



Making WIC Work in Illinois

Opportunities & Recommendations for Program Improvement

March 2019

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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.

With a new state administration incoming for 2019, and the WIC transition to Electronic Benefits Transfer (EBT) scheduled for 2020, now is the time to address this service gap. The organizations contributing to this brief are all members of the Illinois Commission to End Hunger and urge the State to improve the WIC program in Illinois by implementing the policy changes recommended in this report. In partnership with the WIC administration, the authoring agencies hope to increase usage, retention, and effectiveness of the WIC program through policy change.

Program Key

BFPC – Breastfeeding Peer Counselor

EBT – Electronic Benefits Transfer

FCM – Family Case Management

FNC – Food and Nutrition Center

FVV – Fruit and Vegetable Voucher

IL DHS – Illinois Department of Human Services

LA – Local Agency

SA – State Agency

SNAP – Supplementary Nutrition Assistant Program (Food Stamps)

TANF – Temporary Assistance for Needy Families

USDA – United States Department of Agriculture

WIC – Supplementary Nutrition Assistance Program for Women, Infants and Children

Recommendation Summary

Food Packages

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.”

Breastfeeding (cont.)

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.

What is the WIC Program?

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.¹ 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.² WIC is administered at the federal level by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), which provides grants to 90 state agencies (SAs), most of which deliver services through contracts or agreements with local agencies (LAs).³ Within the approximately 1,900 LAs that WIC operates, there are approximately 10,000 clinic sites, including county health departments, hospitals, mobile clinics, community centers, schools, public housing sites, migrant health centers and camps, and Indian Health Service facilities.⁴

Every five years, child nutrition programs, including WIC, must be re-authorized for funding by the United States Congress.⁵ Congress then designates a specific budget for WIC on a yearly basis.⁶ In March 2018, Congress appropriated a net of \$5.35 billion in WIC funding through September 2018.⁷ In fiscal year 2017, Illinois received \$224,324,278 in federal funding to maintain the program.⁸

¹About WIC-WIC's Mission. (2018, February). United States Department of Agriculture Food and Nutrition Service. Retrieved June 26, 2018, from <https://www.fns.usda.gov/wic/about-wic-wics-mission>

²Women, 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>

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

⁴About WIC – WIC At a Glance. (2015, February 27). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/wic/about-wic-wic-glance>

⁵What Are Child Nutrition Programs? (n.d.) Feeding America. Retrieved June 26, 2018 from <http://www.feedingamerica.org/take-action/advocate/child-nutrition-reauthorization.html>

⁶About 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>

⁷Washington 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>

⁸WIC Funding and Program Data. (2018). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

Under FNS rules, applicants must meet specific criteria to be eligible for WIC⁹: (1) Categorical (2) income guidelines, (3) State residency requirement, and (4) Nutritional risk assessment by a health professional.¹⁰ States can modify income guidelines, state residency requirement, and nutritional risk assessment within guidelines set by FNS. In Illinois, the following criteria must be met:¹¹

Categorical

Category	Time Period
Pregnant Women	During pregnancy and up to six weeks after birth of an infant or the end of pregnancy
Postpartum Women	Up to six months after the birth of the infant or the end of pregnancy
Breastfeeding Women	Up to the infant's first birthday
Infant	Up to first birthday
Child	Up to fifth birthday

Income

Family income at or below 185% of the federal poverty level, as reflected in the following chart:

Household Size*	Maximum Income Level (per year)
1	\$22,459
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
8	\$78,403

*For households with more than eight people, add \$7,992 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.

Applicants and/or family members can be determined income-eligible through participation in the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or Temporary Assistance to Needy Families (TANF).

⁹See Appendix A for Eligibility Examples.

¹⁰WIC 2015 Eligibility and Coverage Rates. (2018, April 25). United States Department of Agriculture Food and Nutrition Service. Retrieved June 25, 2018, from <https://www.fns.usda.gov/wic/wic-2015-eligibility-and-coverage-rates#Chart2>

¹¹WIC Eligibility Requirements. (2018, May 15). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

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

Birth weight and gestational age are important indicators of an infant's health and survival. Low birth weights and early gestational age make an infant more likely to die or have developmental delays.¹⁵ 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.¹⁶

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.¹⁷ Children who received prenatal or early childhood WIC exposure performed significantly better on reading assessments than their siblings who did not receive this service.¹⁸

Food Insecurity

Food insecurity is defined as the lack of consistent access to enough food for a healthy and active life.¹⁹ 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

¹⁵Carlson, S., & Neuberger, Z. (2017). WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years (Policy Futures. Retrieved from Center on Budget and Policy Priorities website: <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

¹⁶Colman, 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>

¹⁷Jackson, 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>

¹⁸Jackson, 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>

¹⁹What is Food Insecurity? (2018). Feeding America. Retrieved from <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>

families. It is well documented that food insecurity is prevalent in low-income communities. 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.²⁰

WIC increases access to healthy food in multiple ways. WIC requires authorized food retailers to accept WIC food vouchers and to stock at least two varieties of fruits, two varieties of vegetables, and at least one whole-grain. Participants shop at both large retailers and smaller neighborhood stores, such as convenience and corner stores. WIC program requirements have increased the prevalence of whole fruits, veggies and grains in small neighborhood grocers. In Chicago, there is a unique system for accessing WIC in some neighborhoods. Most WIC Clinics serving the south and west sides of Chicago provide participants coupons that can only be used at WIC FNCs.

²⁰Why 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>

WIC Participation in Illinois

In 2017, 211,367 people participated in WIC in Illinois.²¹ The USDA estimates that of the 550,000 people eligible for WIC coverage in Illinois in 2015, only 239,000 participated, which is a take-up rate of 43.5%.²² This is lower than the national average of 52.7%.

From 2014 through 2018, WIC participation for pregnant women, postpartum women, infants, and children has consistently decreased.²³

	Pregnant Women	Postpartum Women	Infants	Children
2014	29,198	17,021	70,866	132,004
2015	26,055	16,786	68,203	120,039
2016	22,586	15,959	63,418	107,490
2017	19,789	15,636	59,706	100,598
2018	17,575	15,485	57,258	95,042

FNS allocates WIC funding to states based on formulas described in federal regulations.²⁴ The formulas are designed to ensure that (a) each state can maintain the prior year's case load and operating levels, and (b) to distribute any excess money to states that receive less than their share of funding.²⁵

FNS estimates the number of projected WIC participants for all 50 states and provides funding to meet that projected participation. In the 2018 fiscal year, Illinois received approximately \$200 million for WIC administration, a significant decrease from about \$240 million in 2014.²⁶ If people who are eligible for WIC do not participate in the program, Illinois could potentially receive less WIC funding than is truly needed by communities across the state. Even worse, eligible participants miss out on a critical source of food and nutritional support.

