**Changes Implemented in Response to COVID-19**

In March 2020, Washington (WA) State issued a "Stay Home, Stay Healthy" order and WA WIC clinics closed to the public. Congress passed the Families First Coronavirus Response Act. The Act, along with state policy changes, increased WIC flexibilities:

- Waiving documentation requirements for ID, residency, and income.
- Waiving or deferring requirements for in-person weight, height, and iron measurements.
- Allowing in-person appointments to receive benefits.

Using the waivers and other changes to state practices, local agencies began offering nearly all WIC appointments remotely, mostly by phone. Some sites offered video appointments or limited in-person services (e.g., pick-up of WIC cards, breast pump, mailed materials, or tested with participants).

WA WIC expanded its list of allowable foods by 600+ items (April 2020).

**Staff & Participants Favor Remote Services and Expanded Food Options in Future**

"I feel like once this is all over it would be nice to have a mix of both—maybe cells and in person."

"One of the things we may potentially see going forward is maybe the height and weight is being done at the WIC office, but not on the same day as the certification."

"[Women are] saying, ‘it would be better, so we can see each other and if they have something to explain or show they can show me over the video.’"

"Just add more brands of the same item. Because it can kinda make it difficult when you’re there and trying to get certain brands and they’re all sold out cause there is just so many people on WIC."

**Recommendations for Policy and Practice**

- Maximize participant choice and access by reducing requirements for in-person certification, and maintain remote benefits issuance.
- Pilot other ways to collect height, weight, and iron measurements (e.g., at home or drop-in appointments, via data sharing).
- Fine tune remote services development and support materials for video appointments, create "how to" videos for WIC EBT card and app, and translate materials into more languages.
- Continue adding to the allowable food list, including more flexibility in food packaging sizes.
- Track and evaluate changes made.

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**Staff and Participants Experienced the Changes to the Women, Infants and Children Program (WIC)**

How staff and participants experienced the changes to the WIC Program (WIC) in Washington State (WA).

**Changes Made in Response to COVID-19**

- Waived documentation requirements for ID, residency, and income.
- Waived or deferring requirements for in-person weight, height, and iron measurements.
- Allowed in-person appointments to receive benefits.

Using the waivers and other changes to state practices, local agencies began offering nearly all WIC appointments remotely, mostly by phone. Some sites offered video appointments or limited in-person services (e.g., pick up of WIC cards, breast pump, mailed materials, or tested with participants).

WA WIC expanded its list of allowable foods by 600+ items (April 2020).

**Staff and Participants Were Highly Satisfied with Remote Services**

Based on appointment completion rates and interviews with staff and participants:

- **Nutrition Education Improved**
  - 96% June 2020 appointment completion rates
  - 78% June 2019 appointment completion rates

- **WIC Certification Improved**
  - 77% June 2020 appointment show rates
  - 72% June 2019 appointment show rates

**Participants Appreciated Expanded Food Options**

Based on 2020 food benefit redemption rates and interviews with participants:

- **Appreciated Foods**
  - Milk
  - Yogurt
  - Cereal
  - Cheese

While redemption rates had been increasing going into 2020, the rates decreased over 10% from March to April 2020 at the start of the pandemic, likely related to the state “stay at home” order and pandemic-related food shortages. Redemption rates increased following the April 2020 food list expansion when participants were more satisfied and able to get what they needed.

WIC participants were very pleased and reported appreciating increased variety, especially given the food shortages, and more kid-friendly options.

