Thriving PA

A Time to Thrive: Growing Pennsylvania WIC's Impact on Children and Families

Pennsylvania's WIC Program

The Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, has been a staple nutrition program for women and children since 1974.[i] WIC provides millions of women, infants and children the nutritional supports needed to establish healthy habits and better achieve food security. Five core areas of the WIC program work in tandem with each other at the intersection of prenatal and early child development, food security, and public health, including access to healthy food, nutrition education, breastfeeding support, health screenings, and referrals.[ii] Through these areas, WIC works with families to address barriers to nutritious food access and health care needs.

In Pennsylvania, WIC-eligible participants include pregnant women, breastfeeding women up to one year postpartum, women not breastfeeding up to six months postpartum, and infants and children under age 5, as well as foster children.[iii] 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).[iv] Further, participants must also demonstrate a medical or nutrition risk, such as anemia and maternal age.[v] Applicants are screened by health professionals in the enrollment process to identify these risks.

In Pennsylvania, only federal funding supports the WIC program, which comes through the U.S. Department of Agriculture's Food and Nutrition Service appropriation.[vi] In the FY 2020-21 state budget appropriations, Pennsylvania's Department of Health received $278.2 million in funding to support the program. Through this funding, Pennsylvania contracts with local organizations to manage the WIC program in specific counties. As of 2019, there were 24 WIC agencies providing services through 293 clinic locations statewide. From 2008 through 2019, between 27% and 32% of the total federal funding allocated to the commonwealth covered nutrition and breastfeeding professionals and equipment; the cost of food accounted for between 68% and 73% of the funding, while administrative costs accounted for only 8% of the allocated funds.[vii]

The benefits of the WIC program are invaluable to the health and well-being of participants, and address several health concerns including childhood obesity, diabetes, opioid and substance use, lead exposure, and maternal and infant mortality.[viii] Program participation is also specifically associated with lower infant mortality rates for black mothers.[ix] Further, the WIC program reduces the prevalence of household food insecurity, increases housing security, works to lift participants above the poverty line, and protects against unexpected economic hardships.[x] All of these benefits lead to the program providing an impressive return on investment:

Every dollar spent on prenatal WIC yields a $2.48 savings in medical, educational, and productivity costs over an infant's lifetime by preventing preterm birth.[xi]

WIC Participation Data Snapshot

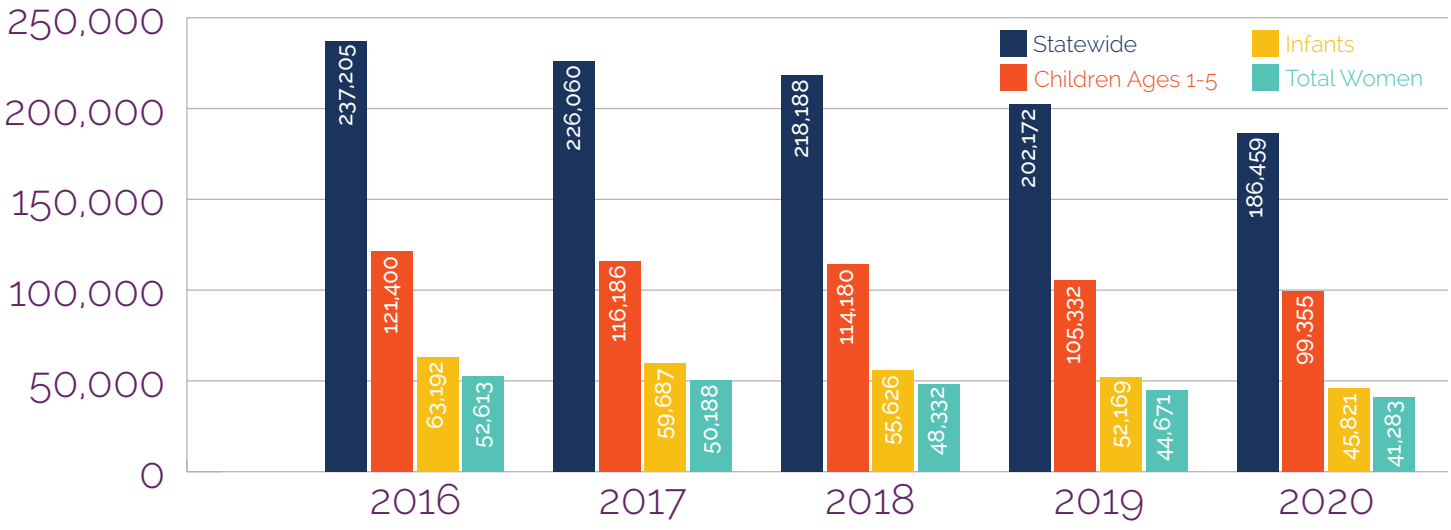
Nationally, the WIC program served nearly 6.4 million individuals during fiscal year 2019, with the majority of participants being children between age one and age five.[xii] Over 1.6 million infants were served in the program during that same year, estimated to be roughly 45% of all infants born in the United States.[xiii]

