# COVID-19 Era WIC Waivers: Perspectives from Arizona WIC Directors

YUKA ASADA, 1,2 ANNA DISTEFANO,3 ALAN BROWN,4 BRITTANY HOWARD,4 ERIN RACZYNSKI5

## **Summary**

- The U.S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is an important yet underutilized resource that supports the health of children and families across the nation.
- Two federal acts implemented in 2020 and 2021 imposed new policies and waivers to improve access to nutrition assistance programs; specifically, the remote benefit issuance and physical presence waivers were intended to remove barriers such as in-person appointments and in-person intake requirements for WIC participants.
- Nutrition program directors observed that these waivers increased access to nutrition programs.

#### **AUTHOR AFFILIATIONS**

- 1. Institute for Health Research and Policy, University of Illinois Chicago, Chicago, IL
- 2. Community Health Sciences, School of Public Health, University of Illinois Chicago, Chicago, IL
- College of Applied Health Sciences, School of Nutrition and Kinesiology at the University of Illinois Chicago, Chicago IL
- 4. Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, AZ WIC, Phoenix, AZ
- Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, Office of Community Innovations, Phoenix, AZ

#### **Background**

# What is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

WIC is a federal nutrition assistance program that provides nutritious foods, nutrition education, breastfeeding support, and health care referrals to low-



income families, including at-risk infants, children less than 5 years old, and pregnant and postpartum women.

WIC is an important population-level public health program with a robustly documented history of improving dietary, health, and economic outcomes for low-income families with infants and children less than 5 years old. Yet, this program and other USDA nutrition assistance programs are chronically underutilized, and despite continuous reauthorization in Congress, have not benefited from changes to improve access.

#### **Remote Benefit Issuance and Physical Presence Waivers**

TABLE 1. Waivers provided through the Families First Coronavirus Response Act	
WAIVER	PURPOSE
Remote benefit issuance	Allows WIC agencies to issue benefits virtually
Waived physical presence	WIC participants can enroll in the program without physically visiting a clinic
Postponed anthropometric (e.g., height and weight, etc.,) / hematologic measure- ments (i.e., blood tests)	Allows WIC agencies to defer anthropometric and lab data collection no later than 60/90 days (respectively) before/ after the date of enrollment

Through the Families First Coronavirus Response Act of 2020 (PL116-127),² the USDA Food and Nutrition Service (FNS) granted a wide range of programmatic waivers³ that created an unprecedented opportunity to address access to the WIC program for millions of families. The American Rescue Plan Act of 2021 (ARPA) (PL 117-2)⁴ allowed USDA to focus on WIC outreach, innovation, and modernization. In alignment with the White House and USDA's focus on equity, programs were afforded nationwide support to continue to improve remote services, particularly remote benefit issuance and physical presence waivers introduced by the Families First Coronavirus Response Act (see Table 1 for waiver definitions). Removing barriers to assistance programs is a key equity-based strategy to reach communities.

#### What is this brief about?

This brief summarizes interviews with Arizona WIC Directors and their perspectives on the benefits of the remote benefit issuance and physical presence waivers. In addition, the brief highlights the WIC Directors' perspectives on anticipated implications and transitions of these waivers, which are expected to expire September 30, 2026.

#### **Findings**

TABLE 2. Benefits and Opportunities Associated with Remote Benefit Issuance and Physical Presence Waivers Reported by Arizona WIC Directors, 2023



The waivers decreased travel burden on families.

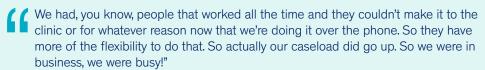
Consistent with existing literature,<sup>5,6</sup> WIC Directors in this study reported the significant burden on participating families who had to travel to attend in-person visits prior to the 2020 and 2021 federal acts.

We schedule a nutrition education session for 15 minutes. So if it's two [children], it's 30 minutes, but if it's three [children], it's still 30 minutes. If we schedule a family of three that they have to get three children ready, get 'em into the car or take the bus and have to transfer or whatever to come in the clinic for half an hour, it's kind of rough...I could really see the hardship for that. Right now, we're doing things virtually, it's in the comfort of their home. You know, they don't have to worry about getting their kids into the car, driving in traffic in the rain, it's just much easier, and its better customer service."



The waivers improved participation in WIC.

WIC Directors overwhelmingly expressed the benefits of the waivers and perceived that they improved participation in the WIC program overall. The change resulting from the policy was described as having a "night and day" effect on families' satisfaction with the program.



It helps in a way cuz I reach out to my clients in the morning if they don't answer, I try to call them again, you know, midday and they tend to answer. Whereas if they missed an appointment going into the clinic, they're more than likely not to go back into the clinic that afternoon. So we can we can reach them that way."



The waivers
helped alleviate
staffing challenges,
especially in rural
areas.

WIC Directors serving rural areas reported that their employees valued the option to work remotely and that they were able to serve families in a timelier manner.

And my Registered Dietitians (RDs) didn't have to travel because it didn't make sense to travel four and a half hours go over there for six clients, three might no-show. You come back four and a half hours home, you can't work while you're traveling. So we were the first to do video conferencing prior to COVID. And we had done it for years... And with only one RD at that time, it was very precious time. Especially with no-shows, she had to come home, she couldn't do it. She had to reschedule 'em for another month. So it was very difficult. So with this [waiver], that's really great that we can do these and we'll be able to continue our high risk clients with our RDs that way."



WIC Directors reported concerns about returning to in-person only appointments.

At the time of this study, WIC Directors were aware of the upcoming waiver expiration and expressed concerns about the consequences on families' ability to participate in WIC.

Kids don't always want to attend, they sit down, they cry and just are [challenging]. So what is that gonna look like [when the waiver is allowed to expire]? That's my worry too. And we're hoping that because we've done so well with this remote work virtual work. If the department of agriculture [USDA] will take into consideration, why do we wanna go backwards? We've made so much progress here."



There were trade-offs.

As with most policy changes, tradeoffs were reported. WIC Directors noted that due to the virtual visits, they were not able to collect infants' or children's anthropometric or hematologic measurements unless they were collected and reported by pediatricians or other health care providers.

Yeah. I do feel like we probably lost some people that like that in-person interaction and wanting to get their babies weighed because with the virtual, we don't take heights and weights right now. So we're missing that piece of the nutrition component and assessment, which as a new mom, like I feel like people want to know how their babies are growing."

Another trade-off was that some WIC Directors noted the engagement or connection with families was not as strong in virtual visits (e.g., poorer "quality of conversation"), particularly if the participant was multi-tasking during the appointment.

#### **Next Steps**

Although WIC Directors expressed their overall satisfaction with the waivers, it is yet to be determined if the waivers will be extended (temporarily or indefinitely) after their current expected expiration date of September 30, 2026.

### **Methods Summary**

This brief summarizes findings from a larger qualitative study of WIC Directors and Child and Adult Care Food Program providers from Arizona. Twelve WIC Directors participated in virtual interviews between January and March 2023. Directors worked in WIC agencies from rural and urban communities and with a wide range of participant caseloads (approximately 525 – 10,250 cases per agency) across the state of Arizona.

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#### SUGGESTED CITATION

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