

Making WIC Work in Illinois

Opportunities & Recommendations for Program Improvement

The Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) is a federally funded program, administered by the Illinois Department of Human Services, that helps women and their families access healthy foods, health care, nutrition education, and breastfeeding assistance and advice. Despite WIC's proven success at reducing food insecurity and increasing healthier births and more positive developmental outcomes for children, in recent years WIC program participation and retention nationally and in Illinois has decreased. In 2015 WIC supported only 43.5% of eligible pregnant women, mothers, and children, and Illinois was ranked 44th among the 50 states and the District of Columbia in WIC coverage.

What is the WIC Program?

WIC provides supplemental foods, breastfeeding support, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to children under five who are found to be at nutritional risk.¹ Every five years, child nutrition programs, including WIC, must be re-authorized for funding by the United States Congress.² Congress then designates a specific budget for WIC on a yearly basis.³ In March 2018, Congress appropriated a net of \$5.35 billion in WIC funding through September 2018.⁴ In fiscal year 2017, Illinois received \$224,324,278 in federal funding to maintain the program.⁵

The Impact of WIC

There is overwhelming evidence that WIC has a positive impact on the health and development of infants and children.

Birth Outcomes

WIC participation is associated with increased average birth weight and reduced incidence of low birth weight. A 2012 systematic review performed by the USDA included 15 studies that assessed impacts on pregnancy and birth outcomes. Researchers found that across the studies, despite differences in methodology, prenatal participation in WIC consistently increased gestational age and mean birth weight.⁵

Child Development

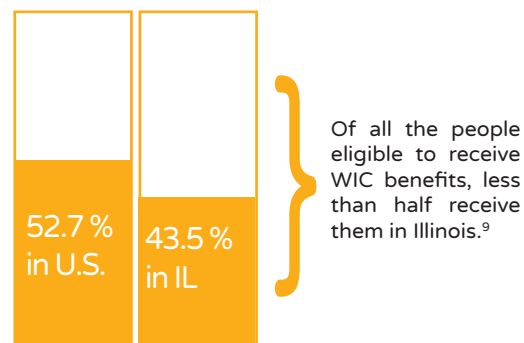
WIC's nutritional support provides essential nutrients for children and infants at a time of critical cognitive development. Recent research found that early WIC participation is associated with both cognitive and academic benefits, demonstrating that WIC participation benefits children as they age and enter school.⁶ Children who received prenatal or early childhood WIC exposure performed significantly better on reading assessments than their siblings who did not receive this service.⁷

Food Insecurity

WIC was found to reduce the prevalence of child food insecurity by at least 20%, demonstrating that the supplemental food provided by WIC increases accessibility of healthy foods among low-income families. Low income neighborhoods frequently lack full-service grocery stores and farmers' markets, residents may not have access to a vehicle or public transportation for traveling to and from venues that offer nutritious food, and, when available, healthy food may be more expensive than other options.⁸

WIC Participation

Despite WIC's proven success at reducing food insecurity and increasing healthier births and more positive developmental outcomes for children, in recent years WIC program participation and retention nationally and in Illinois has decreased.



Supporting Organizations

The policy recommendations proposed here are presented for the purpose of encouraging further discussion and research into ways the WIC program can be improved and administered throughout the state of Illinois. It is our hope that the WIC Program in Illinois may reach all eligible families who are experiencing financial stress so that parents, caregivers, and children have the resources that they need to lead healthier lives.



¹Women, Infants and Children (WIC). (2018, February 14). United States Department of Agriculture Food and Nutrition Service. Retrieved June 26, 2018, from <https://www.fns.usda.gov/wic/women-infants-and-children-wic>

²What Are Child Nutrition Programs? (n.d.) Feeding America. Retrieved June 26, 2018 from <http://www.feedingamerica.org/take-action/advocate/child-nutrition-reauthorization.html>

³About WIC: WIC at a Glance. (2015, February 27). United States Department of Agriculture Food and Nutrition Service. Retrieved June 26, 2018, from <https://www.fns.usda.gov/wic/about-wic-wic-glance>

⁴Washington Update: House Passes FY 2018 Omnibus Legislation. (2018, March 22). National WIC Association. Retrieved June 26, 2018, from <https://www.nwica.org/blog/washington-update-house-passes-fy-2018-omnibus-legislation#WzJSXNVKjct>