In Pennsylvania, the Department of Health reports as of January 2021, nearly 180,000 individuals are participating in the state's WIC program.[xiv] Of those participants, nearly 95,000 are children.[xv] WIC data is provided to the U.S. Department of Agriculture each year. However, in March 2021, Pennsylvania began posting monthly participation data on its website (www.pawic.com) and has formed a data work group to assess and improve the information available. This data is presented on both a statewide level and also broken down by individual counties (see Appendix A). County participation is further broken down to show participation by race and category (e.g. infants, children, pregnant women). Pennsylvania is a leader in sharing this participation data, as well as disaggregated data, compared to what is available publicly from other states.

Pennsylvania's Declining WIC Participation

While the benefits of WIC have been proven, the country has seen declining participation over the last several years, including Pennsylvania. Between 2016 and 2020, Pennsylvania's WIC participation declined by over 50,000 enrollees, which equates to a decrease of over 21%.[xvi] The largest decline, 27.5%, was in the number of infants participating in the program.[xvii] Funding for the program is tied to participation, and declining enrollment has meant reductions in federal WIC funding to Pennsylvania.[xviii] In FY 2018, the commonwealth experienced a nearly $3 million reduction in federal funding, followed by a $1.5 million reduction in FY 2019.[xix] **Pennsylvania has been experiencing downward trends in funding for several years: between 2009 and 2019, federal funding to the state for WIC decreased nearly 18%.**[xx]

The decline in funding for Pennsylvania's WIC program creates challenges to increase the uptake rate, including fewer resources to support program operations, such as recruitment efforts through marketing and outreach, enrollment, and retention efforts. **Continual funding reductions make it much more difficult for agencies to effectively engage and serve eligible participants, which in turn creates further declines in enrollment. It is a perpetual cycle that contributes to only 60% of eligible women and children being served in the commonwealth.**[xxi] This results in only 3 out of 5 eligible participants benefiting from WIC.



Thriving PA – Supporting WIC and Children and Families through Policy Change

Thriving PA is a non-partisan, statewide campaign that seeks to improve the quality of and increase equitable access to a coordinated system of health supports, including access to WIC and other nutrition services. Thriving PA was founded in 2021, thanks to an opportunity from the Pritzker Children's Initiative that allowed Pennsylvania to connect and build upon its early care and education policy work to include perinatal and child health. Our nutrition work is dedicated to ensuring food security and nutrition support for pregnant women and young children, which can only effectively happen through improved financial stability and modernization of the WIC program.

Through recommended policy changes, outlined in this brief, the WIC program can be bolstered to better serve the nutritional needs and support the health and development of Pennsylvania children, as well as pregnant and postpartum women. The recommendations include both federal and state level changes, and a combination of administrative and legislative actions. Our recommendations aim to boost WIC participation in Pennsylvania through improved technology, strengthened coordination and partnerships, and enhanced certification, eligibility and outreach practices.

