

# WIC Participants Encourage Improvements to Remove Barriers to Access

*Thriving PA Community Sessions Feedback*

## Introduction



Children need access to quality nutrition to build a strong and stable foundation for lifelong health and well-being. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a solid foundation of healthy habits by giving pregnant and postpartum mothers and infants and toddlers access to nutritious foods, breastfeeding supports, and health referrals.

Evidence shows WIC effectively improves the health of low-income children by reducing the prevalence of household food insecurity, increasing housing security, and helping lift participants above the poverty line.<sup>i</sup> WIC is also a wise investment: every dollar spent on prenatal WIC yields \$2.48 in savings in medical, educational, and productivity costs over an infant's lifetime.<sup>ii</sup>

While the benefits of WIC are many, participation has unfortunately declined nationally and statewide over the last several years. To help combat the downward participation trend, Thriving PA, a non-partisan, statewide advocacy campaign, is working to improve the financial stability of and help modernize the WIC program. Thriving PA was established in 2021, thanks to an opportunity from the Pritzker Children's Initiative that allows Pennsylvania to build upon its early care and education coalition policy work to include perinatal and child health. One of the campaign's goals is to improve the quality of and increase equitable access to a coordinated system of health supports, including WIC.

Thriving PA is committed to incorporating feedback from parents and families participating



in the programs it seeks to improve. Learning from lived experiences is vital for creating effective policies—hearing directly from participants provides the best understanding of the barriers to accessing services and the strengths that impact their lives most. Client feedback from current and former WIC participants is crucial to making these strides toward program improvement and ensuring the program reaches all eligible families.

