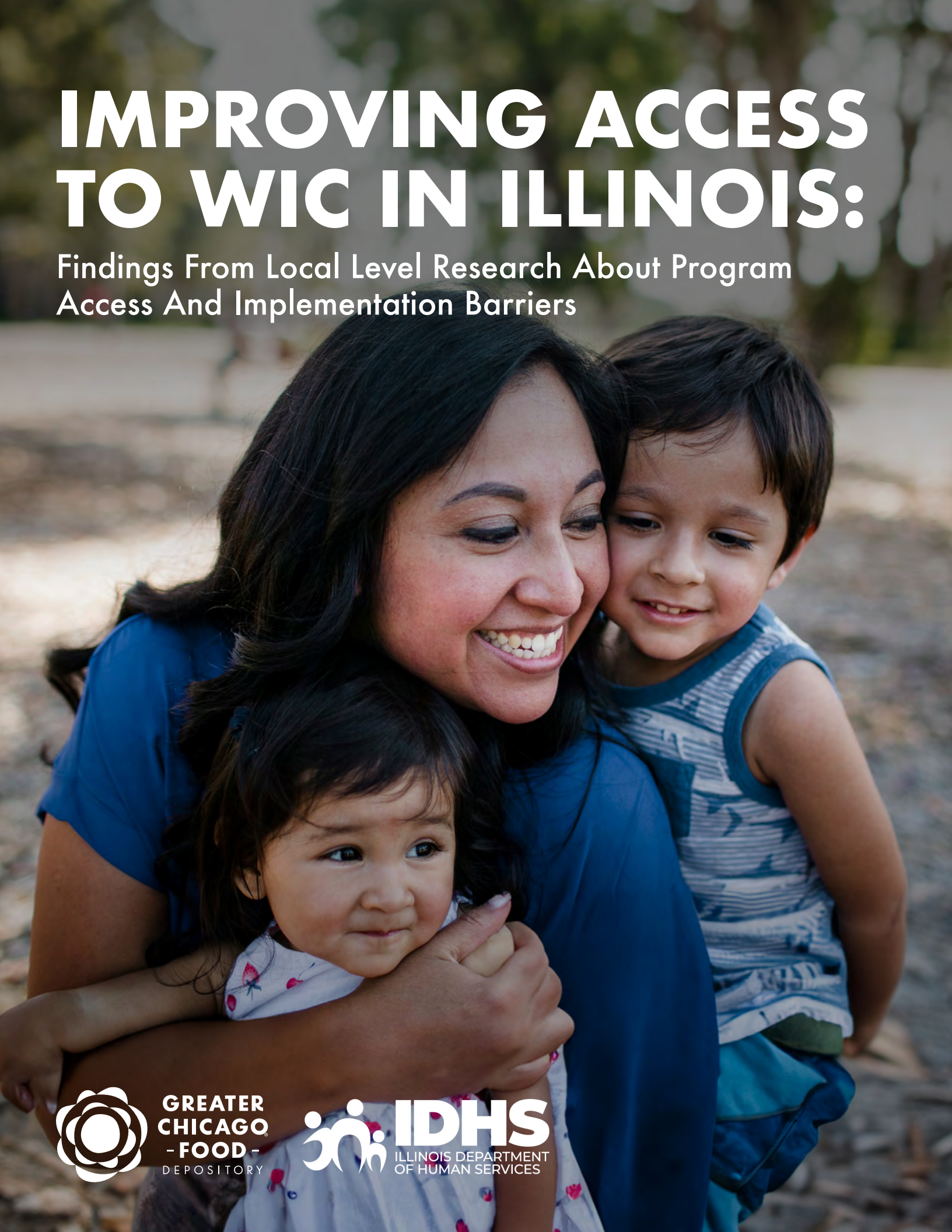
IMPROVING ACCESS TO WIC IN ILLINOIS:

Findings From Local Level Research About Program Access And Implementation Barriers



GREATER CHICAGO FOOD DEPOSITORY

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

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01 INTRODUCTION

Despite the strong and lasting benefits of program participation, enrollment in WIC lags behind other federal nutrition assistance programs. While the participation rate in the Supplemental Nutrition Assistance Program (SNAP) in Illinois was close to 100 percent in 2020[1], the participation rate in WIC in calendar year 2021 was only 36.3 percent, well below the national average of 51.2 percent.[2] The USDA estimates that of the 419,107 people eligible for WIC coverage in Illinois in 2021, only 151,949 participated.[3] With current participation rates, each year Illinois leaves roughly $164 million in WIC benefits on the table that could be utilized to support the nutrition and health of low-income women, infants, and children.[4] This low enrollment reflects state and national trends of several years of participation declines.

With support from the Center on Budget and Policy Priorities, the Illinois Department on Human Services (IDHS) and the Greater Chicago Food Depository executed insights research in 2022 to improve our Illinois-specific understanding of WIC participation barriers and identify Illinois-specific solutions to increase program uptake.

Illinois operates approximately 202 clinic sites run by local health departments, not-for-profit health and social service agencies and federally qualified health centers. Better understanding local implementation practices and barriers is important to understanding WIC uptake across the state because local decisions about operating hours and locations, coordination of services, and program marketing and outreach all have an impact on program awareness and participation.

While participation rates in Illinois are higher among infants (71.4%) and postpartum women (51%), pregnant women are slow to take up the program (36.2%) and participation drops off significantly at age 1 (36.8%).[5] Understanding enrollment trends is valuable in identifying where barriers may exist, but we must engage families to understand the barriers and identify solutions. For example higher postpartum participation may indicate that eligible women are not becoming aware of WIC until after delivery, or it could be that women value the program more during the postpartum period for women. Without engaging WIC-eligible families we cannot be sure that our solutions are focused on the right problem.

This report summarizes key barriers to program enrollment and program implementation as identified by this insights research. It also includes potential solutions to explore. This report will be used to engage local WIC clinics in the development of specific recommendations, action steps, and resource needs to improve program uptake.

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RESEARCH METHOD

To help inform our research, we began by convening two advisory groups: a group of current WIC clinic directors representing four of the five IDHS regions and a group of early childhood stakeholders.