Next Steps for Pennsylvania WIC to Thrive: Policy Recommendations

TECHNOLOGY IMPROVEMENTS

Technology improvements are crucial to removing participation barriers, as these innovations allow WIC to meet families where they are. We recommend Pennsylvania WIC capitalize on momentum gained during the COVID-19 pandemic, utilizing technology to enhance the WIC experience for participants, reducing unnecessary clinic visits, adjusting to families' needs, offering services compatible with busy working families' schedules, and catering to consumer preferences.[xxii] **The experience of WIC providers, who pivoted to new practices during the pandemic, demonstrates the strong case for embracing long-delayed innovations in telehealth and online purchasing.** Investing in client-facing technology can mitigate barriers to WIC participation, streamline communications and customer service, and save time for clinicians and families. Pennsylvania WIC should seize the opportunity to bring the WIC smart card to an online platform, take advantage of growing momentum towards WIC online purchasing, harness collective impact to improve innovation by creating a statewide technology working group and expand telehealth.

1. Mobile App Development and Smart Card Improvement (State)

While numerous states experienced participation increases during the pandemic, Pennsylvania's participation has declined for numerous reasons, including its offline EBT card that requires families to travel to WIC clinics to reload benefits. WIC could utilize a mobile app in the interim to address some existing barriers, and build on improvements necessitated as

> **"I really like the smart card because you can get things as you need them. Before I was wasting so much food and now that is not the case." –** ***Current WIC participant***
>
> **With the vouchers, clients had to buy all of their milk at once and it would often go bad before it could all be used. With the eWIC card, clients can buy milk as needed throughout the month.**

a result of the pandemic, including telehealth, online nutrition education, and others. A WIC app would allow families to access benefits more effectively and efficiently now and beyond the conclusion of the COVID-19 public health emergency. In addition to remote benefit reloading, an app could improve WIC engagement and streamline clinic operations by boosting participation and retention through screening participants' eligibility, allowing for online appointment scheduling, and helping families locate the nearest WIC stores and clinics.[xxiii] This enhancement would remedy many of the shortcomings of the existing offline technology while the longer process of moving to a fully online system can occur. Moving to a fully online system will improve the WIC experience for participants and agencies, support increased enrollment, participation and retention, and future-proof WIC technology in the event it is called upon to enable online WIC purchasing.

2. Telehealth (Federal and State)

Thriving PA supports making permanent key flexibilities that have allowed WIC agencies to adapt and meet families where they are during the pandemic. We urge the USDA to keep the Physical Presence Waiver – essentially waiving the requirement to enroll or re-enroll in WIC in person – in effect moving forward as the public health crisis ends. Alternatively, we support converting this waiver to grant states the permanent option to waive the physical presence requirement at their discretion. This would allow Pennsylvania WIC the ability to address the waiver by incorporating it into its state plan.

In Pennsylvania, with its mix of urban, suburban and rural populations, flexibilities granted through the Physical Presence Waiver have been beneficial in minimizing service disruptions. Through Thriving PA's community outreach, we have heard positive experiences participating in WIC in a virtual setting, and a common hope that this option continues into the future. **Some families travel 45 minutes or more to their WIC office, while facing many other hurdles such as lack of reliable and affordable child care and transportation to make their appointments.** WIC agencies must navigate the balance between allowing families the flexibility to connect virtually while also ensuring high-risk cases are handled with more in-person contact than lower-risk cases may require. Therefore, we support granting WIC offices flexibility in identifying appointments that must be in-person.

THE CASE FOR TELEHEALTH

"It was hard to get there basically because of work hours. I work during the week, Monday through Friday, when the WIC office is open. Evening or weekend hours would have helped, or even if just Saturday morning for a few hours for people who work during the week." – *Former WIC Participant*

"The closest [clinic] is 35 minutes away driving and we don't have public transportation, so if you don't have a car you can't get there." – *Former WIC participant.*

"[Telehealth] is convenient! The WIC office isn't close to me so I would absolutely want the option for telehealth in the future as well." – *Current WIC participant*

3. Invest in WIC Online Purchasing (Federal)

We recommend the USDA allow online purchasing, doing away with the program requirement that WIC participants must make purchases and enter their EBT

