



Improving Women, Infants, and Children’s Access to Food and Care During the COVID-19 Pandemic

September 11, 2020

To address the impact that the COVID-19 virus is having on food access, this issue brief highlights recent policies and puts forward a recommendation to ensure that the over 6 million individuals who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have access to the food and care they need. This effort builds on the Center for Public Health’s initiative on WIC waivers, tracking each request, approval, or denial status, as well as USDA response time for every state, US territory, and Indian Tribal Organization (ITO) during the pandemic.

Background

As food insecurity skyrockets in the wake of COVID-19, the role of WIC is more important than ever.¹ By providing supplemental foods, health-care referrals, nutrition education, and breastfeeding support for 6.4 million women, infants, and children, WIC is critical to ensuring access to healthy foods and health services.² The COVID-19 pandemic and associated disruptions in the food supply chain have created interruptions to the available inventory of approved WIC foods on store shelves. These disruptions have also caused difficulty in accessing WIC benefits in a safe and socially distanced way, and a subsequent need for state agencies to be able to waive restrictions and create new flexibilities for WIC participants.

The Families First Coronavirus Response Act (PL 116-127), signed into law on March 18, 2020, was instrumental in ensuring the continued operation of WIC while incorporating critical public health precautions. By granting the United States Department of Agriculture (USDA) the authority to approve state-requested waivers for program flexibilities through the duration of the emergency period, WIC has been able to adapt rapidly to continue to support the nutritional health of women, families, and staff who support WIC clinics across the country. USDA flexibilities are necessary to waive various in-person requirements for essential program functions, ensuring that remote or modified services could be implemented to reduce the risk of spreading COVID-19 among participants, clinic staff, and their families. These modifications are even more necessary as the Centers for Disease Control and Prevention (CDC) warns of increased risk for severe illness or adverse pregnancy outcomes for pregnant persons who contract COVID-19.

The Center for Public Health WIC Waiver Tracker monitored over 700 waivers from 89 agencies, including 626 approved waivers from USDA. This information was sourced from USDA, as well as from a regular survey to WIC agencies. With each agency currently holding an average of seven approved WIC waivers, the high volume highlights the critical nature of these waivers for WIC to continue to operate safely and efficiently.

After a series of short-term waivers and subsequent extensions, all waivers have currently been extended through September 30, 2020, under the authority granted in the Families First Coronavirus Response Act (PL 116-127). As this deadline approaches, it is clear that the expiration of current waivers would be detrimental to public health.³ The necessity for social distancing will continue for the foreseeable future, requiring a longer-term strategy to ensure the health of women, infants, children, and clinic staff.

Without the extension of the current WIC waivers, WIC participants will face major impediments to access nutritious food and health services safely. For a population that is already vulnerable to food insecurity and health disparities, this issue requires immediate action.

Evaluative Criteria

The Milken Institute Center for Public Health recognizes the importance of supporting the integrity of WIC operations while also addressing the severity of the current public health crisis. To ensure a comprehensive analysis, the Institute has identified the following criteria evaluating each action alternative.

- **Increasing Access to WIC Benefits:** Measures whether WIC is serving its intended purpose of safely increasing access to food and care for low-income women, infants, and children, particularly during COVID-19.
- **Public Health Responsiveness:** Tracks the extent to which each action alternative responds to and incorporates public health recommendations and safety precautions to mitigate the spread of COVID-19 while still maintaining WIC operations.
- **Administrative Feasibility:** Measures the relative ease or complexity of implementing each action alternative.

Inaction vs. Needed Action

Inaction: WIC waiver extensions expire on September 30, 2020, and WIC agencies and clinics would resume pre-COVID-19 operations after waiver expiration.

This option is the default option if no additional actions are taken by USDA within the coming weeks to extend WIC waivers, resulting in a return to clinic-based operations and pre-COVID-19 food package regulations.⁴ WIC agencies would no longer be able to operate with the flexibilities that have safely supported these operations through the pandemic, including remote options for participants and expanded food options for WIC-approved items. This option will also come to pass if USDA issues a shorter-term extension with a fixed deadline.

- Without the ability to waive clinic and food package requirements, this option will likely decrease access to WIC benefits for participants. Most importantly, WIC participants may be unable to

access clinic services without jeopardizing their health as a result of COVID-19. WIC providers have reported that many WIC families have voiced concern about returning to in-person services and are willing to forfeit benefits to avoid an in-person appointment.