Learnings from the advisory groups were used to inform a WIC clinic staff survey and focus groups with current and former WIC participants. The advisory groups identified the following key themes for exploration in the survey and focus groups:

- ✓ Marketing and Awareness
- ✓ Outreach and Community Partnerships
- ✓ Client Experience
- ✓ WIC Clinic Hours
- ✓ Scheduling
- ✓ Staffing

SURVEY

We surveyed local WIC agency staff during late 2022 by sharing an electronic survey with participants via email. In total, 395 WIC agency staff participated in the survey statewide. Survey participants were not required to complete every question. The data tables in this report show the total respondents for each question as well as the number of survey participants for whom data was missing.

About 75 percent of the survey participants were from WIC clinics operated by local public health departments. The remaining 25 percent of participants were split, with their WIC clinics being operated by a Health or Medical Center or by a Social Service agency. Respondents were varied in their roles at the clinic.

What is your role at the WIC Clinic?		
	Number	Percent
Breastfeeding Peer Counselor	15	4%
Competent Professional Authority (CPA)	154	41%
Director/WIC Coordinator	60	16%
Frontline/Clerk	108	29%
Site Supervisor	22	6%
Two or more roles	13	3%
Other	6	2%
Missing Data	17	
Total Respondents	378	100%

**Percents based on total responses, excluding missing data*

We were able to obtain geographic representation across the state, with the following rates of participation by IDHS region:

Where is your WIC clinic located? (IDHS regional map)		
	Number	Percent
IDHS Reg 1	77	20%
IDHS Reg 2	106	28%
IDHS Reg 3	56	15%
IDHS Reg 4	74	19%
IDHS Reg 5	67	18%
Missing	15	
Total Question Respondents	380	100%

**Percents based on total responses, excluding missing data*

FOCUS GROUPS

In addition to conducting a survey with WIC agency staff, we completed focus groups with current WIC recipients. Focus group participants were provided with a $50 visa gift card for their time and sharing of experiences.

Focus groups were conducted with 17 current or former WIC participants. Two sessions were conducted with current WIC clients (one English language group and one Spanish language group) and two sessions were conducted with former WIC clients (both in English).

While every effort was made to assemble a diverse range of clients, given the small participant numbers associated with in-depth qualitative study, we cannot ensure that these findings represent the full range of participant experiences. In particular we recognize the limitations of drawing conclusions about language barriers and immigration concerns because of the small number of foreign language participants.

03
WIC ACCESS AND IMPLEMENTATION BARRIERS

MARKETING AND AWARENESS

AGENCY SURVEY LEARNINGS

In surveying WIC Agency staff, multiple opportunities arose to support marketing, outreach, and awareness efforts. WIC agency staff recognize the critical need and impact of increasing awareness among eligible recipients and have long practiced passive marketing efforts. Agency staff reported that social media (70%), flyers (71%), and word of mouth communications (84%), followed by community events (66%), and community partnerships (61%) are the most common marketing strategies utilized in marketing the program to potentially eligible neighbors. This aligns well with staff's perception of marketing efficacy, as agency staff go on to endorse word of mouth (81%), social media (63%), and community partnerships (48%) as the most effective marketing strategies in promoting services to potential clients.

However, WIC agencies report having minimal to no bandwidth to conduct robust outreach. WIC Clinic staff most commonly reported insufficient marketing funds, lack of a dedicated marketing/media staffer, lack of marketing training, and difficulty coordinating with external partners as barriers WIC sites face in building awareness.

What challenges does your site face building awareness for WIC/reaching out to WIC eligible families (check all that apply)?		
	Number	Percent
Insufficient marketing funds	138	44%
Lack dedicated marketing/media staff role	123	40%
Insufficient marketing/media training among staff	87	28%
Difficulty coordinating our program's media/marketing with our larger organization's media/marketing	62	20%
Difficulty coordinating with external partners	123	40%
Other	55	18%
Missing	84	
Total Question Respondents	311	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

CLIENT FOCUS GROUP LEARNINGS

When looking at client's understanding of the WIC program, some misinformation persists. Clients most commonly thought that income is the main factor in determining WIC eligibility, with less awareness of how the age of the child impacts eligibility. WIC recipients go on to share that they think of WIC as a food package program rather than a health intervention program, with only one of our focus group participants knowing that WIC offers breast feeding support, and no participants knowing that WIC clinics offer additional nutritional supports.

"To be honest it was the formula. That's what I needed the most. When I learned that they help with the food, cereal, milk, and vegetables, that was nice too. With all the kids that I have, it's helpful."

SOLUTIONS FOR EXPLORATION

✓ **Support WIC agency marketing capacity.**

Clinics cited several barriers in marketing and outreach. We know that agencies face challenges in marketing, particularly due to the lack of marketing training and lack of marketing funds. A few ways we could support agencies in overcoming these challenges would be:

- Provide marketing training
- Provide template website content, including translations to other languages
- Provide customizable marketing materials, including social media tiles, posters, and pamphlets

✓ **Emphasize the value of the WIC program beyond the food package.**

Focus group participants highlighted how general awareness of WIC focuses on the food package and formula support for infants. It's critical that marketing materials communicate the additional supports and benefits WIC offers, including support up to age 5, nutrition support, and breastfeeding support.

OUTREACH AND COMMUNITY PARTNERSHIPS

AGENCY SURVEY LEARNINGS

Agency staff noted that, prior to the pandemic, WIC clinics statewide were focused on connecting with other community entities and stakeholders, in hopes to increase cross collaboration and information sharing with community members who may be eligible for benefit programs. During these initial efforts, clinic staff were able to begin building out lists of potential networks that can help clients access and understand benefits available to them, in particular the WIC program. These efforts included correcting misinformation that WIC is solely a food benefit program and highlighting that nutrition education and breastfeeding support are included benefits.

However, once the COVID-19 pandemic hit, community outreach efforts were immediately halted as other crises took priority. Even as the pandemic has eased, staffing shortages have not, and clinic staff report that community partnerships are one of the office functions that gets deprioritized.

