STRIKING THE BALANCE: UNLOCKING REMOTE WIC SERVICES AFTER COVID-19

NWA RECOMMENDS:

Permitting video or phone certifications while partnering with physician offices to streamline WIC's health assessments

During the COVID-19 pandemic, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) rapidly innovated to provide remote services via video conferencing, telephone, and online platforms. These efforts, undertaken to promote social distancing, had a complementary effect of reducing longstanding barriers to access and enhancing retention of child participants.

As WIC prepares for the next generation of expectant parents, a more flexible service delivery model should incorporate lessons learned during the COVID-19 pandemic to unlock remote services.

ENHANCED ACCESS FOR CHILDREN

Children constitute more than half of WIC's total caseload, but they are the most under-served category of participants. In 2018, USDA estimated that only 44% of eligible children were certified for WIC services, with participation declining each year as children age until only 26% of eligible 4-year-olds were connected with WIC services.[2] This diverges significantly with the rates for infants, as 98% of eligible infants receive WIC services.

TOTAL CHILD PARTICIPATION IN WIC DURING COVID-19

Declines in child retention over the past decade were contrasted with increased evidence that WIC *improves* child health outcomes. As a result of the 2009 food package changes, WIC was associated with increased dietary variety for children, increased consumption of nutrient-dense foods like whole grains and vegetables, and reduced prevalence of childhood obesity.[3] WIC providers employ varied strategies to improve retention and assure that a greater share of eligible children are accessing WIC's effective nutrition supports.

Outdated program rules, reflecting the era of paper vouchers and woefully outpaced by industry standards in the healthcare setting, require in-person appointments to apply or reapply for WIC services each year. These rules demand in-person presence, even if applicants use digital tools to document eligibility. This is a barrier to ongoing participation for children, with 38% of certified infants dropping off by their first birthday.[4]

Before COVID-19, families cited challenges with meeting in-person requirements, including difficulty taking time off work, arranging for transportation or childcare, taking young children to an appointment, and long wait times.[5]

The Families First Coronavirus Response Act, passed in March 2020, provided waiver authority to enable remote certifications during the COVID-19 emergency. All State WIC Agencies rapidly implemented waivers, recognizing the public health imperative to suspend in-person appointments and embrace video or phone certifications.

COVID-related waivers removed many of the systemic barriers to child retention. As of October 2021, WIC has seen an 9% increase in child participation during the pandemic.[6] This increase - the largest recorded in over a decade - is driven by children remaining on or reconnecting with WIC when they otherwise would have fallen off the program.[7]

Please direct all questions to NWA at 202.232.5492

National WIC Association
Your child has you. And you have WIC.

BALANCED OPTIONS TO ECHO HEALTHCARE

Although WIC will return to providing in-person options after the pandemic, the popularity of remote options offered under COVID waivers reflects shifting service delivery across sectors. WIC services should align with the range of options offered in comparable healthcare settings, such as physician offices.

During the pandemic, State WIC Agencies have scaled up a series of digital tools common in healthcare settings - including participant portals, document uploaders, and pre-application forms - that simplify the certification process.[8] These straightforward tools frontload paperwork during the application and reapplication process, ensuring that WIC staff have more time during phone or video appointments to deliver nutrition counseling and directly support families.

These measures are not only consistent with industry practice in healthcare, but also extraordinarily popular across party lines. In September 2021, an independent nationwide poll by ALG Research/ McLaughlin & Associates identified 74% of likely voters in support of permanent flexibility to conduct virtual or phone appointments instead of in-person. This support cut across party lines, with 60% of Republicans, 68% of independents, and 89% of Democrats in favor.[9]

During the pandemic, WIC providers waived required health screenings, like blood draws to screen for iron levels and anthropometric measurements such as length/ height and weight. WIC providers increasingly relied on self-reported measurements to fill in gaps in participant records. This practice must sunset at the end of the pandemic, as WIC's public health mission requires relevant health data to inform individualized counseling and screen for nutrition-related conditions like iron-deficiency anemia.

Instead of reinstating in-person requirements from before the pandemic, WIC should thoughtfully integrate new strategies to collect health assessment data while reducing burden on participants and decoupling health assessments from eligibility screening. WIC could more effectively partner with physicians - including primary care physicians, pediatricians, and OB/ GYNs - to collect health assessment data within 90 days of a WIC certification appointment.

These partnerships will more reduce burden on families and save administrative costs by eliminating duplicative testing, more efficiently coordinating care for families, and ensuring a more thorough record of relevant health metrics. This also ensures that healthcare professionals have eyes on the family within 90 days, while also connecting eligible families as swiftly as possible with WIC's nutrition support.

As the nation emerges from the COVID-19 pandemic and continues to grapple with chronic diet-related conditions that contribute to national healthcare costs, common-sense administrative reforms to effective programs like WIC are smart solutions that encourage ongoing utilization of program services and will deliver real results for families.

Congress should take steps to relax physical presence rules, permitting ongoing video and telephone certifications. This will enhance child retention while promoting greater collaboration with physicians.

1 *See* USDA/FNS. WIC Data Tables: Monthly Data - State Level Participation by Category and Program Costs, FY 2021 (preliminary), FY 2020 (preliminary). https://www.fns.usda.gov/pd/wic-program

2 USDA/FNS (2021) National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2018 With Updated Estimates for 2016 and 2017. https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2018-Volumel.pdf.

3 Pan L, et al. (2019) State-Specific Prevalence of Obesity Among Children Aged 2-4 Enrolled in [WIC] - United States, 2010-2016. CDC Morbidity and Mortality Weekly Report 68(46):1057-1061.

4 WIC Eligibles Report, *supra* n.2.

5 Carolyn Barnes & Sarah Petry (2021) "It Was Actually Pretty Easy": Covid-19 Compliance Cost Reductions int he WIC Program. Public Adm. Rev. https://doi.org/10.1111/puar.13423.

6 *See* WIC Data Tables, *supra* n.1.

7 Whaley SE, Anderson CE (2021) The Importance of Federal Waivers and Technology in Ensuring Access to WIC during COVID-19. American Journal of Public Health 111(6):1009-1012. https://doi.org/10.2105/AJPH.2021.306211.

8 Nava Public Benefit Corporation & National WIC Association (2020) Supporting WIC Enrollment: Using technology to improve the certification experience for participants and WIC agencies. https://s3.amazonaws.com/aws.upl/nwica.org/wic-technology-landscape-_-final-report-design.pdf.

9 National WIC Association and Alliance to End Hunger (2021) Summary of Results from National Poll on WIC Services.