increasing retention rates. The client feedback featured below focuses on WIC program issues that were present before the pandemic. You can learn more about the impacts to the WIC program since COVID-19 [here](#).



What Do Families Have to Say about WIC?

The most common feedback shared by current and former WIC clients falls into three main areas:

1. Reduce Barriers to WIC Services

- Simplify documentation: Few clients had problems with the enrollment process. However, those who did reported difficulty gathering required documentation.
- Require fewer in-person appointments. Clients reported:
 - Difficulty scheduling or rescheduling appointments. More than half of those who received WIC within the past year, but were not currently enrolled reported that they no longer received WIC because of difficulties getting appointments.
 - Lack of access to reliable, affordable transportation to the WIC office.
 - Facing long appointment wait times.

2. Improve the User Experience and Value of WIC Benefits

- Improve the eWIC system: The vast majority of clients prefer shopping with the eWIC card because it is easier and faster than paper vouchers. However, many expressed significant frustration that they could not check their card balance remotely (via a website, phone app, or call line), as it can be difficult to keep all receipts and is time-consuming to wait in the customer service line at the grocery store.
- Increase variety and flexibility in the food package: 20% of former clients said they left WIC because they no longer needed formula, indicating that the perceived value of the toddler food package was not enough to keep them enrolled.
- Improved shopping experiences: Clients wanted clearer and/or standardized signage at stores to identify WIC items, as well as more stores that accept WIC.

3. Provide Accurate and Accessible Information to All Eligible Families

- Clear public messaging about WIC eligibility: Client feedback revealed there is an ongoing need to correct misunderstandings about the program. For instance, some thought that families could not participate in SNAP and WIC at the same time. Others thought that single dads or grand-families could not participate.
- Address language barriers: Feedback from families and Limited English Proficiency serving organizations revealed many additional barriers for this population. The WIC application should ask the client's preferred language so that interpretation can be scheduled. More program materials and communications need to be translated.

"If WIC provided transportation to the office and grocery stores that would have made such a big difference. I really believe that should be available for those who don't drive. Telehealth, smart card, and more WIC retailers definitely would have helped. Not being able to get to a store that took WIC was really a struggle for me after I lost access to rides from my kids' father."

"I love the smart card. It makes the checkout process much more convenient and faster, and I don't have to worry about feeling embarrassed about being on WIC. I also feel like we can use it better since not everything has to be bought at once."

"WIC still has a narrow option of food selection. Any deviation a parent may want has to be doctor oriented. For instance, a family who drinks nut milk or any other option besides cow's milk is not given consideration unless they have a medical need. This causes waste."

Sources

¹ <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

² <https://aspe.hhs.gov/poverty-guidelines>

³ USDA, WIC Data Tables; Latest month available, State-Level Participation, updated May 16, 2021, <https://www.fns.usda.gov/pd/wic-program>



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