Despite engaging in some community partnerships, agency staff recognize the room for growth in developing and maintaining community partnerships to aid in outreach efforts. Only 24 percent of staff noting that their WIC office is cross marketing other benefit provider services. Staff believe that the lack of WIC promotion from health providers and other public benefit offices lead to many WIC eligible families not enrolling in the program. When WIC clinics are building partnerships with community organizations, clinics most frequently partner with pediatricians, hospitals, and Head Start/Early Head Start programs, with less frequent partnerships with obstetricians, early childhood centers, and Medicaid offices.

What community stakeholders or public benefits offices does your WIC office partner with to build awareness for the WIC program?

	Number	Percent
Pediatricians	279	79%
Obstetricians	204	58%
Hospitals	229	65%
Early Childhood Centers	190	54%
Churches/Places of Worship	82	23%
Libraries	78	22%
Park Districts	41	12%
TANF (Temporary Assistance to Needy Families)-DHS	90	25%
Head Start/Early Head Start – DHHS	230	65%
Home Visiting	113	32%
Early Intervention	160	45%
Childcare Assistance Program (CCAP)	58	16%
Medicaid-DHS	182	51%
Housing Programs	85	24%
Domestic Violence Victims Services – DHS	59	17%
None	10	3%
Other	27	8%
Missing	41	
Total Question Respondents	354	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

CLIENT FOCUS GROUP LEARNINGS

Almost all current clients (both English and Spanish-speaking) learned about WIC through a family member or friend. Participants were asked what the most effective way to build awareness for the WIC program among eligible people while they were pregnant. All focus group participants shared that learning about it through a doctor would be the most effective way to reach pregnant people.

"I think for me learning about WIC through my midwife was most effective because when you're pregnant you are seeing that person very regularly. Had I not known from her I probably wouldn't have even known about WIC because no one else had ever mentioned it to me."

"I think that when you went to your doctor, they could talk to you about that. I think it would be a good idea."

However, many participants learned about WIC either late in their pregnancy or after the birth of their first child, with some minor variations across participant groups. One focus group participant shared that they felt when someone is pregnant for the first time, they might not go to the doctor during the first few months, suggesting that frequency of prenatal visits and access to prenatal care may be factors to consider in WIC program outreach as illustrated in the quote below.

"The thing is that the first time, you don't go to the doctor a lot, you know?"

Several former WIC client focus group participants also reported not becoming aware of WIC until late in their pregnancy or at the birth of their first child; they regretted losing months of potential eligibility during their pregnancy. Fortunately, this suggests that service coordination may be well-routinized into labor and delivery services. However, it is unclear whether this coordination is less well-routinized into prenatal care or whether eligible women are not engaged with WIC programming for other reasons, e.g., non-attendance or low attendance at prenatal care visits, barriers/challenges to enrollment.

"I found out from my case manager. I didn't even know I had a case manager. I went for a doctor's appointment, and I was in my fifth month of pregnancy. This lady called me back and asked me to fill out papers that were asking me about my goals. I asked her what they were for, and she said "case management. We'll get you diapers and sign you up for WIC." But I didn't get WIC until after my baby was born. It was just a whole lot of mix up."

SOLUTIONS FOR EXPLORATION

✓ **Build partnerships that reach pregnant women and families with young children.**

WIC participants and former participants specifically suggested that learning through their doctor would be the best way to reach women earlier in their pregnancy. This must be coupled with efforts to connect women to prenatal services early in their pregnancy. Participants also recommended promoting WIC services at a wide range of venues catering to women and families with young children, such as public libraries and parks, stores carrying maternity clothes or newborn essentials, or preschools.

- **Obstetricians:** WIC uptake is lower among pregnant women than post-partum women. Engaging OB-GYNs to talk to women about nutrition and inform them about the supports WIC can provide is an important touch point to increase participation among eligible pregnant women.
- **Pediatricians:** Pediatricians see children a lot during their first year, as well as checkups at 12, 15, 18, 24, and 36 months. Many families reach out to pediatricians with concerns about infant nutrition and toddler picky eating. Given the drop off in WIC enrollment after 12 months, these checkups are an important touch point to connect families to WIC food and nutrition counseling resources.
- **Child Welfare:** Families referred for child welfare checks are screened for child abuse and neglect. Some families are referred to support services to help stabilize the family's situation. WIC nutritional supports should be part of that set of referrals.
- **Home Visitors:** Several Illinois programs deliver services to families in their home and provide stabilizing supports. The eligibility criteria and age ranges vary according to programs, but there is likely strong overlap with the WIC-eligible population.
- **Early Intervention:** Early Intervention provides supportive services to families with young children. While many people know early intervention for the supports provided for speech and motor skills, assessments also consider families' nutritional needs, so providing information about WIC and the nutritional supports the program provides would be a good fit.

- **Early Head Start/Head Start:** Early Head Start and Head Start provide early education to low-income families. In fact, these programs have the same income and age eligibility criteria as WIC, creating natural opportunities for cross-program promotion.
- **Child Care Assistance Program:** At the same time that we provide families with referrals to high quality childcare, we should referral income eligible families to the high-quality nutrition and nutritional supports that WIC provides. Likewise, when health and safety coaches go out to visit family childcare and licensed providers, they can share information about the importance of nutrition.
- **Community:** As we think about where families get their information and who are trusted messengers, faith-based institutions and community-based organizations are another important network to engage. Particularly for mixed-status households, community-based organizations may be a more trusted source of information than public aid offices. Leveraging faith and community-based partners to share information or host sign up days can be helpful in promoting program enrollment. There's also an opportunity to leverage private sector networks – for example, educating beauticians completing their licensing/certification about how to talk to salon clients about WIC.

✓ **Explore opportunities to build community referral networks.**

While there is significant benefit in leveraging individual partners to promote WIC awareness, there may be even greater potential in establishing community referral networks. Community partners working together can more effectively increase awareness of WIC, including positive perceptions of the program through community outreach, as well as Increase applications to WIC by establishing multiple trained WIC referral sites within the community to provide closed loop referrals.