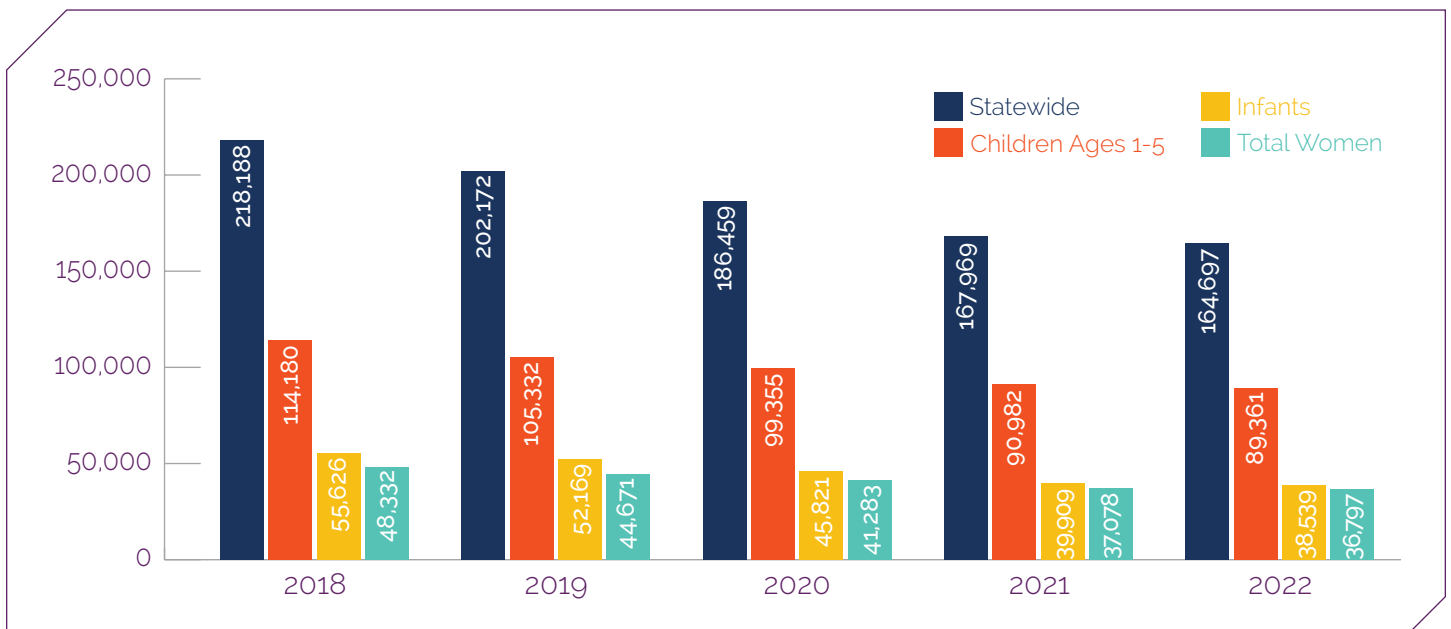
## History of WIC in PA



WIC has been a staple nutrition program for women and children since 1974.<sup>iii</sup> In Pennsylvania, WIC-eligible participants include pregnant women, breastfeeding women up to one year postpartum, women not breastfeeding up to six months postpartum, infants and children under age 5, and foster children.<sup>iv</sup> Additionally, participants must be low-income, with an income at or below 185% of the Federal Poverty Level (\$40,626 for a family of three), or be enrolled in Temporary Assistance for Needy Families (TANF), Medicaid, or the Supplemental Nutrition Assistance Program (SNAP).<sup>v</sup> Further, participants must also demonstrate a medical or nutrition risk, such as anemia or maternal age.<sup>vi</sup> Health professionals in the enrollment process screen applicants to identify these risks.

Currently, in Pennsylvania, federal funding supports the WIC program through the U.S. Department of Agriculture's Food and Nutrition Service appropriation. In the FY 2022-23 state budget, Pennsylvania's Department of Health received \$278.2 million in funding to support the program.<sup>vii</sup> With this funding, Pennsylvania contracts with 25 organizations, known as WIC agencies, to manage the WIC program in specified counties.

Although there are clear benefits to participating in the program, Pennsylvania has experienced a significant decline in WIC participation for several years, even before the COVID-19 pandemic. As shown in the chart below, from 2018 to 2022, there was a nearly 25% decline in participation in PA WIC. During the pandemic, participation decreased from 190,476 to 156,838, a loss of 33,638 or 18%, from February 2020 to February 2022.<sup>viii</sup> Pennsylvania's participation decrease was the third largest compared to other states during this period, with only New Mexico and Missouri experiencing larger declines.<sup>ix</sup>



In addition to declining participation, Pennsylvania's WIC program has seen a decline in funding over the last decade. Between 2009 and 2019, federal funding for WIC decreased by nearly 18%, and in the previous three fiscal years, funding has remained stagnant.<sup>x</sup> Therein starts a vicious cycle—with less funding, fewer resources support program operations such as outreach and recruitment efforts, thus impeding the program's ability to increase participation. With the current statewide participation rate of only 50% of eligible women and children served, there is an opportunity to increase participation and funding for the program. However, in addition to funding issues, more families must first be able to access the program.

## Community Sessions

Thriving PA identified a clear need to increase WIC enrollment and engaged clients to learn what strengths and challenges they experienced with the program and gather suggestions for improvements. These virtual family and community stakeholder focus groups were an opportunity to obtain feedback from program participants and learn what short- and long-term program changes they recommend. More than 50 current and former WIC participants provided insight into the WIC program's strengths, barriers to participation, and ideas for modernization.

### Geography of Sessions



Thriving PA partnered with 8 local community-based organizations with established relationships within their areas to recruit and facilitate the sessions. The results in this report are part of a continuous feedback loop with local organizations and participants to foster future partnerships with the campaign and WIC clients.

### Format of Sessions



The sessions helped participants feel comfortable and confident in sharing their perspectives and personal experiences. A representative from

Thriving PA attended each one to take detailed notes, and the community-based organizations served as facilitators for both large and small groups. Each session was virtual rather than in-person, using a facilitation guide to maintain consistency across all focus groups. The structure of the sessions included an overview of the Thriving PA campaign, the purpose of the focus group, and an overview of the format used to collect feedback. Three primary questions and several guiding questions encouraged a deep discussion about the program:

- What strengths do you feel the WIC program offers you as a client?
- What are some of the barriers you face in accessing WIC supports?
- What type of modernization or innovation would make your experience with WIC more beneficial for you and your family?

Every session included three rounds of conversations focused on the primary questions. Depending on the number of participants in the session, large and small breakout groups helped ensure everyone had an opportunity to provide feedback. The following is a collective analysis of the major themes gathered, followed by recommendations to improve Pennsylvania's WIC program.