⁵Colman, S., Nichols-Barrer, I., Redline, J., Devaney, B., Ansell, S., & Joyce, T. (2012). Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A Review of Recent Research (Nutrition Assistance Program Report Series No. WIC-12-WM). Retrieved from United States Department of Agriculture Food and Nutrition Services Website: <https://www.fns.usda.gov/effects-special-supplemental-nutrition-program-women-infants-and-children-wic-review-recent-research>

⁶Jackson, M. I. (2015). Early Childhood WIC Participation, Cognitive Development and Academic Achievement. *Social Science & Medicine* (1982), 126, 145–153. <https://doi.org/10.1016/j.socscimed.2014.12.018>

⁷Jackson, M. I. (2015). Early Childhood WIC Participation, Cognitive Development and Academic Achievement. *Social Science & Medicine* (1982), 126, 145–153. <https://doi.org/10.1016/j.socscimed.2014.12.018>

⁸Why Low-Income and Food-Insecure People are Vulnerable to Poor Nutrition and Obesity. (n.d.). Food Resource and Action Center. Retrieved June 25, 2018, from <http://frac.org/obesity-health/low-income-food-insecure-people-vulnerable-poor-nutrition-obesity>

⁹WIC Funding and Program Data. (2018, May 2). United States Department of Agriculture Food and Nutrition Service. Retrieved June 25, 2018, from <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

1. Allow for greater flexibility of food choice pertaining to allergies and cultural or religious restrictions.
2. Increase the cash value for fruits and vegetable vouchers; or allow added value in exchange for a different food allowance (i.e. exchanging juice voucher for higher cash value to use for fruits and vegetables).
3. Allow a greater variety of packaging and container sizes available to the WIC participants.
4. Ensure that the transition to EBT by 2020 eliminates the “no rainchecks” policy and allows participants to redeem different items at different stores instead of forfeiting or wasting benefits.
5. IL DHS should ensure that the roll-out of EBT 2020 allows for flexible food-item redemption.

Eligibility

6. Update state policy and guidance to better inform local WIC Clinics on the appropriate resources that can be used to determine adjunctive eligibility.
7. Update promotional materials to include acceptable ways clients can demonstrate adjunctive eligibility.
8. Check for adjunctive eligibility before the client arrives for their appointment.

WIC Coupon System

9. 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

10. Increase number of breastfeeding peer counselors (BFPC).
11. Improve the pipeline and management of breastfeeding peer counselor program.
12. Increase access to lactation consultants.
13. Educate consumers about lactation, breastfeeding peer counselors, and other support services
14. IL DHS should provide all WIC Local Agencies' staff with annual culturally competent breastfeeding education and support training.
15. The WIC Policy Manual should mandate, rather than strongly suggest, that each WIC Clinic have a “private, clean, comfortable breastfeeding friendly space for WIC participants and staff.”
16. The language in the WIC Policy Manual should be changed to mandate the regular participation of the staff person in charge of breastfeeding promotion and support in each WIC Clinic in their respective regional breastfeeding taskforce. If regional breastfeeding taskforce doesn't exist close enough to a WIC Clinic, then that staff person should be expected to regularly participate in the Illinois Statewide Breastfeeding Task Force meetings.
17. IL DHS should update the recommendation in the WIC Policy Manual regarding all agency WIC staff receiving training in the purpose, function and integration of a BFPC from “at orientation” to “at orientation and annually.”
18. 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

19. Issue more guidance on best practices available to promote better engagement with clients.
20. Leverage IL DHS regional coordinators to provide a platform for information sharing among local WIC Clinics.
21. Provide greater transparency regarding services available at each clinic.
22. IL DHS should consider “secret shopper” studies to uncover customer service issues in WIC Clinics and in WIC food distribution sites (Food and Nutrition Centers (FNCs) and retail stores).
23. 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 FNCs.

Collaboration

24. Coordinate outreach and recruitment between WIC and Head Start.
25. Identify formal opportunities and strategies for collaboration with early childhood programs at both, state and local levels.
26. Outline more intentional partnership guidelines and requirements in the WIC Policy Manual and provide trainings to help WIC Local Agencies to execute such requirements.
27. One designated staff person from each WIC Clinic (perhaps the WIC Coordinator) should be participating in regularly held meetings/calls by relevant organizations/coalitions/stakeholders including: FCM providers, early childhood providers, Medicaid MCOs' community stakeholder meetings, and Local Hospitals' community stakeholders meetings.
28. Change the WIC Policy Manual “Referral Services” section to include referral to mental health services.