- Without the ability to offer remote accommodations for various WIC operations, this option lacks adequate public health responsiveness as it does not accommodate social distancing requirements. This option poses a large public health risk, as currently, no other public health solutions are in place to protect participants and clinic staff.
- If the necessary flexibilities expire on September 30, 2020, WIC state agencies will likely need approval for various changes on a case-by-case basis to serve participants safely. This piecemeal approach would likely cause a major administrative burden both on USDA and WIC staff, given the number of waiver requests throughout the pandemic. Retailers will have to swiftly adjust their WIC systems to reflect approved Universal Product Codes (UPCs) and limit options on the WIC food package. Additionally, WIC providers will have to rearrange appointments to accommodate the sudden reopening of clinics, which will likely result in a higher no-show rate. Consistent messaging is critical for retaining participants and their trust. Yet, a sudden return to in-person services undermines months of this consistent communication that has prioritized the safety of WIC families.

Needed Action: Extend all approved WIC waivers through the duration of the emergency period.

Under the authority granted by the Families First Coronavirus Response Act, USDA would extend all approved waivers through the duration of the emergency period. This extension will allow the 6.4 million WIC participants to continue accessing their benefits while minimizing COVID-19 risk.⁵

- As food insecurity increases during the COVID-19 pandemic, it is paramount that WIC participants can safely access WIC benefits. Stakeholders in fields of health, policy, nutrition, and child services agree that this option ensures that outcome for WIC participants. WIC providers are reporting that failure to extend the waivers would result in depressed participation, as families prioritize their health and safety over access to nutrition support.
- This option prioritizes access to WIC benefits while also adhering to leading public health recommendations by allowing for remote operations and other flexibilities that prioritize social distancing.
- Given the large volume of waivers issued, extending this authority would ease the administrative burden of returning to pre-COVID-19 clinic operations. WIC providers have identified significant challenges with implementing safety precautions in the clinics, including structural modifications to promote social distancing. These measures are undermined by the sheer volume of WIC appointments and the challenge of enforcing social distancing among young children. Premature clinic reopenings could result in subsequent clinic closures as the staff is exposed to or contracts COVID-19, thus disrupting services. Consistent messaging is essential to retain participants, and an unsafe or inconsistent clinic location will deter or depress participation.

Recommendation

The Milken Institute Center for Public Health recommends that USDA extends all approved waivers through the duration of the emergency period. An extension ensures access to WIC benefits and incorporates leading public health recommendations and guidelines while offering an administratively feasible solution for both USDA, WIC staff, vendors, and other stakeholders. Additionally, this option ensures access to nourishing food for women, infants, and children across the US at a time when it's needed most.

The Institute stresses the urgency of this extension given the extensive public health risk posed by allowing waivers to expire on September 30, 2020. Without a broader public health solution to COVID-19 in place, the safety of the 6.4 million women, infants, and children served by the WIC program and the thousands of frontline providers who are the backbone of the WIC workforce cannot be ensured.

About the Milken Institute

The Milken Institute is a nonprofit, nonpartisan think tank that helps people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities. The Center for Public Health develops research, programs, and initiatives designed to envision and activate sustainable solutions leading to better health for individuals and communities worldwide.

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1. S. Bleich et al, "Strengthening WIC's Impact during and after the COVID-19 Pandemic" (Healthy Eating Research, July 2020), <https://healthyeatingresearch.org/research/strengthening-wics-impact-during-and-after-the-covid-19-pandemic/>.
 2. "WIC Frequently Asked Questions (FAQs)," USDA Food and Nutrition Service, last modified July 1, 2019, <https://www.fns.usda.gov/wic/frequently-asked-questions>; "Powerful WIC Outcomes! New Study Shows How \$1 Invested in WIC Saves about \$2.48 in Medical, Educational, and Productivity Costs," National WIC Association, May 15 2019, <https://www.nwica.org/blog/powerful-wic-outcomes-new-study-shows-how-1-invested-in-wic-saves-about-2.48-in-medical-educational-and-productivity-costs#.X00xQ8hJE2w>.
 3. Ibid.
 4. "Press Release: WIC Providers, Pediatricians Insist USDA Immediately and Fully Extend COVID-Related Waivers through September 30," National WIC Association, published May 14 2020, <https://www.nwica.org/blog/press-release-wic-providers-pediatricians-insist-usda-immediately-and-fully-extend-covid-related-waivers-through-september-30#.X0zaAchJE2w>.
 5. "COVID-19 Trends," Insight Policy Research, accessed August 31, 2020, <https://insightpolicyresearch.com/wic-insights/covid-19-trends/>.