²¹WIC 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>

²²WIC 2015 Eligibility and Coverage Rates. (2018, April 25). United States Department of Agriculture Food and Nutrition Service. Retrieved June 25, 2018, from <https://www.fns.usda.gov/wic/wic-2015-eligibility-and-coverage-rates#Chart2>

²³WIC Program. (2018). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/pd/wic-program>

²⁴Aussenberg, R. A., & Kortrey, J. (2015). A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children (No. R44115) (p. 30). Retrieved from Congressional Research Service: <https://digital.library.unt.edu/ark:/67531/metadc808383/>

²⁵Aussenberg, R. A., & Kortrey, J. (2015). A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children (No. R44115) (p. 30). Retrieved from Congressional Research Service: <https://digital.library.unt.edu/ark:/67531/metadc808383/>

²⁶WIC 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>

Qualitative Data

EverThrive Illinois and the Sargent Shriver National Center on Poverty Law conducted focus groups with WIC consumers across the state to learn about their perspective regarding the program. Common themes across these focus groups included:

- Appreciation of the infant formula and breast pumps provided by the program.
- Appreciation of the breastfeeding support provided by clinics (when available).
- Mixed reviews regarding nutrition education, with some participants finding it incredibly helpful, while others finding it repetitive or not culturally relevant.
- A desire for increased flexibility regarding food packages, especially with the purchase of fruits and vegetables.
- Frustration with the WIC coupon system, as many retailer staff don't understand how to process coupons or shame consumers for utilizing coupons.
- A desire for family-friendly hours that allow families to use the services after work or on weekends.
- A desire for customer service to be a priority.
- A desire for doctors and service providers to have increased knowledge about the program so they can provide participants with relevant documents for WIC related appointments.
- A desire for dedicated outreach and education about the program.
- Moms and caregivers perceive the WIC Program is a benefit program aimed to help families obtain infant formula and nutritious food, not at a health and wellness program.

Food Packages

Federal regulations designate categories of WIC eligible foods and the minimum and maximum quantities in which they can be redeemed. States have some flexibility in Food Packages, but many of the recommendations in this section would require changes be made at the federal level. The categories of WIC eligible foods are as follows: breakfast cereal, infant cereal, infant food fruits & vegetables, infant food meat, infant formula, exempt infant formula, milk, cheese, tofu, soy-based beverages, mature legumes, peanut butter, fruits & vegetables, canned fish, whole wheat bread & whole grains, juice, eggs, and WIC-eligible nutritionals. In Illinois, the category of whole wheat bread includes whole wheat pasta, brown rice, corn tortillas, oatmeal, and cereal, some of which are gluten free. Below is an example of maximum monthly allowances for children and women.²⁷

SNAPSHOT of the WIC Food Packages ¹				
Maximum Monthly Allowances of Supplemental Foods for Children and Women				
Foods	Children	-----Women-----		
	Food Package IV 1 through 4 years	Food Package V: Pregnant and Partially (Mostly) Breastfeeding (up to 1 year postpartum)	Food Package VI: Postpartum (up to 6 months postpartum)	Food Package VII: Fully Breastfeeding (up to 1 year post-partum)
Juice, single strength	128 fl oz	144 fl oz	96 fl oz	144 fl oz
Milk ²	16 qt	22 qt	16 qt	24 qt
Breakfast cereal ³	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables	\$8.00 in cash value vouchers	\$11.00 in cash value vouchers	\$11.00 in cash value vouchers	\$11.00 in cash value vouchers
Whole wheat bread ⁴	2 lb	1 lb	N/A	1 lb
Fish (canned) ⁵	N/A	N/A	N/A	30 oz
Legumes, dry or canned and/or	1 lb (64 oz canned) Or	1 lb (64 ounce canned) And	1 lb (64 ounce canned) Or	1 lb (64 ounce canned) And
Peanut butter	18 oz	18 oz	18 oz	18 oz

¹ Refer to the full regulation at www.fns.usda.gov/wic for the complete provisions and requirements for WIC foods.

² Allowable options for fluid milk substitutions are yogurt, cheese, soy beverage, and tofu.

³ At least one half of the total number of breakfast cereals on State agency food list must be whole grain.

⁴ Allowable options for whole wheat bread are whole grain bread, brown rice, bulgur, oatmeal, whole-grain barley, whole wheat macaroni products, or soft corn or whole wheat tortillas.

⁵ Allowable options for canned fish are light tuna, salmon, sardines, and mackerel.

Last updated 10/5/2015

²⁷Snapshot of WIC Food Packages. (2015, October 5). United States Department of Agriculture Food and Nutrition Service). Retrieved from <https://fns-prod.azureedge.net/sites/default/files/wic/SNAPSHOT-of-WIC-Child-Women-Food-Pkgs.pdf>

Nature of the Problem

Families have expressed difficulty with limitations of federal and state allowances, particularly for milk, juice, fruit, and vegetables. Participants with allergies and intolerances are especially limited with food selection. The federal level requires that milk allowance adjourns to FDA standards.²⁸ “Without a doctor’s note you can’t get two percent or whole milk for that child unless you go to the doctor to get the doctor’s note. We should be able to choose the kind of milk for our child,” one Ottawa mother said.²⁹ At the state level soy milk, goat’s milk, lactose-reduced, or lactose free milk are permitted so long as they follow the provided standards. Milk alternatives such as coconut or rice milk are not included as an alternative. Participants who have dairy and soy intolerance or restrictions are not offered an alternative option for milk. One West Chicago mother reported that because she is allergic to a number of food items, including dairy, gluten, and soy, she is unable to fully utilize program benefits: “The only thing I’m able to use is the \$18/month vegetable coupons, which covers both of my children. They give you a lot of milk, but we can’t do dairy. They’ve offered soy, but I’m allergic to that too. I’ve asked if we could purchase coconut milk with the coupons, but that is not an option.”³⁰

If a retailer does not have all coupon items available, the burden is on the participant to redeem the coupon elsewhere or to complete the transaction without redeeming all items on the coupon. WIC participants find the coupon system to be wasteful – for example, if the store they are shopping at does not have the correct sized milk container, participants forfeit that portion of the coupon. They must choose whether to redeem the other items in their cart without the milk, or shop at an entirely different store with the correct sized package. Many participants complained about this issue. One West Chicago mother recalled, “There will be one coupon that says ‘1 gallon of milk, 1 loaf of bread, 1 thing of juice’ and another coupon will say ‘a dozen eggs and a gallon of milk.’ It just seems really random, and if you use more than one coupon it’s very awkward and difficult for the cashier.”³¹ If a WIC participant is shopping with young children, perhaps they would not have the time or energy to repeatedly search for the correct sized food package at multiple locations grocers. The arbitrary grouping of food items on coupons and the inflexibility of their redemptions caused by the raincheck policy results in food waste and an overall decrease in the actual redeemable WIC allotment.

Another category of concern from participants is juice. The monthly juice allowance for children ages one to four is 128oz, and up to 144oz for mothers. The state agency is required to ensure the maximum juice allowance is given, they may not round up or down if the packaging does not divide equally into 128oz.³² Participants have expressed concern with the juice allowance, some stated it exceeded recommendations from their pediatricians. One West Chicago mother shared this concern. She shared that in contrast to education given by WIC employees, her doctor told her that juice is not good for children due to the high sugar content. She found that the sugar content of WIC-approved juices was higher than she felt comfortable

²⁸WIC Food Packages- Regulatory Requirements for WIC-Eligible Foods. (2018, April 6). United States Department of Agriculture Food and Nutrition Service. Retrieved August 10, 2018, from <https://www.fns.usda.gov/wic/wic-food-packages-regulatory-requirements-wic-eligible-foods>

²⁹Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

³⁰Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

³¹Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

³²Questions and Answers about the WIC Food Packages. (2016, March 28). United States Department of Agriculture Food and Nutrition Service. Retrieved August 10, 2018, from <https://fns-prod.azureedge.net/sites/default/files/wic/QAs-FP-Webpages.pdf>

Nature of the Problem (cont.)

serving her child. The allowance does exceed the American Academy of Pediatrics recommendation for children 1-3 years old.³³ While the state can authorize juice to be fortified with additional nutrients, the concern remains regarding sugar content and quantity. Participants with religious or cultural preferences may have difficulty fully utilizing the WIC benefits. While some mothers from the focus groups found the nutrition classes helpful in informing their understanding of food labels, others said the classes were ineffective and did not provide culturally relevant information for immigrants and refugee families. One service provider in the Far North Side of Chicago said, “It’s usually just a complete mismatch with what families are cooking, and the families that I serve are cooking high nutritional value meals.”³⁴ Flexibility of the food packaging could greatly benefit many families with these preferences or dietary concerns.