Session Location/Host	Facilitating Organization
Centre County	United Way of Centre County and Youth Services Bureau
Berks County and Lancaster County	United Way of Berks County/ Parents as Teachers Lancaster
Mercer, Beaver, Indiana, Armstrong, Butler and Lawrence Counties	United Way Lawrence County
Allegheny County	Trying Together
Philadelphia County	Maternity Care Coalition
Scranton	Outreach Works
Statewide Spanish Speakers	United Way of Berks County

## Summary of Findings

### Strengths

Participants found value in several key aspects of the WIC program that are vital components for success.

#### Nutrition and Health Education



Participants in every session brought up the nutrition and health education provided at WIC clinics during appointments and valued that information sharing. The breastfeeding program was especially a strength noted by participants, including some discussion on how WIC clinics kept clients updated during the infant formula shortage in 2022.

#### Cash Value Benefits (CVB)



During the COVID-19 pandemic, Congress passed temporary measures to allow for a significant increase in WIC's monthly produce benefits. Session participants noted the increase in fruit and vegetable amounts is beneficial, especially as costs continue to rise. Participants are hopeful the increased benefits will continue even when the public health emergency ends.

#### Farmer's Market Vouchers



The ability for WIC participants to use vouchers for fresh fruits and vegetables at farmer's markets was a considerable strength of the program, according to feedback gathered in the community sessions. The only drawback from this benefit was finding farmer's markets that were accessible and vendors that take the vouchers.

**I "felt normal being able to take my daughter to these nice places that have fresher produce than the grocery store."**

**– Former WIC Participant, Lancaster**

### Barriers

Despite WIC's proven effectiveness, several barriers to participation in the program impact families' willingness to enroll or stay enrolled. The top obstacles discussed in the focus sessions included accessibility issues, client experiences in stores, and in-person requirements.

#### Transportation



Many participants, especially those in the more rural counties, shared the difficulty in getting to WIC offices in person during clinic hours. It was not uncommon to hear some participants needing to drive 30 minutes or more to get to their local clinic. Rising gas prices were also a point of contention, with many participants noting they must drive long distances. Further, with the restrictions on the number of people allowed at each appointment, some families faced challenges finding child care during their appointment time.

#### Program Challenges



Due to Pennsylvania's offline EBT (Electronic Benefits Transfer) card system, clients must visit WIC clinics in person to get their benefits reloaded every 3 months. In addition to the trips needed to reload benefits, federal regulations require in-person appointments to apply and recertify for the program each year. Many participants noted that the in-person requirements are challenging due to work schedules, access to child care, and transportation. Further, they feel the length of certification is too short and the need to recertify every year is too frequent. During the COVID-19 pandemic, Congress waived physical presence requirements, which allows for remote WIC assessments. Participants are hopeful that remote certification will be permanent when the public health emergency ends and that Pennsylvania will work toward an online system for reloading benefits. This dramatically decreases the frequency clients are required to go in-person to clinics.

### Food Package Dissatisfaction



Participants shared frustrations with the food options that are eligible for WIC. Many are frustrated with sizing restrictions that don't align with packaging available in stores or sold-out items. This forces participants to either forego their WIC benefits for those items or go to multiple store locations to find the particular item. Participants also felt that food packaging lacks diversity and identified a need for an updated package that meets current nutritional standards.

### Shopping Experiences



Many WIC participants had trouble determining what items were WIC approved in stores. Clients noted several instances where they thought their benefits covered things, only to learn some items were not covered at checkout. In these instances, WIC clients either need to return the food item or pay for it out-of-pocket, causing embarrassment or financial hardship. Participants were clear; item identification and checkout need to be addressed to ensure smoother transactions, including self-checkout lines and online grocery shopping. Online shopping during the pandemic was a lost opportunity for WIC clients. Unfortunately, some of these regulations are at the federal level and would require Congressional action to change them.

**“In the store for the first time, sweating profusely, with my baby... they give you this attitude.”**

**– WIC participant, Allegheny County**

### WIC Clinic Experience



Participants expressed a desire for improvement in staff interactions at WIC clinics, as well as improved communication. There is a lack of clarity on issues like when a child should be present at an appointment or what documents a client should have for recertification.