ENROLLMENT BARRIERS

AGENCY SURVEY LEARNINGS

Application Process

WIC agency staff surveyed identified that income documentation is the biggest pain point for clients in the application and enrollment process. Staff shared that clients are providing eligibility information in hard copy format of original documents

and electronic submissions of documents in almost equal frequency (79% and 68% respectively). Two-thirds of respondents report that proof of income is most difficult to capture when determining eligibility with clients. While half of respondents indicated that medically prescribed formula forms were also difficult to capture, it is worth noting that this impacts a small percent of families served. Hemoglobin levels and anthropometric measurements were also identified as difficult to obtain by a quarter of respondents. Respondents noted anecdotally that one of the populations that experiences barriers to providing income documentation are migrant workers. In some cases, this may be fear of how the documents will be used, namely that documents will be added to a system that could one day be used against them.

Which of the following types of documentation are the most difficult to capture when determining eligibility or completing appointments with clients? (Check all that apply)

	Number	Percent
Proof of identity	48	15%
Proof of residency	74	23%
Proof of income	212	66%
Proof of benefits enrollment	28	9%
Proof of pregnancy	18	6%
Hemoglobin levels	84	26%
Anthropometric measurements	83	26%
Medically prescribed formula forms *(formula/medical nutrition prescription)*	151	47%
Missing	72	
Total Question Respondents	323	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Staff take various steps to support clients who do not have the required documentation at time of enrollment. 83 percent looking up adjunctive eligibility with other programs as a most common solution, while 68 percent direct clients on where and how to obtain required documentation.

How do you support clients who face challenges producing eligibility/enrollment documentation (Check all that apply)?	Number	Percent
Reschedule client to come back with appropriate documentation for certification	166	42%
Look up adjunctive eligibility with other programs *(e.g. SNAP, TANF)*	329	83%
Direct client on how/where to obtain documentation	268	68%
Support client in requesting or obtaining documentation *(e.g. together complete application for birth certificate, together retrieve medical documents on client's online healthcare portal)*	164	42%
Call providers for necessary eligibility/enrollment documentation	110	28%
30 Day Certification	13	3%
Other	13	3%
Missing	0	
Total Question Respondents	395	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Nearly 20 percent of staff noted that their WIC offices do not coordinate documentation with other benefit or service providers. While the majority of clinics report having a process in place to assess adjunctive eligibility for benefits, there are opportunities to cross promote programs.

How do you coordinate operations with other benefit or service providers (Check all that apply)?	Number	Percent
Our WIC office does not coordinate documentation with other benefit or service providers	59	19%
Aligned benefit and service offices cross market each other's services	75	24%
Processes are in place to assess adjunctive eligibility for benefits	173	55%
Coordinated marketing budgets with aligned benefits and services	8	3%
Coordinated marketing campaigns with aligned benefits and services	12	4%
None	44	14%
Other	8	3%
Missing Data	83	
Total Question Respondents	312	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Hours of Operation

In asking WIC clinic staff about clinic hours of operation, the overwhelming majority of respondents verified that their clinics were not open on weekends (86%). Only 14 percent of survey participants indicated that their clinic was open weekly on Saturdays. However, 67 percent of respondents reported weeknight availability, with 42 percent reporting weekly weeknight evenings.

Of the staff reporting weekend or weeknight availability, 75 percent state that word of mouth is the primary communication tool to notify clients of the hours. Some staff reported supplementing this notice with social media notifications (44%) and less frequently, flyers (34%). While word of mouth is effective for current clients, it is likely less effective for notifying potentially eligible clients about flexible hours.

Transportation and Time Barriers

A key frustration voiced to WIC clinic staff by WIC clients is the time and effort to enroll and stay enrolled. The requirement of multiple, often in person check ins throughout the year proves to be a barrier to many families. Staff go on to share that when thinking about challenges in receiving clinic services, transportation barriers (79%) and work schedule conflicts (63%) are the most reported challenges for clients in getting to the clinics.

Throughout the pandemic, WIC Clinics shifted their models of operation quickly to allow for remote services. Recipients have voiced that this shift was key in increasing their ability to better attend their appointments and maintaining increased access to remote services is greatly desired by clients. One of the above-mentioned perceptions of the program, that the time and effort invested into making it to appointments is not worth the value of the benefit, can in one way be addressed by offering clients the choice to have a remote appointment.

What challenges do clients experience in the clinic services of the WIC program, e.g., nutrition counseling, breastfeeding support, linkage to services (check all that apply)?

	Number	Percent
Transportation barriers *(e.g. lack of car or ride, cost of public transportation)*	254	79%
Work schedules conflict with WIC office hours	204	63%
Length of appointment time	86	27%
Clients don't know what to expect/aren't prepared for appointments *(e.g. have necessary documentation, equipment)*	59	18%
Clients don't have all the required documentation to demonstrate their program eligibility	114	35%
The service delivery flow is challenging for clients *(e.g. returning to waiting area after each service's appointment)*	15	5%
Client communication barriers *(e.g. phone/internet access, language barriers)*	85	26%
Clinic experience is stigmatized/client feels shamed	9	3%
Lack of childcare	65	20%
Other	17	5%
Missing Data	73	
Total Question Respondents *(who selected 1 to 10 responses)*	322	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

CLIENT FOCUS GROUP LEARNINGS

Application Process

All focus group participants reported knowing how and where to apply for WIC although not all were aware of WIC office locations prior to the enrollment process. Participants from both current client participant focus groups reported that the WIC enrollment process, including gathering necessary documents and scheduling appointments, was easy and straightforward. They also shared that staff made it easy to enroll in WIC, citing that staff were good about telling enrollees in advance what documents are needed to apply and offering to do appointments by phone.

For me it was the appointment through the phone, and it was easier for me, like I mentioned I have a newborn so avoiding to have to go back and forth to an office was really helpful to me.

Former participants reported a more variable enrollment experience, with some indicating that it was easy and straightforward while others felt that it was more difficult. Those who felt it was difficult noted that because they found out about WIC at the birth of their child, they were already occupied with a newborn baby and didn't have the time or capacity to complete the enrollment process. This underscores the key takeaway from previous section about the importance of reaching women during pregnancy.

Language

Spanish-speaking parents discussed language related barriers associated with WIC office visits. They noted that a fluent Spanish-speaking staff member was not always available during office visits, but that they employed effective "workarounds" to access necessary services. These workarounds included collaborating with a WIC staff person who had limited Spanish speaking abilities, using phone-based translation services, or bringing a bilingual family member to visits to translate.