Children are allowed a maximum of \$8 in cash value for fruits and vegetables. Pregnant, breastfeeding, or postpartum mothers are allowed a maximum of \$11 cash value to be used for fruits and vegetables for the month.³⁵ In addition, the Illinois WIC Policy Manual states that the program does not authorize “rainchecks.” This means that if participants spend more than the allocated amount on fruits or vegetables, they must pay the difference. In a single transaction, if participants pay less than the allotted amount, they may not accept change from the transaction. With the voucher, participants may redeem any fresh, whole, or cut fruits and vegetables. The fruits and vegetables may not contain any added sugar and may be canned or frozen but must comply with the sodium, oil, and sugar allowances. State agencies must authorize the option of fresh fruits and vegetables. They cannot limit or choose the selection of produce available for participants. The state can, however, exclude the option of processed (canned/frozen) produce.

A consensus expressed by mothers, that greater flexibility around food choice would be beneficial.³⁶ Specifically, allowing participants to exchange milk and juice coupons for higher fruit and vegetable allowance would be a helpful and healthier option for many.³⁷

Recommendations from the Academy of Nutrition and Dietetics support similar suggestions. The Academy is in support of accommodating special dietary concerns; suggesting more substitutions for products like dairy and gluten.³⁸ They recommend WIC allows different packaging and container sizes to be purchased to increase healthy options available to participants.

³³American Academy of Pediatrics Recommends No Fruit Juice for Children Under 1 Year. (2017, May 22). American Academy of Pediatrics. retrieved on August 10, 2018 from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Recommends-No-Fruit-Juice-For-Children-Under-1-Year.aspx>

³⁴Courter, A. (2018, July). Policy Brief: Ensuring a Great Start: What Illinois Parents Say is Needed for their Children to Thrive. Retrieved from Sargent Shriver National Center on Poverty Law Website: http://povertylaw.org/files/advocacy/early-childhood/SC_EC-2018-Report_R6.pdf

³⁵WIC Food Packages - Maximum Monthly Allowances. (2016, November 18). United States Department of Agriculture Food and Nutrition Service. Retrieved August 10, 2018, from <https://www.fns.usda.gov/wic/>

³⁶Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

³⁷Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

Recommendations

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. Note: these steps require change at the federal level.**
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 rollout of EBT 2020 allows for flexible food-item redemption (e.g. can purchase other items at a later date; FVV allotment can roll-over month-to-month; EBT system is compatible with LINK card readers currently in use in retail stores.**

³⁸Blankenship, J., & Noll Folliard, J. Academy Comments to ION re Modifications to the WIC Food Package. (2016, September 14). retrieved on August 10, 2018, from the Academy of Nutrition and Dietetics: <https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/regulatory-comments/academy-comments-to-ion-re-modifications-to-the-wic-food-package>

Adjunctive Eligibility

Adjunctive eligibility is a simplified method of confirming a client's income eligibility for WIC based on their enrollment in other social service programs like SNAP, Medicaid, and TANF. By demonstrating their current enrollment in these programs, clients can forgo providing proof of income and simply demonstrate they are eligible by their participation in other programs with similar income limits.

Nature of the Problem

Using adjunctive eligibility as a tool to verify income for WIC applicants has the potential to streamline the verification process, saving both client and staff time during visits. Unfortunately, this tool is not used across WIC Clinics to its utmost potential and its application is inconsistent from clinic to clinic. Furthermore, the Illinois WIC Policy and Procedures Manual is out of date and lacks current information on how to accurately determine adjunctive eligibility. The following recommendations have the potential to clarify the state's policy and guidance and assist local offices in more accurately verifying adjunctive eligibility.

Recommendations

1. Update state policy and guidance to better inform local WIC Clinics on the appropriate resources that can be used to determine adjunctive eligibility.

The Illinois WIC Policies and Procedures Manual was updated in 2013. Since then, there have been changes to Illinois public benefits programs that impact adjunctive eligibility. Most notably, the implementation of the Affordable Care Act and the Illinois expansion of Medicaid caused a pause in clinics' ability to determine adjunctive eligibility using Medicaid.

During the process of developing this document, IL DHS indicated that the appropriate upgrades have been made to the state's Cornerstone PA42 system,³⁹ allowing local offices to use Medicaid as an accurate tool to verify income eligibility. They also indicated that local offices have been notified and are urged to use adjunctive eligibility for verifying income eligibility. We applaud IL DHS for taking swift action to rectify this situation and further urge the Department to update the Policy and Procedures manual to better inform local clinics on how they can expedite income verifications using adjunctive eligibility. In 2017, the state implemented IES phase 2, a new data management information system which has the potential to improve how SNAP and Medicaid cases are administered. Part of this implementation includes the development of Manage My Case, which is an online portal available to recipients of Medicaid, SNAP,

³⁹Implemented in 1997, Cornerstone was the data management information system used by the Illinois Department of Human Services.

and TANF to review documents associated with their cases and better monitor required actions to maintain their benefits.

Based on the state's investment in technology to improve its administration of social service programs, IL DHS should update the Illinois WIC Policy and Procedures Manual to better reflect opportunities available to WIC Clinics to use new systems to determine client's adjunctive eligibility for WIC as well provide a succinct repository of the program's rules.

2. Update promotional materials to include acceptable ways clients can demonstrate adjunctive eligibility.

Most printed and digital materials promoting WIC provide detailed information on the criteria program participants need to fulfill to be eligible to receive benefits, however, few indicate what type of documents or information applicants need to provide to prove their eligibility. For instance, informational materials that ask clients to provide a pay stub or proof they are currently enrolled in SNAP can be more helpful than telling a client they have to provide "proof of income." By including suggested documents required to verify eligibility, clients may be better prepared at the time of their appointment and experience a faster visit.

3. Checking for adjunctive eligibility before the client arrives for their appointment should be an expectation of WIC Clinic staff.