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**Children Had the Greatest Increase in Participation**

Overall Participation in Washington State WIC (2018-2020):

- **Children**
  - September 2018: 7,500
  - September 2020: 14,000
- **Infants**
  - September 2018: 4,800
  - September 2020: 8,700
- **Women**
  - September 2018: 1,600
  - September 2020: 4,900

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**Participant Trends Differed Somewhat by Race**


- **White**
  - 2018: 90,000
  - 2020: 100,000
- **Black/African American**
  - 2018: 60,000
  - 2020: 65,000
- **Asian**
  - 2018: 8,000
  - 2020: 9,000
- **Pacifc Islander**
  - 2018: 6,000
  - 2020: 7,000
- **Multi-race**
  - 2018: 4,000
  - 2020: 5,000
- **Other**
  - 2018: 1,000
  - 2020: 2,000

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**Participating Likely Increased Due to Greater Need for Support and Ease in Certifying Remotely**

WIC participants were highly satisfied with remote services, describing them as convenient and comfortable. Noted advantages of remote appointments:

- No need for childcare or to bring children.
- Saving on travel time and transportation costs.
- Allowing working parents more flexibility.
- Feeling safer during the pandemic.

WIC staff acknowledged that remote appointments remove participation barriers, but noted concerns:

- Participants can be distracted on the phone.
- Interpretation can be difficult.
- Not yet comfortable with video.

Staff and participants reported missing access to height, weight, and iron measurements. They also missed the social nature of in-person interaction and noted that some sensitive topics are better discussed in person.

"At the beginning, it was hard to get milk, cheese, and cereal, but then WIC updated the list of the available foods and now I am able to get them with no problem."

"While the pandemic was hard, being able to stay at home and do what we need without having to go out was really good."

"It was more convenient for me to do it over the phone because, with my kids, that meant I didn’t have to bring them or find a babysitter for them. I was able to just be at home and have all the information ready for it."
Who is enrolled in Washington WIC

Washington (WA) WIC served up to 185,000 participants, including around 42% of all infants born in the state.

Pre-existing challenges exacerbated by COVID-19

Prior to the pandemic, only half of eligible individuals enrolled in WIC because of barriers such as having to be physically present at WIC offices for appointments and limited foods meeting WIC requirements. During the pandemic, the percent of people eligible for but not enrolled in WIC increased.

Percent of those eligible for but not enrolled in WIC was high during the pandemic

Medicaid enrollment increased during the pandemic as more people lost jobs and employer-provided health insurance. This likely contributed to higher percentages of people eligible for WIC but not enrolled in WIC.

COVID-19 left more families hungry

Food insecurity, April 2020

The pandemic created economic conditions that increased rates of food insecurity among vulnerable families.

ABOUT THE STUDY

University of Washington partnered with WA State Dept of Health WIC program (WA WIC) for the study.

Twelve focus groups with 52 WIC staff (10 state, 42 local) were conducted in Dec 2020 to Feb 2021. Eleven agencies were represented, including those in a mix of urban, rural, and mixed counties along with tribal areas. Local staff included WIC-certified nutrition educators, program coordinators, and breastfeeding education peer counselors.

Interviews were conducted with 40 WIC participants across 20 WIC agencies in March to April 2021. The sample of WIC participants was designed to reflect a diverse mix of populations served by WIC, based on race and ethnicity, rurality, duration of enrollment with WIC, and household enrollment. Thirty interviews were conducted in English and 10 in Spanish.

Quantitative data (2017–2021) were provided by the WA WIC.

STUDY TEAM

UW study team: Jennifer J. Orten, the Food Systems Director and an Associate Professor in Nutritional Sciences and Environmental and Occupational Health Sciences, Emilie Quim, a Research Scientist in the Department of Health Systems & Population Health, Chelsea M. Rose, Research Scientist in the Department of Epidemiology, Evelyn Morris, MPH candidate in the Nutritional Sciences Department, and Annie Vuong, Visual Communication Design undergraduate student.

WA WIC study team: Brittany Tyus, Deputy Director, Office of Nutrition Services, Cathy Franklin, WIC Improvement Project Coordinator, Jean O’Leary, WIC Nutrition Coordinator, Terri Trinder, Local Program Operations Supervisor, and Anh Tran, Research, Analysis & Evaluation Unit Supervisor.

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ADDITIONAL INFORMATION & ACKNOWLEDGEMENTS