I'd always ask my husband, who spoke English, to go with me for any question that I couldn't answer, and when he wouldn't, well, I've always looked for help with someone that speaks Spanish. I didn't find it difficult to be honest.

Spanish-speaking clients shared that when seeking support in eligibility and enrollment, they are more likely to seek support from a friend or family member. Clients shared that Spanish-speaking staff are not always available at each clinic and gathering support from friends or family is not only preferred, but largely perceived as the only method of support when Spanish-speaking staff are unavailable.

Remote Visits

When asked about ways to improve WIC clinical services, parents strongly endorsed the continuation of remote services during the COVID pandemic that historically have taken place only in WIC offices, such as eligibility screening and enrollment, and some clinical services (e.g., telehealth screenings). Many parents wanted these remote services to remain in place for the convenience and life balance they offered.

Participants saw remote services as the removal of barriers that prohibited their participation in the WIC program, including the time and expense associated with WIC office visits, the need to take off work and lose wages for WIC office visits and the need to balance time spent on office visits with the need to take care of children (e.g., nap and feeding schedules, entertaining toddlers in an office setting). By using reloadable EBT cards, clients didn't have to take time away from their schedules as frequently for office visits to get coupons. This saved household income and time needed for other valuable tasks such as employment, childcare, and travel expenses.

In my case, to be honest, it is really great that I don't have to go in person to pick up the coupons and those things because it was a matter of sometimes almost losing, my husband, half a day (of work) because we had to go - I don't drive that far, and the office where they used to give us the tickets was a bit far, so with the card it was honestly the best they could've done in my case.

It is a great option for me because I can even answer the call when, for example, I'm getting my kid dressed, I'm carrying him, I'm putting him to sleep. So, for me phone calls are a great option.

That being said, some parents within the former clients' groups reported challenges navigating remote services during the pandemic when local WIC clinics were physically closed. Specifically, they struggled with providing documentation to maintain eligibility and reaching staff over the phone when they needed assistance. One parent reported discontinuing services during this time because they were too difficult to maintain. This suggests that differences in parents' access to and ease using technology may impact their capacity to maintain WIC services remotely.

Transportation and Time Barriers

Some parents reported that transportation barriers made accessing WIC services difficult. This was especially true for parents who needed to access several resources and supports in different locations (e.g., health services, grocery support, childcare) and for parents who didn't have their own form of transportation but rather relied on rides from others or public transportation. As one parent noted:

"It is a hassle to keep up with appointments. If you don't have a car, you have to ask for ride, you have your kids with you."

Parents recommended more co-location of services, such as OB/GYN or pediatric services with WIC offices to reduce participation barriers. They also recommended maintaining remote service options as ways to ease transportation barriers and increase the likelihood of enrollment in and maintenance of WIC services.

SOLUTIONS FOR EXPLORATION

✓ **Better leverage data sharing and adjunctive eligibility as a solution to proof of income.**

While the majority of clinics are utilizing adjunctive eligibility, sharing national best practices on adjunctive eligibility with clinics across the state could optimize adjunctive eligibility practices. Currently, nonprofit WIC clinics — as opposed to those operated by public health departments — are not eligible to be on Medi, the state's online platform that provides access to healthcare program data which is used to establish adjunctive eligibility with Medicaid.

✓ **Provide language support.**

To address the gap of Spanish-speaking staff in the clinics, we would recommend additional research to assess what portion of clinic staff speak other common languages. There could be an opportunity to recruit dual-language staff, provide remote translation if a clinic does not have dual-language staff on site, leverage community organizations with dual-language staff to support enrollment, and update websites and materials with translations. WIC agency staff and community organizations should be trained to provide accurate information about WIC's impact on immigration and public charge, including income verification and how information will be used.

✓ **Increase number of clinics offering weeknight and weekend hours.**

The WIC clinics that have some degree of weekend or weeknight hours have taken critical steps towards making WIC more accessible to families. We would like to expand these flexible hours to other clinics across the state, providing more families with the opportunity to enroll in WIC and attend required appointments without needing to take off work.

✓ **Support remote and hybrid services.**

Parents strongly endorsed the continuation of remote services during the COVID pandemic that historically have taken place only in WIC offices, such as eligibility screening and enrollment, and some clinical services (e.g., telehealth screenings). Participants strongly endorsed how remote service provision reduced barriers to engaging with services. Many parents wanted these remote services to remain in place for the convenience and life balance they offered. We can further enhance the client experience by enhancing technology features, such as creating an online WIC application and investing in technology that increases clinics' ability to support electronic submissions of required documents.

✓ **Pilot mobile services.**

Families face time and transportation barriers that make it difficult to travel to a WIC agency to apply for or maintain benefits. By piloting mobile enrollment sites within a community, we could learn whether making it easier for families to access and maintain WIC services increases enrollment and retention. Mobile sites should be places where families with young children already frequent, such as pediatricians offices and Head Start centers. Instead of going to a WIC clinic, clients would be able to receive all WIC appointment types at the mobile enrollment site, including certification, nutrition, anthropometric and biochemical assessments, nutrition education, and referrals to medical services.

✓ **Improve communication about flexible hours, especially to families not already enrolled in WIC.**

The majority of clinics are already engaging in awareness efforts through word-of-mouth communication with enrolled WIC clients. We see an opportunity to supplement this approach with public facing marketing. If more families know on the front end that there are weekend and weeknight appointments available, knowing that the appointment times align with their schedules, we envision more families may be inclined to enroll.

PROGRAM BENEFITS

AGENCY SURVEY LEARNINGS

In surveying agency staff, we wanted to better understand what staff perceive to be as the greatest challenges for clients in the WIC program. Families report the combined frustrations of the benefit value, with respect to the time, effort, and limited offerings available through WIC benefits, are strong deterrents in reenrolling children after the first year of life or even enrolling in the program at all.

