Making WIC Work in Illinois
Opportunities & Recommendations for Program Improvement

April 25, 2019

Presented by WIC Coalition Members:
EverThrive Illinois
Greater Chicago Food Depository
Legal Council for Health Justice
Ounce of Prevention Fund
Sargent Shriver National Center on Poverty Law

Housekeeping

All participants are muted. A recording will be sent out to participants after the webinar.

There will be time for Q&A at the end.

Please enter all questions in the chat box.

Link to the report: bit.ly/MakingWICWork
What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded grant created to safeguard the health of low-income mothers, infants, and children up to the age of five. WIC provides supplemental foods, breastfeeding support, health care referrals, and nutrition education for pregnant, breastfeeding, and non-breastfeeding postpartum individuals, and to children under age five who are found to be at nutritional risk.

WIC Participation in Illinois

- 2015: USDA estimates that of the 550,000 people eligible for WIC in Illinois, only 239,000 participated. This is a take-up rate of 43.5% (national average is 52.7%)
- 2014-2018: WIC participation in Illinois experienced a steady decline
- 2018: According to FNS, Illinois received $200 million to operate the WIC program, a decrease of $40 million compared to 2014
Food Packages

Currently, there isn’t much flexibility offered with food packages. Many changes recommended by individuals participating in the WIC program would require changes to be made federally.

We know that IL DHS has some flexibility when it comes to culturally specific food options and believe that the state should take full advantage of this flexibility by assessing for missed opportunities and FNCs and retailers.

Food Packages Cont.

Recommendations:

1. Allow for greater flexibility in food choice pertaining to allergies and cultural or religious restrictions.
2. Increase cash value for fruits and vegetable vouchers.
3. IL DHS needs to ensure that the roll-out of EBT 2020 allows for flexible food-item redemption.
Adjunctive Eligibility

What is it?

Adjunctive Eligibility is a simplified way to confirm a client’s income and residency eligibility for WIC benefits by demonstrating they participate in other programs with similar requirements such as SNAP, Medicaid, and TANF.

Adjunctive Eligibility replaces the need to bring pay stubs, leases, and other documents proving a client’s income and residential eligibility to receive WIC.

It allows clients to expedite proof of eligibility so more appointment time can be spent providing advice and helping parents as opposed to administrative tasks.

Adjunctive Eligibility Cont.

What is the problem?

Not all local WIC offices use adjunctive eligibility as a first option or at all, making clients and caseworkers spend more time on administrative tasks and less time providing WIC services.

Recommendations:

1. Update the state policy and guidance to better inform local WIC clinics on the appropriate resources that can be used to determine adjunctive eligibility.
2. Update promotional materials to include acceptable ways clients can demonstrate adjunctive eligibility.
3. Check adjunctive eligibility before clients arrive for their appointments to expedite appointments.
WIC Coupon System

Since 1993, DHS has used two coupon distribution methods in the City of Chicago:

- Recipients who choose a WIC clinic on the South or West side of the City receive **ORANGE** coupons that can only be used at one of sixteen Food and Nutrition Centers in the City.
- Recipients who choose a WIC clinic on the North side of the City receive **BLUE** coupons that can be redeemed at any retailer that participates in WIC.

As a result,

- Recipients that choose a clinic in the predominantly white North side of the city have substantially more choice in where to redeem their benefits.
- Recipients choosing a clinic in the predominantly Black/Latinx South and West sides have less choice, are greatly inconvenienced, and may face barriers to switching to a clinic that issues blue coupons.

WIC Coupon System cont.

**Recommendation:**

Eliminate the separation of blue and orange coupons as it is currently operated. IL DHS should use the upcoming switch to EBT as an opportunity to allow WIC participants to seamlessly use their food coupons at an authorized retailer or FNC without having to change their WIC Clinic site.
Breastfeeding

WIC encourages breastfeeding among its participants per the guidance of the American Academy of Pediatrics and American College of Obstetrics and Gynecology.

Breastfeeding rates among WIC recipients in Illinois has remained relatively stable over the past five years, with slight increases in rates of fully breastfed infants, partially breastfed infants, and a slight decrease in the percentage of fully formula fed infants.

Breastfeeding Cont.

The Illinois WIC Program promotes and encourages breastfeeding in four primary ways...

1. WIC administers breast pumps through local administrators to WIC recipients
2. Illinois WIC receives a federal grant to employ breastfeeding peer counselors through the Loving Support Breastfeeding Peer Counselor Program
3. Staff call mothers participating in WIC within the mother’s last 30 days of pregnancy and answer questions and provide information about WIC breastfeeding support.
4. Most local agencies have staff, including nurses, social workers, or case managers, who are certified as lactation consultants. These staff support women on an ad-hoc basis.
Breastfeeding Cont.

Despite these interventions to promote breastfeeding, breastfeeding rates among WIC recipients remain low compared with the general population of Illinois. Additionally, the rates have not increased significantly over the past five years. This indicated a need to improve breastfeeding support services for WIC recipients.