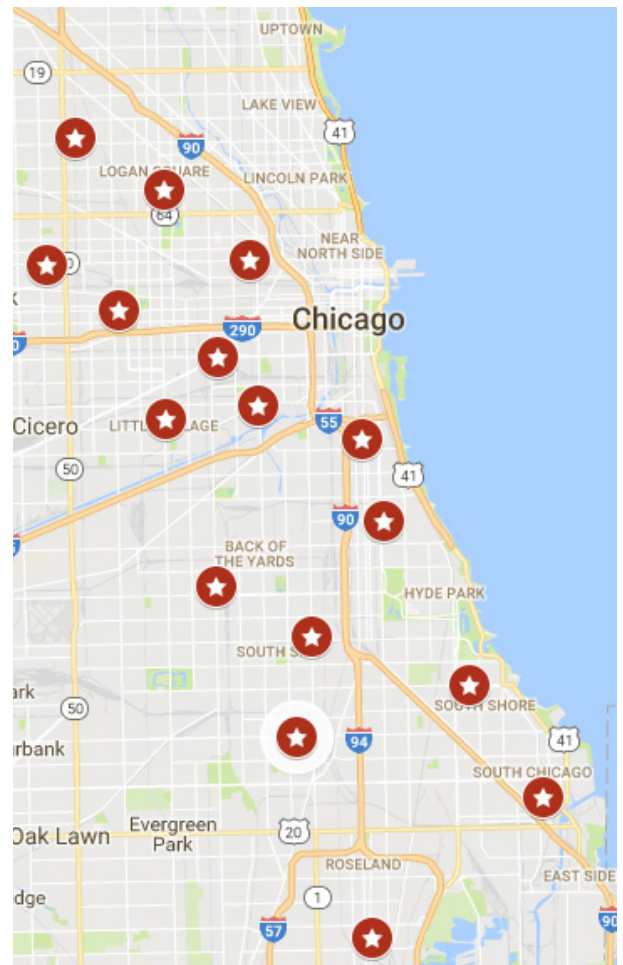
Since WIC Clinics have access to the state's case management systems, it is not necessary to wait until clients are in the office to verify adjunctive eligibility. Checking an applicant's adjunctive eligibility before they arrive for their initial appointment can expedite the administrative tasks required during the appointment, leaving more time for counseling and nutritional assessment and shortening the overall length of the appointment.

WIC Coupon System

Families that participate in the WIC program must choose a WIC Clinic where they apply for benefits, receive coupons (also referred to as food instruments)⁴⁰, undergo a nutrition assessment, receive nutritional education and counseling, and recertify benefits every six to 12 months depending on the recipient's eligibility category.⁴¹ Families enrolled in WIC must travel to their clinic monthly to receive coupons that can be redeemed for food.

In 1993, IL DHS opened several FNCs on Chicago's predominantly Black and Hispanic South and West sides.⁴² Families that choose a WIC Clinic in those areas are issued orange food coupons that can only be redeemed at a FNC.⁴³ WIC participants that choose a WIC Clinic on the predominantly white North side of Chicago are issued blue food coupons. These blue food coupons can be redeemed at any participating food retailer, some of which include Walmart, Jewel-Osco, Mariano's, Dollar General, and Walgreens.⁴⁴ Accordingly, blue coupons offer substantially more shopping choice than orange coupons.

As of December 2018, there are sixteen functioning FNCs in Chicago, all operated by Catholic Charities of the Archdiocese of Chicago.⁴⁵ Fourteen of the sixteen FNCs are located on the South⁴⁶ or West side⁴⁷ of Chicago. As such, families on the South and West sides are most likely to seek services from clinics associated with FNCs and receive orange coupons. Conversely, families on the North side are more likely to seek services at WIC Clinics that issue blue coupons. IL DHS justified - and continues to



FNCs in Chicago

⁴⁰WIC coupons are also referred to as "food instruments." See to Illinois WIC Policy and Procedure Manual. Illinois Department of Human Services Bureau of Family Nutrition. Illinois WIC Policy and Procedure Manual, p. 69.

⁴¹(2013). Illinois WIC Policy and Procedure Manual. Illinois Department of Human Services Bureau of Family Nutrition. Illinois WIC Policy and Procedure Manual, p. 115.

⁴²(2013). Illinois WIC Policy and Procedure Manual. Illinois Department of Human Services Bureau of Family Nutrition, p. 69.

⁴³(2013). Illinois WIC Policy and Procedure Manual. Illinois Department of Human Services Bureau of Family Nutrition, p. 69 Section 1(B)(2)(c).

⁴⁴WIC Store Locator. (2018). Retrieved from <http://www.wicstorelocator.com/ci/il-chicago>

⁴⁵WIC Food and Nutrition Centers. (2016, November 1). Catholic Charities of the Archdiocese of Chicago. Retrieved from https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Nutrition/Documents/WIC_FS_100616.pdf?ver=2017-01-25-162813-233

⁴⁶For purposes of this policy brief, the South side of Chicago is defined using the following boundaries: Roosevelt Rd. (north), Lake Michigan & the Indiana border (east), Chicago city limits (south), Western Ave. (west)

⁴⁷For purposes of this policy brief, the West side of Chicago is defined using the following boundaries: North Ave. (north), the Chicago river (east), 31st street (south), Austin Blvd. (west).

justify - the creation of the FNCs and the orange and blue distinction based on WIC fraud and abuse that took place on the South and West sides of Chicago in the early 1990s. However, the Department has not produced any quantitative data on the presence of WIC fraud or abuse during that time nor have they provided a data driven assessment on the effectiveness of FNCs in reducing fraud and abuse.

Nature of the Problem

As stated, the neighborhoods where FNCs are located are almost all in predominantly Black and Hispanic communities.⁴⁸ In fact, thirteen of the sixteen FNCs are in communities that are 85% or more minorities, and eleven are in communities that are 95% or more minorities.⁴⁹ Therefore, the burden of the shopping limitations is disproportionately borne by Black and Hispanic families in Chicago. Families living in these areas are severely restricted in where they may use their coupons compared to their counterparts in the predominately white North side of the city. Currently, Chicago is the only locality in the United States that makes such a distinction between WIC recipients.

It should be noted that, given the choice, there may be some WIC recipients who would prefer to redeem their coupons at FNCs since it could alleviate some of the stigma that comes with redeeming WIC coupons at a food retailer. During the fourteen focus groups conducted by the Sargent Shriver National Center on Poverty Law in conjunction with Loyola University Chicago, some mothers expressed frustration about their experience redeeming coupons at retailers.

One Carterville parent said, “If one little thing is off, they won’t accept it and you have to redo the whole order. I ran into that several times. One brand wouldn’t be covered. Same price, same thing. But, just some things were not covered, and it’d mess the whole order up. Seemed like it was a pain in the butt every time you had to do it. But I did it anyway. I had to feed my child.”⁵⁰

The retailer experience can also be tedious and embarrassing. One Aurora parent said, “You are using the coupons, and you feel bad because, if there are a lot of people behind you, it’s a lot of time ...because the system is slow, it is very tedious, you have to put the number, you have to see if your signature is correct, you have to pass the coupons through the machine.”⁵¹ Another Ottawa parent stopped engaging with retailers all together saying, “I never used my coupons because [the cashiers] were so ruthless the first time. I made my father-in-law go get it because they were so mean the first time and I’ve been working since I was 16 paying my taxes and I needed the WIC at the time. I wasn’t embarrassed to use it but they sure made me feel less than what I was. So, I signed his name on it and I never went again.”

⁴⁸For racial composition of Chicago by neighborhood, see Appendix B.