### Stigma



Some participants said they felt deterred by the stigma and shame associated with participation in WIC, especially during the checkout process.

Many participants shared that the stigma around using a government-funded assistance program makes families hesitant to enroll in benefits and use them in a store. Discrimination and racial barriers are also factors for some participants.



### Participant Suggestions for Innovation and Modernization

After discussing some of the barriers they faced, and what they perceived as WIC's strengths, participants offered suggestions for possible innovation and modernization within the WIC program that would impact their families most.

**Improve and increase family education and resources:** WIC participants seek more in-depth introductions to the program and how-to-shop videos, virtual and in-person gatherings for participants to connect, and overall continued nutritional learning.



**Improve the WIC food package:** Many participants found the food packaging outdated, limiting, and not always culturally appropriate.



**Improve the shopping experience:** Stores should improve the training of grocery store workers and offer interpreters for shopping, either in-person or through a phone option, as well as labeled items that are WIC eligible.



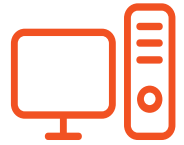
### Improve the food purchasing process:

The current process requires WIC participants to be in the presence of a cashier to use their EBT cards. WIC should allow for online food purchasing and self-checkout.



### Improve the technology of the program:

An updated WIC program should allow for online reloading of benefits, online benefits management, online enrollment/recertification, and continued phone/virtual clinic visits when it is unnecessary for an in-person appointment.



### Improve the WIC clinic experience:

WIC clinics should improve customer service, provide workforce development and advancement pathways to support WIC staff, diversify and prepare the workforce to serve a culturally and linguistically diverse population, and streamline visits.



### Integrate WIC applications/enrollment:

The WIC system should be integrated with COMPASS and other benefits systems to provide eligible participants with a streamlined application process.



## Recommendations

Thriving PA's goal is to ensure every eligible Pennsylvanian who wants to participate in the WIC program enrolls and finds value. We offer the following recommendations for improving the system, thanks to the feedback from WIC clients who participated in the community sessions.

### Technology Improvements



Improving technology is key to modernizing WIC and meeting families where they are to provide critical services for healthy nutrition. Participants in the community sessions emphasized the need for

thoughtful, user- and mobile-friendly technology to make their WIC benefits more accessible. Thriving PA supports making permanent the flexibilities given to the program during the COVID-19 pandemic, which have allowed WIC agencies to adapt to families' needs and modernize current technology to provide the best user experience.

### Online EBT Card



Across the country, there are major differences in how WIC programs operate, mainly because WIC benefits are managed federally but administered

by the state. This allows states flexibility in running their programs, including whether benefits are administered to recipients online or offline. States that administer benefits online allow EBT cards to be reloaded remotely for participants. At the same time, offline states require families to use a mail option or visit their local WIC office to reload their EBT cards. Pennsylvania is among only a handful of states operating a WIC system offline. Unfortunately, that meant during the COVID-19 pandemic, Pennsylvania was automatically at a disadvantage with an offline system that still required clients to have their cards loaded in person, creating a health risk for many families and WIC staff. As with many other sectors since the pandemic began, the WIC program had to adjust its practices and was eventually able to offer 3 months of benefits to be loaded on EBT cards at one time. This provided WIC clients with more flexibility and safety than coming into the office each month. Ultimately, however, states with an online system maintained or improved WIC participation during the COVID-19 pandemic, while states with offline participation have fared worse, including Pennsylvania.

Moving to a fully online system will improve the WIC experience for participants and agencies, support increased enrollment, participation, and retention, and allow for modernized WIC technology. Thriving PA is encouraged that Pennsylvania's WIC Bureau is moving toward an online system and recommends advancing the transition as quickly as is feasible.

### *WIC Mobile App*



Creating a state-specific WIC mobile app would allow families to access benefits more efficiently and help streamline clinic operations by screening participants' eligibility, allowing for online appointment scheduling, and assisting families in locating the nearest WIC stores and clinics.<sup>xi</sup> This enhancement would remedy many of the shortcomings of the existing offline technology while the long process of moving to a fully online system can occur.