Families voice the offerings included in the food package deter folks from enrolling in WIC. Clinic staff report that many families voice that diet and cultural offerings are not always available, and the restrictions of what can be purchased with the WIC benefit are foods that families do not always like or know how to use. When looking at the food assistance portion of WIC, staff most commonly believed that the lack of WIC eligible foods being in stock (59%) and the need for clients to go to multiple stores in order to redeem all WIC benefits (58%) were the greatest challenges.

What challenges do clients experience in the food assistance portion of the WIC program (check all that apply)?	Number	Percent
Food choices don't match client preferences or cultural norms/religious restrictions	148	45%
Not enough flexibility for client food allergies/ intolerances *(e.g. peanut allergies, lactose intolerance)*	97	30%
Food choices don't allow flexibility for children who are picky eaters	115	35%
Fresh fruit and vegetable allotments are too low[6]	115	35%
WIC-eligible foods aren't in stock[7]	193	59%
Food package sizes in store don't match package sizes covered by WIC	187	57%
Client needs to go to multiple stores in order to redeem all WIC-eligible items	189	58%
Shopping experience is stigmatized/client feels shamed	105	32%
Transportation/ grocery stores aren't conveniently located for clients	117	36%
Required office visit to get EBT card	59	18%
Other	39	12%
Missing Data	69	
Total Question Respondents *(who selected 1 to 11 responses)*	326	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Clients continue to share that the value of the WIC benefit following the first year of a child's life is not worth the amount of time and effort WIC recipients invest into receiving those benefits. To couple this with a dramatically lower benefit value once the child no longer receives formula after the first year, many families decide to drop off or switch to SNAP to receive nutrition assistance benefits.

There was discrepancy between what clinic staff thought was most valuable and staff perceptions of what clients thought was most valuable. WIC clinic staff believed nutritional value for infants and knowledge or skills gained from breastfeeding support to be of greatest value to clients, but also believed clients perceive the greatest value of the program to be the economic value of food assistance.

When considering why WIC eligible families may not be interested in enrolling in WIC, staff perceive families preferring SNAP and other food assistance programs (78%) and WIC being perceived as being beneficial for infants but not older children (62%) as primary reasons for not enrolling.

What are some reasons that WIC eligible families aren't interested in the WIC program? (check all that apply)	Number	Percent
WIC is perceived as too many in person visits	135	42%
WIC is perceived as offering too few food options	132	41%
WIC is perceived as not substantial dollar value of food	70	22%
WIC is perceived as being beneficial for infants but not older children	201	62%
WIC is perceived as a food program only and families don't think of other services the program provides	119	37%
Stigma associated with utilizing WIC	109	34%
Families have transportation barriers	150	46%
Families don't like the stigma of participating in WIC	71	22%
Families prefer SNAP or other food assistance programs	253	78%
Other	26	8%
Missing Data	70	
Total Question Respondents *(who selected 1 to 10 responses)*	325	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Further, staff believe that clients are more likely to leave WIC after an infant's first birthday because of the perception that SNAP is easier to use than WIC (83%), dissatisfaction with food package choices for toddlers and young children (44%), and the perception that clinical services are not as valuable (41%). Despite these perceptions, staff believe the ability to use EBT card to get WIC items from a grocery store (73%), WIC staff serving as a resource (67%), and satisfaction with the food package (60%) as primary motivators for families to stay enrolled following a child's first birthday.

CLIENT FOCUS GROUP LEARNINGS

Food

Participants in one focus group that had several people with a long-term WIC historical perspective shared that the grocery item choices are much better than they used to be. That said, clients would generally like to see greater flexibilities in the food package, allowing for more flexibility and choice for picky eaters, cultural food preferences, and allergies. Participants from all focus groups wanted both a larger allotment of fresh fruits, vegetables, and eggs as part of their benefits. They also wanted greater flexibility in their purchasing options to account for food allergies/intolerances, as well as cultural and personal preferences (e.g., dairy-free or gluten-free options, queso fresco vs. American cheese, vegetarian or vegan alternatives to meat).

"Maybe a grocery list for vegetarians, like here are the brands and groceries that you can get. Offering more options like dairy-free for those that have milk intolerance. They offer soy milk, but I don't personally drink soy milk."

"Since we're Hispanic, we consume a lot of tortillas. They have it as an option, but they give it in small quantities, so I think that sometimes is better to take something other than that, you know?"

"I mean whole milk should be offered because that 1% or skim milk is really watered down."

"More formula for the WIC card. It is not enough week to week."

In one of the former client focus groups, several participants talked about the lack of flexibility in purchasing options meant that they felt diminished or lacked agency when everyone around them in the grocery store could buy what they wanted. One participant put it bluntly:

"Food is food. There shouldn't be any restrictions on what kind of food you can get."

Clients expressed strong support for the increased allotments of fruits and vegetables, and some participants noted that fresh food allotments run out too quickly. In one former client focus group, participants noted that breastfeeding mothers got better nutritional benefits than non-breastfeeding mothers. Participants felt that all mothers needed good nutrition regardless of breastfeeding status because all mothers need to be healthy to care for their children. As one mother noted:

"I feel like I'm eating my kids' vegetables."

Several former client focus group participants noted positives about the WIC program that clients did not. One positive noted in a former client focus group was that participants felt the food choices that were offered by WIC helped to steer them into healthier eating habits (e.g., non-sugary cereal choices, low fat milk instead of whole milk).

"My kids love Cheerios now. Not so sugary. [WIC food options] lead you to better choices with the foods they give you. If you don't have the resources for something else, you have to work with what they give you."

Another positive noted by former client focus group participants was that the WIC program helped them to make ends meet each month by providing staple foods such as bread, cereal, milk, fruits, and vegetables. One former client shared:

"It does help stretch the food budget, like when I haven't gotten Link (benefits transfer for the month) or my paycheck. It helps."

While clients shared that they are currently more likely to use WIC with high food prices as a result of inflation, they echo that SNAP is easier to use and is perceived to yield greater value.

Shopping Experience

Participants from all focus groups noted occasional challenges at the grocery store, for example confusion over WIC-eligible items, despite use of the phone-based app, stigmatizing behavior from store staff (e.g., embarrassing a client in checkout line), or store staff not allowing for certain food purchases or exchanges for unavailable items. These challenges add up to clients and former clients feeling forced to "leave money on the table" when food items are not available at grocery stores. This problem seems to be more prevalent now due to COVID-related supply chain disruptions. For participants, this meant the need to travel to multiple stores to get needed items.