PIN in the presence of a cashier. The USDA should partner with WIC providers, grocery retailers, and consider engaging farmers markets, to implement online purchasing for WIC shoppers nationwide, and the federal government should invest in enabling state WIC agencies to utilize modern transaction applications, such as mobile payments, curbside pickup, and self-checkout. The SNAP online purchasing pilot, which was accelerated and scaled up in the wake of the pandemic, highlights a parallel need to invest in WIC transaction models. **While families on SNAP are now able to shop online and have groceries delivered, WIC mothers, many of whom are pregnant or shopping with young children, are required to shop in person despite the health risks, as well as additional time and costs often incurred due to fewer WIC retailers.**[xxiv] Mothers can potentially designate a proxy to shop for them, but this added burden remains a barrier. Since many WIC families are also enrolled in SNAP, allowing online shopping for both programs will promote efficiency. Our recommendation comes on the heels of federal action seeking to improve online ordering. In December 2020, Congress authorized a federal task force on alternative transaction models and expects recommendations no later than September 30, 2021.[xxv]

4. Establish a Technology and Innovation Workgroup (State)

Pennsylvania's wealth of innovators in the private and nonprofit sectors, especially its educational and medical institutions, provide a fertile ground for growing various technological initiatives. We recommend Pennsylvania Department of Health convene a technology and innovation workgroup comprising stakeholders from various sectors including: universities, healthcare, non-profits, vendors, food merchants, agriculture, and other representatives of private industry to explore opportunities to support our recommendations for improving WIC technology.

COORDINATION AND PARTNERSHIPS

Partnerships are key to boosting WIC enrollment, participation, and retention. Our recommendations focus on integrating WIC into the portfolio of services available to low-income families and promoting connections among key programs to wrap around families holistically in order to improve family and child health outcomes. Investing in crucial partnerships between WIC and health care, early childhood education and care, and other federal benefits programs like SNAP and Medicaid will create reciprocal and mutually beneficial relationships among these critical programs.

1. Health Care Provider Partnerships and Co-Location (State)

Birthing centers, hospitals, pediatrician offices and community health centers are important partners to WIC. **Pennsylvania WIC has made strides in acknowledging the importance of connecting WIC to healthcare providers. As a recent recipient of a $1.3 million USDA innovation grant, Pennsylvania WIC should seize the opportunity to build on these crucial relationships.** The innovation grant will increase the amount of health information available to WIC staff prior to certification appointments. Promoting direct access to this information, rather than requiring clients to track down and submit verification, will streamline the process and remove barriers to participation. This data-sharing partnership is crucial to maintaining the quality of services WIC families receive, even with fewer in-person visits to WIC clinics.

Thriving PA applauds recent efforts of Pennsylvania WIC to facilitate data sharing between WIC agencies and primary care providers through its Health Information Exchange and its creation of medical liaison positions. Continued coordination allows for referrals into the program, as well as more efficient appointments for WIC clinicians and participants.

Now is a critical time to build on the success of flexibilities granted during the pandemic and growing momentum towards innovative partnerships.

Another state-level option that does not require additional funding is prioritizing co-location. For example, permitting WIC clinicians to co-locate in birthing hospitals allows the clinician, medical personnel, and social workers to work together to promote enrollment and seamlessly certify new mothers and infants in the program before returning home from the hospital.[xxvi] Given the pivot towards remote services during the pandemic, Pennsylvania should explore whether these types of co-location arrangements are equipped with the capacity for telehealth. This could be accomplished through a pilot and is a worthwhile investment to strengthen the interface with health care, improve maternal child health outcomes, and address equity issues statewide.

2. Adjunctive Eligibility (State)

Within current federal regulations, states have flexibility to adopt policies that streamline the process families follow when applying for WIC benefits. We recommend Pennsylvania WIC take steps to require that local agencies utilize an online or automated telephone system to verify whether a family applying for WIC receives Medicaid, SNAP or TANF. If families are eligible for these programs, they are automatically eligible for WIC – or what is known as adjunctive eligibility.[xxvii] This process will prevent clients from having to provide duplicative and often burdensome verification documents that can delay, and in some cases prevent, enrollment. Furthermore, since a top challenge identified in WIC participation is retaining children beyond age one, we recommend Pennsylvania add Head Start and Early Head Start as adjunctive eligibility programs for WIC. Early Head Start and Head Start programs serve children up to age five and share a significant number of programmatic goals and eligibility requirements with WIC. Most families enrolled in Head Start programs are eligible for WIC based on family income alone.[xxviii] Common objectives include promoting positive health and nutrition outcomes for children and their families, providing access to healthy foods and education, and connecting families to preventive health care services.