Currently, the WICShopper mobile app allows WIC participants across several states to check the eligibility of products and scan items to confirm eligibility. However, in Pennsylvania, benefit information is not yet available on the app, and participants cannot download their benefits to their mobile devices. Creating a state-specific mobile app would allow specific benefit information to be open to participants. In addition, the app could integrate WIC education, scheduling, and applications to make the WIC program more accessible.

### *Systems Integration*



Cross-system integration is key to simplifying the application process for WIC recipients. COMPASS is the online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. However, it does not include the WIC application. Integrating WIC into COMPASS would allow eligibility and enrollment processes to be much more straightforward and easy for eligible individuals to access benefits. In addition, by integrating the systems, participants could upload necessary documentation, such as proof of income, once for the benefit programs in which they are eligible.

### *Modernize Outreach Methods*



Effective outreach can help improve eligible families' access to information about how to apply for WIC and help debunk myths, misconceptions, and outdated notions about WIC. The state needs to explore more modern methods for outreach, such as texting and social media, to capture more eligible WIC participants. WIC clinics have limited resources to expend on outreach, so increased marketing at the state level is necessary to reach eligible families. Further, educating community-based organizations, health care professionals, home visitors, and other service providers about the WIC program and its benefits can help increase WIC referrals for individuals who would benefit from it.

## Redeeming Benefits: Vendor Improvements

Vendors help families get the nutritional items they need. They ensure WIC foods are appropriately stocked for clients, stay up to date on the approved foods lists, and attend relevant training on the redemption of WIC benefits. Improving and modernizing the shopping experience for WIC clients will go a long way toward decreasing the stigma that families experience as WIC participants.

One of the most common frustrations from WIC clients is finding eligible items in stores. To remedy this, vendors should ensure shelf tags clearly mark eligible items and provide accurate and updated store maps to help participants locate items. In the long term, creating a state-specific mobile app would allow communications and updates to be pushed out regularly, including out-of-stock items and personalized shopping assistance for participants. In addition, it is imperative to amend federal regulations to allow for online grocery shopping and self-checkout options for WIC participants.

### Administrative Improvements

Administrative opportunities to streamline WIC can help build on the program's efficiency and reduce barriers to enrollment and benefit redemption.

### Care Coordination



Better care coordination between pediatric offices and WIC clinics would decrease the burden on families to provide weight, lab results, and other data that their health care provider recently acquired. This care coordination would also allow health care providers to have a complete understanding of their patient's current and historical health care.

### Eligibility Requirements and Data Sharing



One significant barrier to participation in WIC is the burden on families to determine eligibility and recertification requirements. Improving cross-system communication and data sharing would decrease a family's duplication of efforts in providing the necessary information.

Providers that serve infants and toddlers and gather data similar to what WIC requires from families at enrollment, such as Head Start and home visiting, are well positioned to enter into data-sharing agreements with WIC agencies. These relationships would assist care coordination at every level if a family allows the information to be shared. Increasing collaboration within care systems provides a more holistic approach to ensuring that a child or individual receives the appropriate care.

### Support Workforce Development



Workforce development, including increasing the diversity of WIC staff and preparing the workforce to service more culturally diverse families, is essential to modernizing WIC and equitably improving services. This includes cultural competency and equity training for all WIC staff and WIC vendors to build a culturally sensitive workforce, as well as to hire bilingual staff and provide clear and accessible translations of WIC materials.

### Learn from Best Practices



WIC clinics across the country have offered learning opportunities for creative ways to improve programs and reach more eligible participants. Additional work is needed to assess the strengths of the clinics and scale them statewide. While individual and community needs may differ, every WIC clinic should provide participants with the same care and opportunities.

### Update Food Package (Federal)



Families need options to find nutritional support that works for them. Providing WIC participants with a flexible food package that offers several food options and sizes is essential for providing meaningful benefits to families, including increased benefit allowance for rising produce prices.

The USDA recently published a proposed rule to revise the food packages issued through WIC.