⁴⁹Statistics Atlas is a secondary analysis of demographic data from the 2010 US Census, and American Community Surveys from 2012-2016. Retrieved September 9, 2018 from <https://statisticalatlas.com/place/Illinois/Chicago/Race-and-Ethnicity>

⁵⁰Courter, A. (2018, July). Policy Brief: Ensuring a Great Start: What Illinois Parents Say is Needed for their Children to Thrive. Retrieved from Sargent Shriver National Center on Poverty Law Website: http://povertylaw.org/files/advocacy/early-childhood/SC_EC-2018-Report_R6.pdf

⁵¹Courter, A. (2018, July). Policy Brief: Ensuring a Great Start: What Illinois Parents Say is Needed for their Children to Thrive. Retrieved from Sargent Shriver National Center on Poverty Law Website: http://povertylaw.org/files/advocacy/early-childhood/SC_EC-2018-Report_R6.pdf

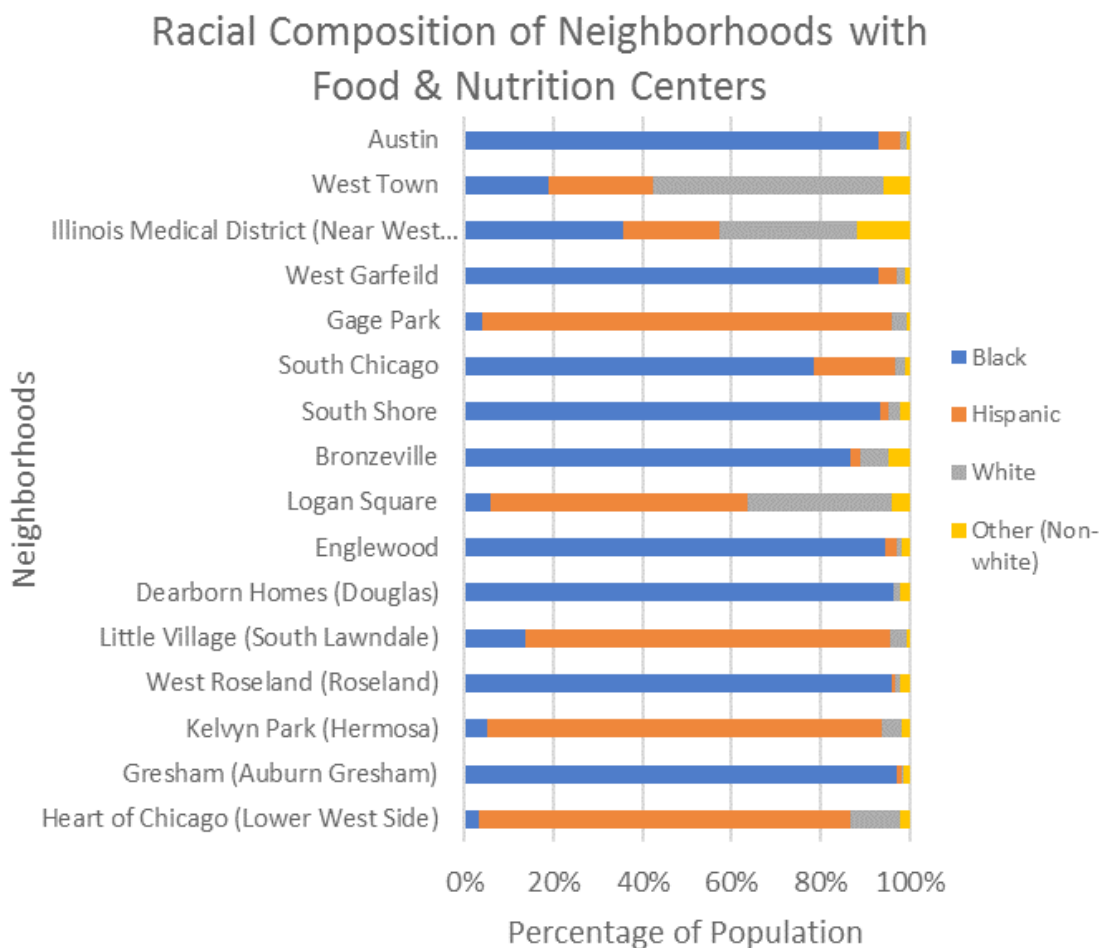
Nature of the Problem (cont.)

As such, shopping at a FNC may be an attractive option for some WIC recipients because everyone at the FNC uses coupons, thus mitigating or even eliminating the shame and stigmatization. Many FNCs also offer additional resources including on-site child care, staff available to assist in navigating the store, informational materials about food nutrition and preparation, and paternity testing. FNC's should remain an option for WIC recipients, but limiting customers to shopping at an FNC is troubling, especially where coupon distribution creates such stark racial disparities.

The orange and blue coupon dichotomy substantially inconveniences families on the South and West sides. Families in these neighborhoods who select a WIC Clinic near their residence are given orange food coupons that may only be redeemed at FNCs. Although families may choose to switch clinics and receive blue coupons, this system forces families to weigh the inconveniences of shopping only at FNCs or traveling to a North side WIC Clinic for every appointment to receive blue instruments. Many families do not own a car and incur additional financial hardships by continuously accessing public transportation, making it difficult for them to attend a clinic outside of their neighborhood. Further, orange coupon recipients are unable to shop at a convenient retail grocery store nearest their home, work, or child's school. These shoppers are forced to make multiple stops as they cannot redeem coupons at the same place they purchase household supplies – posing even greater challenges for caregivers who work irregular hours, multiple jobs, or in areas that lack convenient access to FNCs.

People using orange coupons have one shopping option, while their counterparts from the predominately White North side are free to redeem coupons at any other participating WIC retailer. The racial disparity created by this coupon system is striking.

Some neighborhoods that are home to FNCs and limit residents to orange coupons include West Garfield Park, Austin, Bronzeville, Englewood, Dearborn Homes (Douglas), West Roseland, Gresham (Auburn Gresham), Kelvyn Park (Hermosa), Little Village (South Lawndale), Gage Park, South Shore,



South Chicago, and the Heart of Chicago neighborhoods. These areas all have a minority population above 85%.⁵²

Recommendations

1. 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.

State WIC Administrators should use the opportunity of upgrading to an electronic coupon system to end the issuance of orange coupons. All WIC participants in Chicago should be able to choose to shop at FNCs or at their preferred participating retailer. Eliminating orange coupons will increase shopper choice and convenience while helping to alleviate barriers to participation and retention. Additionally, such a change would decrease the administrative burden on WIC Clinics and Administrators required to support two different food distribution methods and decrease instances of requests to switch WIC Clinics.

⁵²(2013). Illinois WIC Policy and Procedure Manual. Illinois Department of Human Services Bureau of Family Nutrition. Illinois WIC Policy and Procedure Manual, p. 131.

Breastfeeding

In addition to providing food packages for women, infants and children, WIC encourages breastfeeding among its participants per the guidance of the American Academy of Pediatrics and American College of Obstetrics and Gynecology.⁵³ Breast milk provides a perfect mix of carbohydrates, protein, and fat for optimal infant growth. Additionally, breastfeeding is associated with reduced incidence of illness and allergies, SIDS, and obesity. It also promotes mother-baby bonding, as the skin-to-skin contacts helps cultivate healthy attachment.

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.⁵⁴

Illinois' WIC Program promotes and encourages breastfeeding in four primary ways:

1. WIC administers breast pumps through local administrators to WIC recipients. This allows for mothers to provide breast milk to their infants even if they struggle to breastfeed or need to be separated from their infant for work or other reasons.⁵⁵
2. Illinois WIC receives a federal grant to employ breastfeeding peer counselors through the Loving Support Breast Feeding Peer Counselor Program. This program aims to improve breastfeeding support, initiation, and duration rates among WIC recipients by providing breastfeeding education and support through trained peer counselors. These peer counselors do home visits, telephone consultations, hospital visits, and lead support groups to reach WIC recipients.⁵⁶ Data from IL DHS indicates that women who work with a breastfeeding peer counselor have much higher breastfeeding success rates. For example, in the 4th quarter of fiscal year 2018, 81% of women with a breastfeeding peer counselor-initiated breastfeeding, as opposed to only 64% who never interacted with a peer counselor. Approximately 22% of women with a breastfeeding peer counselor were still breastfeeding at six months, as opposed to only 13% of those without a breastfeeding peer counselor.⁵⁷
3. The Illinois WIC program staff developed a plan in August 2018 to increase breastfeeding support. 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. This practice has been very successful, with over 12,000 calls made since the practice was enacted and many mothers have been connected to lactation consultants.⁵⁸
4. Most LAs have staff, including nurses, social workers, or case managers, who are certified as lactation consultants. These staff support women on an ad-hoc basis.