CERTIFICATION, ELIGIBILITY AND TARGETED OUTREACH

The time is ripe for seizing opportunities to remove barriers to enrollment for new WIC applicants, and improve retention of existing participants who remain eligible for the full course of program. Opening the door for new WIC participants by expanding eligibility presents a key opportunity to better serve families and improve health outcomes, and federal legislation can ensure families continue to benefit from WIC for longer periods, acknowledging the need of investing in the critical period from infancy to toddlerhood to maximize the program's positive impact. A new federal administration presents opportunities for targeting outreach to populations underutilizing WIC, building awareness of enhanced benefits to boost participation, and achieving a more equitable program as a whole.

1. Expand Eligibility and Streamline Certification (Federal)

Opportunities exist at the federal level to boost participation and access to WIC by extending eligibility, an expansion that will result in improved maternal and child health outcomes. Thriving PA supports provisions of the recently introduced Wise Investment in Children Act (WIC Act, S.853/H.R.2011), namely the proposed extension of postpartum eligibility to two years, which will provide necessary nutrition services in the interpregnancy period and ultimately lead to enrolled mothers having healthier future pregnancies.[xxix] Additionally, we support the WIC Act's proposed extension of infant certification periods to two years. Such a step

eliminates the burdensome administrative barriers and ensures consistent program participation throughout a key transition period in the infant's diet.[xxx] The current requirement for annual certification poses a significant barrier to ongoing WIC participation. The USDA has documented a 21% coverage drop among eligible children after a child's first birthday, and participation continues to decline sharply as a child gets older.[xxxi]

2. Targeted Outreach (State)

Finally, we recommend targeted outreach to communities underutilizing WIC, including minority and immigrant communities, to boost participation statewide as a critical means of promoting health equity. Given Pennsylvania WIC's recent success in publishing participation data by county, race and ethnicity, the state can use improved data to inform targeted outreach strategies to reach all populations. The prior federal administration's rhetoric and its expanded public charge rule created an environment of fear and confusion around nutrition programs for many immigrant and mixed-status families. While the expanded public charge rule has been revoked, and WIC was never subject to the public charge determination, WIC participation nonetheless experienced a chilling effect with immigrant and mixed-status families.[xxxii] This chilling effect can only effectively be reversed with multilingual outreach and other intentional strategies to reach immigrant and mixed-status families. In addition, the state should add a question to the WIC application to determine the families' preferred language so that appropriate materials and interpretation arrangements can be made to ease enrollment and the provision of appropriate services. Pennsylvania WIC can boost direct outreach efforts by working with local agencies and trusted community organizations, translating program materials, and improving services so they are culturally and linguistically appropriate.

States that Effectively Innovate to Boost WIC Participation

Similar to our call for Pennsylvania to build on opportunities to modernize WIC, other states have innovated to strengthen technology, coordination and targeted outreach to boost participation.

- **Maryland:** The state's Medicaid program is required to refer potentially eligible families to the WIC program. Maryland WIC then contacts the family, while respecting federal information-sharing rules. The state also utilizes an auto-dialer system to call or text families the day before appointments, and allows one-month enrollment for families who are unable to provide every piece of required eligibility paperwork on their first visits.[xxxiii]

- **Georgia:** The state WIC program uses the Georgia Telehealth Network to conduct video certification and nutrition counseling in order to expand WIC access. This innovation reduces the time and cost of employee travel for the agency, while expanding service hours to promote better access to the program.[xxxiv]

- **Utah:** The Kids on the Move Early Head Start program promotes and refers families to WIC in monthly home visits with pregnant moms. The Early Head Start program and WIC agency have an MOU to share data. Parents give consent to allowing the programs to share nutrition assessment information, and the agencies promote one another as a part of the partnership.[xxxv]

Conclusion

While WIC is a cost-effective program with proven benefits, declining participation has had a substantial impact on Pennsylvania, threatening the program's ability to ensure children and families thrive. While the pandemic has hastened progress on issues that existed prior to COVID-19 and has propelled the program forward on long-delayed innovations, these advances must be coupled with strategies to address long-standing barriers to program access and retention. At this moment, we have a unique opportunity to reflect on policy changes implemented at the onset of the pandemic, and examine what changes should be kept in the long-term as a way of modernizing Pennsylvania WIC. At the same time, this period of transition has illuminated challenges that require solutions beyond pandemic-related flexibilities. We have also had an opportunity to further connect with WIC clients and providers to gather feedback and better understand what changes and flexibilities are beneficial, and how to continually promote WIC as a program that has lasting positive impacts to child and family nutrition.