Focus group participants expressed a desire for more remote and convenience-oriented grocery services such as online grocery ordering, curbside pickup and home delivery capabilities. Participants from all focus groups strongly favored the migration from a coupon-based system to EBT card-based system. Participants noted the EBT card was easier to use, minimized waste of food or benefit funds compared to the coupon system where product size and availability didn't always match coupon requirements.

Participants also favored the phone-based app that allowed them to look up WIC-eligible food items while shopping rather than needing to wait to verify WIC-eligible food items at the checkout line; it was both less stigmatizing and more efficient.

Participants appreciated that staff gave them information about how to use the EBT cards and the WIC app, which clients found helpful.

SOLUTIONS FOR EXPLORATION

✓ **Expand WIC food package offerings and increase the value of the food package.**

We heard from both WIC participants and agency staff that the value of the food benefit and restrictions on the types of food available were a deterrent to WIC participation. The contents and value of the WIC food package are largely a matter of federal policy. States have limited choice in what food items to make available, and Illinois has taken steps to provide as much flexibility as possible to account for dietary restrictions and cultural preferences, for example allowing bulgur, tortillas, yogurt, and tofu. We will continue federal advocacy efforts to increase flexibilities and expand offerings in the WIC food package.

✓ **Reframe the value of WIC to build client awareness that program benefits extend beyond their child's first year.**

Clients clearly perceive WIC to be a food package program and benefiting infants, with not as much awareness about the clinical and nutritional services WIC provides beyond infancy. It is critical that we dispel the misconception that WIC is only for infants and provide information on clinical services available to WIC families beyond a child's first birthday in our marketing and outreach efforts. In addition to talking more about services in outreach to potential WIC clients, we should also explore how clinics talk about services during visits with existing clients to reinforce the larger value of WIC, ensuring that existing clients know what services are available. Through these efforts, we also have the opportunity to communicate the value of SNAP and WIC combined.

CLINIC OPERATIONS

AGENCY SURVEY LEARNINGS

WIC clinics are facing large rates of turnover across roles and agencies, impacting the client experience and service operations. A key barrier which touches all areas of the WIC clinic's capacity is that of staffing. WIC clinics were not immune from the great resignation and faced much turnover throughout the pandemic, and that turnover continues today. With great amounts of turn over, staff voiced concerns and impacts with continuity of care. It's challenging for staff members to work at building new relationships and rapport with clients, which feels key in helping clients stay engaged, to only have clients come into their next visit and not recognize faces in the office. With offices feeling minimally staffed at best, staff are left trying to get through the basic requirements of the day to day with the limited time available for outreach and partnerships. Staff voice feeling as though they can hardly keep their heads above water with all the work to be done and minimal staff to aid in execution.

Agency staff affirmed that turnover remains persistent and reaches all roles within an agency. Staff reported the roles experiencing the most turnover are support staff (73%), qualified nutritionists (50%), and breastfeeding peer counselors (41%). Support staff are typically less difficult to hire for, whereas nutritionists and breastfeeding peer counselors are very difficult to hire. Support staff primarily do outreach and reminders. Nutritionists complete appointments and are important for quality of service provided to clients. Breastfeeding peer counselors are less impactful for client retention because they interact with families only during the period the mother is breastfeeding, but they are very important for quality of service and breastfeeding outcomes.

Staff highlight a multitude of reasons leading to high rates of turnover, though staff overwhelmingly agree that pay is the primary reason for turnover, with 84 percent of survey participants reporting so. Followed by pay, staff seeking a career change outside of WIC (42%) or feeling as though limitations of the program prevent staff from utilizing their full skillsets (26%) are factors leading to staff turnover.

In particular, clinics have voiced difficulties in keeping Registered Dieticians (RDs) engaged in the program. One of the difficulties in keeping RDs engaged has been around not being able to offer the full scope of services that a traditional RD can do in other settings. For example, RDs in WIC clinic offices are continually seeing high-risk kids and yet are unable to provide the Medical Nutrition Therapy they were trained to do. These prohibitions of what information and counsel can be provided in WIC clinic settings leave RDs disengaged. Coupling these difficulties with the low rates of pay provided to RDs is placing WIC clinics in a cycle of understaffing or staffing underqualified and overqualified RDs.

Staff also provided information about the impact of staff turnover. Staff reported that the turnover results in limited capacity to serve clients (60%), reduced quality of overall services (50%), and reduced capacity for performing outreach (49%). Not only does turnover negatively impact the clinic operations, but it also impacts the client experience. Staff shared that as a result of turnover, clients experienced delays in service provision (67%) and experienced or expressed frustration (50%).

How does staff turnover impact operations at your WIC office (select all that apply)?

	Number	Percent
Continuity of care for clients	136	46%
Limited capacity to schedule/serve clients	178	60%
Reduced caseload	118	40%
Reduced capacity for performing outreach	144	49%
Reduced capacity for making reminder calls/follow up	108	36%
Reduced quality of services overall	149	50%
Other *(please specify)*	40	14%
Missing Data	99	
Total Question Respondents *(who selected 1 to 11 responses)*	296	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

When asking staff about what can be done to prevent turnover, the majority of staff (79%) endorsed retention incentives such as increased compensation or schedule flexibility as critical in retaining staff. Staff endorsed the need for training to be offered to less credentialed staff to work towards more advanced credentialing and changing requirements to allow less credentialed staff to work with low-risk clients as supplemental methods to prevent turnover.

What can be done to address staff turnover? Please check the 3 most important things that can be done.

	Number	Percent
Develop/maintain a workforce pipeline with schools that train staff	57	19%
Retention incentives such as compensation or schedule flexibility	239	79%
Change requirements to allow less credentialed staff to work with low-risk clients	99	33%
Provide training to less credentialed staff to work towards more advanced credentialing	119	39%
Other *(please specify)*	65	21%
Missing Data	92	
Total Question Respondents *(who selected 1 to 11 responses)*	303	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

In surveying agency staff, we learned that the most common form of connecting with WIC clients about scheduling appointments is by phone call, with 97 percent of staff reporting this as a method practiced in scheduling clients. This method is closely trailed by scheduling appointments in person, likely following an existing appointment. Fewer staff report utilizing text and online functionality for scheduling appointments and sending reminder notes to clients. Only 29% of respondents reported the option of scheduling appointments via text message, and only 6% of respondents endorsed online scheduling. For many WIC clinics, only supervisors have cell phones with text capability. The state has not yet invested in a software platform to enable client text communications but this is something that IDHS has identified as a need.