⁵³<https://www.webmd.com/parenting/baby/nursing-basics#1>

⁵⁴Breastfeeding is a Priority in the WIC Program. (2018, October 17). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program>

⁵⁵Peddycourt, J. (n.d.) Reduction of Infant Mortality Rate in Illinois – Fiscal Year 2010. Retrieved from Illinois Department of Human Services: <http://www.dhs.state.il.us/page.aspx?item=54938>

⁵⁶2011 Breastfeeding Peer Counselor Fact Sheet. (2011). Illinois Department of Human Services- Division of Family & Community Services. Retrieved from <http://www.dhs.state.il.us/page.aspx?item=32827>

⁵⁷ Family & Community Services. FY18Q4 WIC Breastfeeding Peer Counselor Report. Illinois Department of Human Services. Retrieved from <http://www.dhs.state.il.us/page.aspx?item=110602>

⁵⁸ WIC Coalition Discussion with Illinois WIC Program staff. February, 2019.

Nature of the Problem

Despite these interventions to promote breastfeeding, breastfeeding rates among WIC recipients remain low compared with the general population in Illinois.⁵⁹ Additionally, the rates have not increased significantly over the past five years. This indicates a need to improve breastfeeding support services for WIC recipients. This is especially important and significant because WIC services have been identified as the primary method for providing lactation support services for women insured by Medicaid, almost all of whom qualify for WIC.⁶⁰ Given that half of all births in Illinois are covered by Medicaid, these services must provide WIC recipients with an equitable ability to breastfeed and provide breast milk for their infants.

One area of concern is the cultural awareness of WIC staff members in their administration of the breastfeeding program. For example, one adoptive mother in Champaign was encouraged to participate in a breastfeeding class.⁶¹ Also, some participants reported feeling judged as bad mothers for being unable to successfully breastfeed in classes.⁶²

Recommendations

1. Increase number of breastfeeding peer counselors.

The data clearly indicates that WIC recipients who interact with breastfeeding peer counselors are more successful at initiating and maintaining breastfeeding with their infants. There are only 58 sites that offer breastfeeding peer counselors.⁶³ Universal access to these professionals would undoubtedly improve breastfeeding rates.

2. Improve the pipeline and management of breastfeeding peer counselor program.

WIC staff, including breastfeeding peer counselors, anonymously shared some frustration with the management of and pipeline provided by the breastfeeding peer counselor program. Breastfeeding peer counselors are community members and peers who may not have the professional and/or administrative skills that staff might expect from other employees. Thus, managing these employees is a challenge for many local administrators. Additionally, these staff are part time and work out in the community, which is not typical for WIC staff, creating additional management challenges. Lastly, there is high turnover among these professionals due to the nature of part-time work; once they acquire skills, many move on to find full-time employment. Thus, WIC staff recommend more flexibility around hiring and managing these staff, as well as the creation of a pipeline that would allow professional development and opportunities for staff to become full time.

⁵⁹Rowland, A. (2016, August 26). Where Illinois Ranks for Breastfeeding Rates. Patch. Retrieved from <https://patch.com/illinois/chicago/where-illinois-ranks-breastfeeding-rates>

⁶⁰Hamos, J. (2014). Report to the General Assembly: Public Act 93-0536. Retrieved from Illinois Department of Health and Family Services: https://www.illinois.gov/hfs/SiteCollectionDocuments/2014_perinatal_report.pdf

⁶¹Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

⁶²Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

⁶³Loving Support Peer Counselor Program. (2018, December 13). Illinois State Breastfeeding Task Force. Retrieved from <http://www.illinoisbreastfeeding.org/21801/index.html>

Recommendations (cont.)

3. Increase access to lactation consultants.

The Patient Protection and Affordable Care Act (ACA) requires health plans to cover breastfeeding support and supplies, and Illinois has chosen to leverage the WIC program to meet this requirement. However, certified lactation consultants (CLCs) are still less available to Medicaid recipients than people with private insurance. In order to remedy this, it should be required that all WIC Clinics have CLCs on staff.

4. Educate consumers about lactation, breastfeeding peer counselors, and other support services.

Consumers shared that they primarily view WIC as an infant formula and nutrition program. This perception undoubtedly impacts that group of consumers who use the program. Many moms who plan to breastfeed may not see the benefit of using the program. It's important that WIC markets itself as a program that supports and promotes breastfeeding in a variety of ways in order to reach its intended recipients and potential recipients.

5. IL DHS should provide all Illinois WIC Local Agencies' staff with annual culturally competent breastfeeding education and support training.⁶⁴

6. 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."

7. 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 a regional breastfeeding taskforce doesn't exist close enough to a WIC Clinic, then that staff person should be expected to regularly participate in the IL Statewide Breastfeeding Task Force meetings.

8. 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."

9. 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.⁶⁵

⁶⁴A number of studies cite the importance of culturally competent breastfeeding consultation. See <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1523-536X.2008.00295.x> The National Institute for Children's Health Quality recommends culturally sensitive post-birth resources, which can be found here: <https://www.nichq.org/insight/cultural-sensitivity-better-breastfeeding-outcomes>. Here is a \$25 online guide for culturally competent breastfeeding care: <https://www.lactationtraining.com/shopping/online-shop/continuing-education/impact-of-culture-on-breastfeeding-detail>

⁶⁵There could be WIC Mobile Clinics that would come to a WIC participant or potential participant's home to do certifications/recertifications, distribute WIC food coupons, and provide nutrition education and breastfeeding education and support. For WIC special projects, including mobile services, see WIC Special Project Grants. (2018). United States Department of Agriculture Food and Nutrition Service. Retrieved from <https://www.fns.usda.gov/wic/wic-special-project-grants>

Unlike most social service programs, WIC Clinics have a lot of autonomy in executing their services. According to the IL DHS website, there are 63 WIC Clinics in Cook County alone 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.

Nature of the Problem

Consistency of service refers to customer service activities that can enhance the client experience, not the required activities that take place in an appointment such as evaluation, counseling, or reviewing eligibility documentation. Additional services/assistance like farmers market coupons, having a play area for children in waiting areas, issuing bassinets, texting or calling upcoming appointment reminders can enhance the client experience. But when there isn't consistent execution of these services across clinics, it creates confusion throughout the community on what exactly happens at the WIC Clinic and what services clients can receive.

Research shows that parents trust the advice of their family and their doctor on how to raise their children above anything else. As such, word of mouth from a trusted source is an important motivator in getting clients to go to WIC Clinics. But 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, misinformation spreads. Some mothers reported waiting for over an hour at WIC Clinics, especially because there were no appointment times.⁶⁶ Before each appointment, clients should know exactly what to expect. Some clinics only provide a post-it note on the physical WIC booklet with the date and purpose of the recipient's next visit, whether the recipient will receive education or needs to bring their child.⁶⁷ What's more, many mothers felt shamed or judged by WIC Clinic employees for their lifestyle choices.⁶⁸ While there will always be –and should be– flexibility in the way WIC Clinics serve their clients, there are ways clinics can learn from each other's best practices to align services being provided within regions of the state.