Pennsylvania WIC has made strides with communication, transparency, and inviting collaboration with partners. The publication of county-level data broken down by race and ethnicity is also a significant step in the right direction. This momentum, coupled with growing relationships, national recognition through the USDA innovation grant, and the strategic direction of the program towards modernization, demonstrates now is the time to invest in this critical program. The complex challenges facing WIC 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 strong program.

Appendix A: Pennsylvania County-Level WIC Participation Data

Monthly Participation by County of Residence for January 2021		Eligible Target Population**	Coverage Rate
County	Participation	Eligible Population	Coverage Rate
Adams	1,390	2,079	66.8%
Allegheny	11,036	25,805	42.7%
Armstrong	955	1,766	54.1%
Beaver	1,758	3,834	45.9%
Bedford	813	1,302	62.4%
Berks	7,671	12,970	59.1%
Blair	2,263	3,601	62.8%
Bradford	1,185	1,687	70.2%
Bucks	3,374	7,062	47.8%
Butler	1,268	2,726	46.5%
Cambria	2,304	3,533	65.2%
Cameron	70	153	45.8%
Carbon	1,102	1,792	61.5%
Centre	823	2,530	32.5%
Chester	3,580	6,813	52.5%
Clarion	597	1,049	56.9%
Clearfield	1,321	2,389	55.3%
Clinton	697	1,414	49.3%
Columbia	958	1,484	64.6%
Crawford	1,554	2,928	53.1%
Cumberland	2,955	4,929	60%
Dauphin	5,635	9,299	60.6%
Delaware	7,641	12,298	62.1%
Elk	503	743	67.7%
Erie	4,720	9,547	49.4%
Fayette	2,245	4,010	56%
Forest	66	93	71%
Franklin	2,543	4,520	56.3%
Fulton	204	437	46.7%
Greene	539	903	59.7%
Huntingdon	742	1,211	61.3%
Indiana	1,029	2,412	42.7%
Jefferson	758	1,477	51.3%
Juniata	394	772	51%

Monthly Participation by County of Residence for January 2021		Eligible Target Population**	Coverage Rate
County	Participation	Eligible Population	Coverage Rate
Lackawanna	3,721	5,935	62.7%
Lancaster	6,153	17,161	35.9%
Lawrence	1,371	2,373	57.8%
Lebanon	2,457	3,777	65.1%
Lehigh	7,488	11,010	68%
Luzerne	6,742	10,108	66.7%
Lycoming	2,777	3,494	79.5%
McKean	647	1,316	49.2%
Mercer	1,286	3,299	39%
Mifflin	966	2,161	44.7%
Monroe	2,431	3,404	71.4%
Montgomery	5,458	9,930	55%
Montour	207	318	65.1%
Northampton	2,901	5,566	52.1%
Northumberland	1,542	3,347	46.1%
Perry	586	1,190	49.2%
Philadelphia	36,176	74,736	48.4%
Pike	417	821	50.8%
Potter	286	538	53.2%
Schuylkill	2,223	3,545	62.7%
Snyder	444	1,412	31.4%
Somerset	1,115	1,917	58.2%
Sullivan	60	123	48.8%
Susquehanna	463	1,091	42.4%
Tioga	640	1,353	47.3%
Union	330	883	37.4%
Venango	785	1,671	47%
Warren	617	1,320	46.7%
Washington	2,007	3,683	54.5%
Wayne	525	802	65.5%
Westmoreland	2,723	6,034	45.1%
Wyoming	332	673	49.3%
York	5,885	10,497	56.1%
Statewide Total	**176,454**	**335,056**	**52.7%**

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