How are appointments scheduled with clients (check all that apply)?		
	Number	Percent
Text message	97	29%
Telephone	329	97%
Online *(e.g. website, booking app)*	21	6%
In person *(in advance)*	284	84%
Not applicable, clients are primarily walk-in	14	4%
Missing Data	55	
Total Question Respondents	340	

**Percents based on total responses, excluding missing data; further participants were permitted to pick multiple responses so # and % exceeds actual participants*

Telephone calls continue as a key form of communication between WIC clinics and WIC participants when looking at appointment reminders and follow up communications. The majority of WIC clinic staff reported telephone calls as a form of appointment reminder (86%), compared to 52 percent of staff reporting appointment reminders via text message. Email and physical mail are still utilized as a reminder method, though less frequent. Clinics have varying practice of when they send out reminders, though clients are typically reminded of appointments the day before the appointment (58%) followed next by 2-5 days before the appointment (15%).

When clients miss appointments, staff most frequently follow up with those clients with a telephone call (96%), followed by postal mail (40%), and text message (37%).

To engaged lapsed clients, 68 percent of clinic staff indicated that they pull reports to identify inactive clients. Once identified, staff reach out to those lapsed clients primarily by phone call (87%), but also by mail (47%), text message (29%), and occasionally email (21%).

By and far, telephone calls are the most frequently utilized communication method when scheduling, reminding, or following up with clients about appointments. This contributes to staff job dissatisfaction when a large part of the day is spent making routine phone calls and leaving messages.

SOLUTIONS FOR EXPLORATION

✓ **Explore possible retention strategies.**

It is clear that staff turnover is having a material impact on quality of service and that staff need retention motivation, so exploring what it is that is most motivating for staff in order to remain with a clinic will be key. Possible retention strategies to explore include pathways to increased pay, pay incentives, and increased professional development opportunities, as these address two of the primary reasons selected for turnover: pay and not utilizing full skillsets.

✓ **Assign caseload according to staff experience and children's needs.**

Some clinics are exploring how to differently engage low-risk children from high-risk children. With staff having differing skill levels, staff may be placed in positions of being overqualified or underqualified when working with various clients. By crafting a plan that outlines who will provide care based on the individual child's needs, including whether those children are high or low risk, WIC clinics may be better able to focus time and efforts accordingly. For example, experienced RDs could be assigned to medically-fragile children.

✓ **Explore ways to recruit more WIC agency staff.**

Clinics have identified a possible solution in recruiting qualified staff members by connecting with schools and programs that offer dietetics degrees. WIC clinic staff have reported shortages in dieticians and link this to low program enrollment, leaving them with a very limited pool of dieticians to pull from. The clinics hope to work with local programs and schools that offer degrees to incentivize enrollment, and later employment.

✓ **Increase number of clinics leveraging text and email communications.**

With efforts to communicate with clients about scheduling and reminding of appointments primarily happening by phone call, there is room to expand non-phone call-based reminders. Some clinics are already starting to utilize text or email when reminding clients of appointments and we see opportunity to support the clinics and the state in making this reminder method more widely available. We will continue to partner with the state and work to support the state's efforts in expanding text and email communication with clients.

✓ **Support state investments in online scheduling.**

With only 6 percent of respondents reporting online scheduling as an option, we believe an important opportunity to make WIC more accessible to potential applicants is to expand the ability of clients to be able to book appointments online.

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CONCLUSION

Some of the solutions identified in this report are actionable at the state agency level while others require federal policy change, local level implementation changes, or engagement by other stakeholders. Federal policy learnings will be used to inform Illinois priorities for the next federal child nutrition reauthorization by Congress. State and local opportunities will inform the creation of a roadmap for strengthening WIC in Illinois.

While some of the recommendations in this report are immediately actionable, others will require further study, planning, or resources. The findings about local level access and implementation barriers will be shared and discussed with WIC agencies during regional meetings in early 2024 to further digest and analyze learnings and to refine our understanding of actionable solutions and resource needs. Similarly, recommendations for collaboration with community based organizations will be shared with early childhood and other stakeholders to identify partnership opportunities and commitments.

Most importantly, the findings in this report are Illinois-specific, responding to the distinct issues and concerns raised by Illinois WIC participants and frontline staff. We are eager to continue working to strengthen WIC in Illinois, centered by the needs of Illinois families and in partnership with the local leaders working to implement the program.

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ENDNOTES

[1] Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2020, U.S. Department of Agriculture, August 2023. https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-participation-2020-final-report.pdf

2 National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021, U.S. Department of Agriculture, November 2023, Table 3.5. https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eligibility-report-vol1-2021.pdf

3 National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021, U.S. Department of Agriculture, November 2023, Table 3.5. https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eligibility-report-vol1-2021.pdf

4 Greater Chicago Food Depository analysis of calendar year 2021 WIC participation rate estimates and FY2023 WIC program data from the U.S. Department of Agriculture.

5 National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021, U.S. Department of Agriculture, November 2023, Table 3.6. https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eligibility-report-vol1-2021.pdf

6 During the time this survey was administered, Congress was considering whether to continue an increase to the monthly fruit and vegetable allotment for families, which may have impacted survey participants' responses. Congress had increased the fruit and vegetable allotment from $9 to $25 for children, from $11 to $44 for pregnant and postpartum women, and from $11 to $49 for women who are breastfeeding. Anecdotally WIC families credit the expanded fruit and vegetable benefits as an important reason for staying in the program. The U.S. House of Representatives proposed cutting the expanded fruit and vegetable benefits for WIC families in FY24 appropriations.

7 During the time this survey was administered, the United States was experiencing a nationwide infant formula shortage that may have impacted survey participants' responses.

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