⁶⁶Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

⁶⁷Conversations with IDPH MCH Family Council participants, 2018, EverThrive IL

⁶⁸Courter, A. (2018, July). Policy Brief: Ensuring a Great Start: What Illinois Parents Say is Needed for their Children to Thrive. Retrieved from Sargent Shriver National Center on Poverty Law Website: http://povertylaw.org/files/advocacy/early-childhood/SC_EC-2018-Report_R6.pdf

Recommendations

1. Issue more guidance on best practices available to promote better engagement with clients.

The Department of Human Rights issues policies and procedures required for WIC Clinics, but there is little guidance on what clinics should do to enhance the client experience beyond this. IL DHS can issue greater guidance on ways clinics can better advertise their services and increase retention of their clients.

2. Leverage IL DHS' regional coordinators to provide a platform for information sharing among local WIC Clinics.

Within the past year, IL DHS hired regional WIC coordinators to work with WIC Clinics throughout their jurisdiction. These regional coordinators also hold periodic meetings that bring local administrators together. Having these coordinators in place provides an ideal opportunity to share information and best practices among clinics that are serving clients within their region. Part of these meetings could be reserved to allow time for clinics to share the practices they have implemented to better serve and retain clients.

3. Provide greater transparency on services available at each clinic.

Clinics also have an opportunity to promote their services and highlight what clients will receive when they visit. The USDA WIC Farmers Market Coupon program, for instance, is available seasonally for clients to purchase fresh produce. Participating clinics can promote these coupons as an added benefit to encourage clients to come for the first time or return to the program. Clinics can also provide information on additional tools they offer mothers such as breast pumps, lactation assistance, and other services that clinics offer in addition to WIC Coupons.

4. IL DHS should consider “secret shopper” studies to uncover customer service issues in WIC Clinics and in WIC food distribution sites (FNCs and retail stores).

5. 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

Recruitment and retention of participants is key to the sustainability of WIC programs. Building programmatic partnerships across sectors is one strategy which can positively impact uptake rates. Collaboration with early childhood programs that children regularly attend can naturally support WIC participation given the program's categorical eligibility for children up to age five. Early Head Start and Head Start programs serve children up to age five and focus on promotion of school readiness for low-income families in various centers, child care partner sites and homes. Programs have a comprehensive offering of education, health, and social services that focus on both the child and their family.⁶⁹ Collaboration and formal partnerships with such entities would benefit WIC programs due to the ages of the children Head Start serves, its holistic approach, and the eligibility guidelines, which include a family income at or below the federal poverty level. According to a report released by the FNS and the Head Start Bureau under the U.S. Department of Health and Human Services,⁷⁰ WIC and Head Start programs share similar objectives. These include the promotion of positive health and nutrition and the provision of healthy foods, education for children and their caregivers in areas of health and nutrition, and support in helping families find and access continuous preventive health services. In addition, both programs may be serving the same families.

One area of programmatic alignment is found in the complementary eligibility criteria between Head Start and WIC. Although criteria are not identical, most families enrolled in Head Start programs are eligible for WIC based on family income alone. In general, 90% of families in Head Start live at or below the federal poverty level. Programs have the option to enroll up to 10 percent of children with family incomes above the poverty level and may also serve up to an additional 35 percent of children who live above the Poverty Guidelines, but still below 130% of the federal poverty level.⁷¹ Even with the allowances to serve children above Poverty Guidelines, the overwhelming majority of children enrolled in Head Start still live below the 185% federal poverty level requirement for WIC. Additionally, because there is no nutritional risk assessment requirement in Head Start eligibility, this area presents an opportunity for partnership across programs. Several children and pregnant women have been found to be at risk for poor nutritional status once their physical exam results are reviewed by Head Start staff, which is a programmatic requirement at enrollment.⁷²

⁶⁹About the Office of Head Start. (2018, May 18). United States Department of Health And Human Services Administration for Children & Families. Retrieved July 11, 2018, from <https://www.acf.hhs.gov/ohs/about>

⁷⁰United States Department of Agriculture Food and Nutrition Service, United States Bureau of Health and Human Services Head Start Bureau. (1999). WIC and Head Start: Partners in Promoting Health and Nutrition for Young Children and Families. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/wichdst.pdf>

⁷¹About Us- Frequently Asked Questions About Head Start. (2017, October 31). United States Department of Agriculture Food and Nutrition Service & United States Department of Health and Human Services, Head Start Bureau. Retrieved July 11, 2018, from <https://eclkc.ohs.acf.hhs.gov/about-us/article/frequently-asked-questions-about-head-start>

⁷²United States Department of Agriculture Food and Nutrition Service, United States Bureau of Health and Human Services Head Start Bureau. (1999). WIC and Head Start: Partners in Promoting Health and Nutrition for Young Children and Families. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/wichdst.pdf>

Eligibility Criteria		
	WIC criteria	Head Start criteria
Categorical	<ul style="list-style-type: none"> • Be pregnant, breastfeeding, or postpartum • Be a child up to age five 	<ul style="list-style-type: none"> • Early Head Start: Be a pregnant woman, infant, or child up to age 3 • Head Start: Be a child ages 3 through 4 years
Income	Family income at or below 185% of the federal poverty level	Family income at or below 100% federal poverty level*
Residency	Applicants must live in the state where they apply	
Nutritional Risk	Be determined at nutritional risk	

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

Nature of the Problem

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. In fact, various states provide prime examples of successful WIC-early childhood partnerships.⁷³ Such strategies may serve as models Illinois can learn from and possibly replicate. Both sectors, WIC and early childhood, stand to benefit from such relationship-building.

Recommendations

1. Coordinate outreach and recruitment between WIC and Head Start.

Due to the overlap in eligibility criteria between WIC and Head Start programs, there are opportunities to work across agencies, including working on coordinated outreach and recruitment. The processes to attract and enroll families could be a shared strategy. In addition, joint materials and communication strategies could be developed locally so that program priorities and services offered are adequately represented for each program and are responsive to the community. Both local WIC and Head Start agencies may also serve as bidirectional referral sources. Due to their screening processes, each may be able to ask about families' knowledge of and enrollment in the other program at the time of intake. Upon determining possible eligibility and lack of enrollment, Head Start staff would be able to refer to WIC and WIC staff

⁷³United States Department of Agriculture Food and Nutrition Service. (2014). Summary of WIC State Agency Strategies for Increasing Child Retention. Retrieved from <https://wicworks.fns.usda.gov/sites/default/files/media/document/ChildRetentionStrategiesReport.pdf>

to Head Start programs. Additionally, Head Start staff could support raising awareness of WIC and help ensure families understand the benefits of the program. Both programs may also consider hosting unified outreach community events where staff from each local agency is present and ready to speak about their complementary services. Joint Head Start-WIC efforts in these areas have proven effective and successful in various states. They have led to increased participation rates.

2. Identify formal opportunities and strategies for collaboration with early childhood programs at both state and local levels.

The complementary eligibility criteria and programmatic goals provide WIC and early childhood a natural foundation on which to work together. In order to increase recruitment and retention of families and improve programmatic messaging, the department should identify opportunities to formalize collaboration across agencies. As a first step, it may consider reviewing strategies that other states have already implemented successfully and identify which ones should be replicated at both state and local levels. It should also revisit previous initiatives Illinois took part in with early childhood to increase retention. Lessons learned from such efforts can lead to identification of new, improved strategies.