Recommendations:

1. Increase number of breastfeeding peer counselors
2. Increase access to lactation consultants
3. IL DHS should provide all Illinois WIC Local Agencies' staff with annual culturally competent breastfeeding education and support training
4. Breastfeeding assessment, education, and support should be provided in recipients’ homes or somewhere more convenient than the WIC clinic, e.g., through a pilot WIC Mobile Clinic Program

Service Consistency

There are 63 WIC Clinics in Cook County administered by nine different entities. Each entity has the authority to administer their clinics as they wish if their practices adhere to the requirements and policies established by the USDA and IL DHS.

While allowing such flexibility gives local administrators autonomy to address the specific needs of their community, it also leads to inconsistent service from one clinic to another meaning clients living near but visiting different clinics can have very different experiences.

Misinformation can spread when there are conflicting reports on what happens at a WIC visit, how long the visit takes, and what documentation clients need to bring to an initial visit.
Service Consistency Cont.

Recommendations:

1. Issue more guidance on best practices available to promote better engagement with clients
2. Provide greater transparency on services available at each clinic
3. IL DHS should consider mandating, as part of annual training requirements (perhaps as part of the Civil Rights Trainings), Implicit Bias training for all staff working in WIC Clinics and WIC food and Nutrition Centers. Currently, IL DHS follows federal guidelines for training but does not require staff to engage in additional training.

Programmatic Partnerships with Early Childhood

In Illinois, WIC has yet to develop formal, sustainable partnerships and collaboration with the early childhood sector at state and local levels. Strategies and actions specifying how collaboration can be facilitated have been part of publications and online communications...

Recommendations:

1. Coordinate outreach and recruitment between WIC and Head Start.
2. Identify formal opportunities and strategies for collaboration with early childhood programs at both state and local levels.

Complementary areas across WIC and Early Childhood:

- Program goals/objective
- Supports & services
- Eligibility criteria
Programmatic Partnerships with Early Childhood Cont.

Eligibility criteria:

<table>
<thead>
<tr>
<th>Category</th>
<th>WIC</th>
<th>Early Head Start/ Head Start</th>
<th>Child Care Assistance Program (CCAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorical</td>
<td>• Be pregnant, breastfeeding, or post-partum</td>
<td>• Early Head Start: Be a pregnant woman, infant or child up to age 3</td>
<td>• Have children younger than 13 that need care while you are working or going to school</td>
</tr>
<tr>
<td></td>
<td>• Be a child up to age five</td>
<td>• Head Start: Be a child ages 3 through 4 years</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>Family income at or below 185% of the federal poverty level</td>
<td>Family income at or below 100% federal poverty level*</td>
<td>Family income must be at or below 185% of the Federal Poverty Level (FPL)**</td>
</tr>
<tr>
<td>Residency</td>
<td>Applicants must live in state where they apply</td>
<td></td>
<td>Live in Illinois</td>
</tr>
<tr>
<td>Nutritional Risk</td>
<td>Be determined at nutritional risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant must be employed and/or going to an eligible educational activity.

*Children in foster care, experiencing homelessness, or from families receiving public assistance (TANF or SSI) are eligible regardless of income.

Programmatic Partnerships with Early Childhood

Opportunities/Strategies for collaboration:

- Coordinated outreach and recruitment
- Intake/screening process
- Bidirectional referrals & linkages
- Tailored messaging to clarify benefits & services
- Public awareness campaign
- Continuous service improvement
  - Surveys and focus groups
- Co-location
Partnerships with Family Case Management & Other Stakeholders

Recommendations:

1. Outline more intentional partnership guidelines and requirements in the WIC Policy Manual and train WIC Local Agencies to execute on requirements.
2. One staff person from each WIC Clinic should participate in regularly held meetings/calls by relevant organizations and stakeholders.
3. Change the WIC Policy Manual “Referral Services” to include referral to mental health resources.

Next Steps

- Read “Making WIC Work” and share with your networks
- Join the WIC Coalition to stay on top of advocacy efforts (email Kelsie Landers at KLanders@everthriveil.org or Kirbi Range at KRange@everthriveil.org)
- Reach out to your legislators or connections at DHS to discuss changes you feel would improve client experience or WIC participation and uptake
- If you work at a WIC Clinic or FNC, discuss potential changes with administrators and leaders at DHS
- If you use WIC services, email KLanders@everthriveil.org or KRange@everthriveil.org with any WIC service issues or recommendations
Questions?

Automated WIC Office Locator: (800) 323-4769
Illinois Department of Human Services Help Line: (800) 843-6154

Thank you!

Speakers:
Kelsie Landers, LMSW - Policy Analyst, EverThrive IL
Kirbi Range, MS - Maternal and Child Health Manager, EverThrive IL
Aimee Ramirez, MS - Greater Chicago Food Depository
Kaylan Szafranski, MS - Policy Analyst, Legal Council for Health Justice
Iveree Brown, MPA - Ounce of Prevention Fund
Sandy De León, AM - Ounce of Prevention Fund
Amy Eisenstein - Sargent Shriver National Center on Poverty Law
Nolan Downey, JD - Sargent Shriver National Center on Poverty Law