This revision would implement some necessary flexibilities for families when selecting food options that work best for them. Some of the proposed changes would allow families access to enhanced WIC foods. They include permanently increasing the Cash Value Benefit to reflect 50% of recommended fruit and vegetable intake, introducing seafood options across both child and adult packages, increasing flexibility to remove barriers to obtaining dairy substitutions, and significant package size flexibilities and allowable substitutions. By making the Cash Value Benefit increase permanent, families could redeem more fresh fruits and vegetables which is an essential benefit of the program, according to participants. A National WIC Association survey showed improved participant views of the value of WIC benefits due to the CVB bump. WIC families participating in the community sessions noted how the increase in benefits was significant in helping them afford produce as costs began to rise.

### **Broaden Eligibility (Federal)**



Increasing eligibility to include children up to age 6 would ensure they receive nutritional supports until they transition to a K-12 school-based system that would provide them with nutritional options, such as school meals. Since children are only eligible for WIC until their fifth birthday, it creates a nutrition gap for children who are not yet enrolled in school and receiving nutritional supports elsewhere. Allowing



for children with an increased health and nutritional risk to remain eligible would allow the program to reach more families and support child development on a larger scale. U.S. Senator Bob Casey (D-PA) has introduced legislation that would increase age eligibility for children, but it has yet to see activity in Congress.

### **Relax the Physical Presence Requirement (Federal)**



Participants in the community sessions identified in-person requirements as a significant burden. The flexibilities granted through the public health emergency have allowed families to meet virtually with the WIC clinic instead of going in person for appointments. Extending these flexibilities beyond the end of the public health emergency would address some of the participant's transportation, child care, and work-related challenges. The current waiver could meet participant needs further by allowing health data from a physician's office to be shared with WIC offices rather than requiring in-person visits for assessments.

**“WIC should be offered to first grade. Kids need to have the extra protein, fruits, and vegetables. It is a big help for families.”**

**– WIC Participant Scranton**

## Conclusion

Declining WIC participation has substantially impacted the program's ability to guide Pennsylvania's children toward positive health outcomes. While waivers and flexibilities during the public health emergency propelled the program forward on long-delayed and needed modernizations, these advances must include strategies to address barriers to program participation and retention. Participant feedback is crucial for effectively addressing these barriers. Thriving PA hopes to increase WIC utilization and retention by focusing on client satisfaction and providing more Pennsylvanians access to healthy food, nutrition education, breastfeeding support, and referrals. WIC's complex challenges require partnership and coordination at the federal, state, and local levels and among policymakers, administration officials, advocates, and, most importantly, the families who benefit from a robust WIC nutrition and health support program.



## Sources

- i Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use. Food Research & Action Center, May 2019, [frac.org/wp-content/uploads/Making-WIC-Work-Better-Full-Report.pdf](https://frac.org/wp-content/uploads/Making-WIC-Work-Better-Full-Report.pdf).
- ii The State of WIC: Investing in the Next Generation. National WIC Association, Feb. 2022, [https://s3.amazonaws.com/aws.upl/nwica.org/state-of-wic\\_2022.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/state-of-wic_2022.pdf).
- iii 202 "Choose Healthy. Choose WIC!" Welcome to Pennsylvania WIC, [www.pawic.com/](http://www.pawic.com/).
- iv "Choose Healthy. Choose WIC!" Welcome to Pennsylvania WIC, [www.pawic.com/](http://www.pawic.com/).
- v "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs." HHS, <https://aspe.hhs.gov/poverty-guidelines>.
- vi "WIC Program Overview and History." National WIC Association, [www.nwica.org/overview-and-history](http://www.nwica.org/overview-and-history).
- vii Office of the Budget.
- viii Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use. Food Research & Action Center, May 2019, [frac.org/wp-content/uploads/Making-WIC-Work-Better-FullReport.pdf](https://frac.org/wp-content/uploads/Making-WIC-Work-Better-FullReport.pdf).
- ix Jacobs, Katie. *WIC during COVID: Participation and Benefit Redemption since the Onset of the Pademic*. Food Research & Action Center, Oct. 2022, <https://frac.org/wp-content/uploads/wic-during-covid-19-2022.pdf>.
- x WIC Participation and Costs Are Stable. Center on Budget and Policy Priorities, 19 Jul. 2017, <https://www.cbpp.org/research/food-assistance/wic-participation-and-costs-are-stable>.
- xi Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use. Food Research & Action Center, May 2019, [frac.org/wp-content/uploads/Making-WIC-Work](https://frac.org/wp-content/uploads/Making-WIC-Work)