Actions initiated at the federal level support such collaboration and have formally called for WIC and early childhood agencies to work across sectors at federal, state, and local levels. Originally released in July 2017 and then re-issued in October 2017, a Memorandum of Understanding (MOU) was created by the federal agencies that oversee Head Start (HS), the Child Care and Development Fund (CCDF), WIC, and the Child and Adult Care Food Program (CACFP) in order to make collaboration easier.⁷⁴ Agencies represented within the MOU take responsibility to “work together to promote and support regional, State and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible” for each program. Both, administration and delivery of nutrition education, are cited as recommended areas of collaboration. Additionally, in the past Illinois has taken steps to identify barriers, identify areas of collaboration, and increase retention and uptake rates of the WIC program. The Illinois WIC Retention Study was a partnership between WIC and the University of Illinois at Chicago to identify and address problems with the WIC program. Much like other states’ approaches, surveys were distributed, focus groups were held, and data were collected. The information collected and analyzed was used to influence a pilot program in rural and urban Illinois as well as possible policy solutions. The stage has been set to further build upon and develop improved collaboration strategies that are effective and sustainable across multiple agencies. In the end, collaboration will not only bring positive results to program outcomes. Ultimately and most importantly, it will increase access to and the quality of services for those being served- children and families.

⁷⁴ Child Nutrition Programs Food and Nutrition Service, United States Department of Agriculture, Office of Child Care Administration for Children and Families Department of Health and Human Services, Office of Head Start Administration for Children and Families Department of Health and Human Services, & Supplemental Nutrition and Safety Programs, Department of Food and Nutrition Service, United States Department of Agriculture. (2017). Memorandum of Understanding between Office of Head Start and Office of Child Care Administration for Children and Families Department of Health and Human Services and Supplemental Nutrition and Safety Programs and Child Nutrition Programs Food and Nutrition Service, United States Department of Agriculture. Retrieved July 13, 2018, from <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/mou-ohs-acf-suppl-nutrition-safety-programs-usda.pdf>

Partnerships with Family Case Management & Other Stakeholders

Family Case Management (FCM) is a program that serves pregnant women, infants, and children with high-risk medical conditions in Illinois. If a person is pregnant, has a child under the age of one, is on Medicaid, or part of a low-income family, they may be eligible. WIC and FCM are well connected with co-location of services in place in many communities across the state and bidirectional referrals by both programs are common practice. In fact, even data provided by IL DHS for both programs is shared on the same webpage of the IL DHS website.⁷⁵ The partnership between the FCM program and the WIC program can serve as a good model for other partnerships the WIC program can more intentionally engage in.

Nature of the Problem

Collaboration across WIC and FCM generate positive impacts on recruitment, participation, and retention of eligible children and families. At the same time, there are other programs and providers where the WIC program could benefit from more intentional partnerships with. For example, pediatricians, Medicaid managed care organizations (MCOs)/health plans, and subsidized and supportive housing providers are just a few examples where more intentional partnerships between local WIC agencies can prove to be beneficial for WIC program participants.

Recommendations

1. Outline more intentional partnership guidelines and requirements in the WIC Policy Manual and provide trainings to help WIC Local Agencies to execute on such requirements.

There is already an existing section in the WIC Policy Manual regarding programmatic partnerships. IL DHS should expand on the guidance and partnership requirements in this section of the policy manual by adding in Pediatricians, Medicaid MCOs, Subsidized and Supportive Housing providers as partners that WIC Local Agencies should actively and intentionally engage with in the communities they serve.

2. 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.

3. Change the WIC Policy Manual "Referral Services" section to include referral to mental health services.

The mental health and domestic and sexual violence referrals are especially important considering the rates of postpartum depression and maternal mortality in African American communities. These types of referrals would be similar to what already exists in the WIC Policy Manual which currently mentions referral for Substance Use Counseling and Treatment Centers.

⁷⁵WIC and FCM Quarterly Performance Reports. (2018). Illinois Department of Human Services. Retrieved from <http://www.dhs.state.il.us/page.aspx?item=32729>

Advocates from EverThrive Illinois, the Greater Chicago Food Depository, the Ounce of Prevention Fund, and the Sargent Shriver National Center on Poverty Law engaged in research and outreach to WIC participants, staff, and administrators to identify challenges in the WIC program. We have compiled a list of our suggested programmatic improvements to encourage greater satisfaction and participation in WIC.

The policy recommendations included in this paper 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, as well as ignite conversation around potential changes to the policy manual and WIC customer engagement. Many strengths exist within Illinois's current WIC program, for example the breastfeeding support and supplemental food support are two well-received aspects of the program amongst participating families. However, despite these strengths, WIC uptake and retention rates continue to decline.

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.

Supporting Organizations



Appendix A: Eligibility Examples

Example 1

A 20-year old woman living in Washington, Illinois is 20 weeks pregnant with her first baby. She works as a part time cashier at her local Walmart, making \$15,000 per year. Her pre-pregnancy height and weight were 5'1" and 115lbs. She has only gained 5 pounds during pregnancy:

This woman is categorically, financially, and nutritionally eligible for WIC. Given her low weight gain, she would be coded as "low weight gain during pregnancy" in a WIC assessment, making her nutritionally eligible.

Example 2

A 30-year old non-citizen women living in Peoria, Illinois is 8 weeks postpartum after having her 3rd child. She is unemployed, but her husband works as a truck driver making \$42,000 per year. Her child was born at 36 weeks and she gained 45 pounds during pregnancy.

This woman and her infant are categorically, financially, and nutritionally eligible for WIC. Given her BMI, she would be coded as "high weight gain during pregnancy" and her infant would be coded as "premature" in the WIC assessment, making them both nutritionally eligible.

Example 3

A 67-year old woman from Chicago, Illinois is her 2-year old grandson's legal guardian. She does not work and is on a fixed income. The little boy's hematocrit is 32% and his hemoglobin is 10/100m.

This child is categorically, financially, and nutritionally eligible for WIC. His hematocrit and hemoglobin levels make him nutritionally eligible. His grandmother is not eligible for the WIC program.

Appendix B: Racial Composition of Chicago Neighborhoods

Neighborhood ⁷⁵	Black	Hispanic	White	Other
Heart of Chicago (Lower West Side)	3.4%	83.4%	11.2%	2%
Gresham (Auburn Gresham)	97.2%	1.0%	0.5%	1.3%
Kelvyn Park (Hermosa)	5.0%	88.8%	4.3%	1.9%
West Roseland (Roseland)	95.9%	0.7%	1.3%	2.1%
Little Village (South Lawndale)	13.7%	81.9%	3.6%	0.8%
Dearborn Homes (Douglas)	96.5%	0.0%	1.3%	2.2%
Englewood	94.6%	2.5%	1.2%	1.7%
Logan Square	6.0%	57.4%	32.4%	4.2%
Bronzeville	86.8%	2.1%	6.3%	4.8%
South Shore	93.3%	1.8%	2.8%	2.1%
South Chicago	78.5%	18.1%	2.4%	1%
Gage Park	3.8%	92.1%	3.4%	0.7%
West Garfield Park	93.0%	3.9%	2.2%	0.9%
Illinois Medical District (Near West Side)	35.5%	21.7%	30.9%	11.9%
West Town	18.8%	23.7%	51.7%	5.8%
Austin	93.1%	4.8%	1.6%	0.5%

⁷⁵Statistics Atlas is a secondary analysis of demographic data from the 2010 US Census, and American Community Surveys from 2012-2016. Retrieved September 9, 2018 from <https://statisticalatlas.com/place/Illinois/Chicago/Race-and-Ethnicity>

