USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Research Brief December 2021

Changes in USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Operations During the COVID-19 Pandemic: A First Look at the Impact of Federal Waivers

Background

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the Families First Coronavirus Response Act of 2020 (FFCRA, P.L. 116-127), as amended by the Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159), allowed the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) to grant certain programmatic waivers to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The purpose of these waivers was to provide flexibilities to program requirements that State agencies could not meet due to the COVID-19 pandemic and that were needed to enable continued access to WIC services.

Between March 2020 and February 2021, FNS issued 797 waivers, with each of the 89 requesting WIC State agencies receiving at least 1 waiver. A list of waiver types with descriptions is available in Appendix A. A list of waivers issued to each State agency can be found on the FNS website. Waivers were issued to allow for the remote delivery of WIC services, address pandemic-related supply chain and shopping challenges, and provide flexibility on certain routine local agency and vendor monitoring requirements. As a result, State and local WIC agencies across the United States utilized waiver-enabled flexibilities to rapidly shift a program that was delivered almost universally through in-person services into a primarily remotely run program to ensure continued, safe provision of nutrition services during a critical period for women, infants, and children in need.

This preliminary report summarizes key changes, improvements, and challenges to WIC operations delivered under the **physical presence** and **remote benefit issuance** waivers, the two most commonly used waiver types, as reported by State and local WIC agencies. These findings represent a first, high-level look at select survey data collected to fulfill FFCRA WIC waiver reporting requirements. Further reporting, including findings on the impacts of other FFCRA WIC waivers, will be published in a forthcoming report.

Key Findings

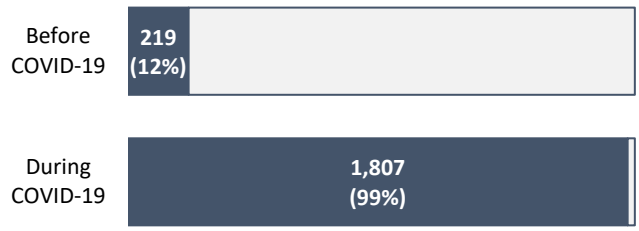
- In response to the COVID-19 pandemic, nearly all WIC local agencies (99 percent) conducted certification appointments remotely (up from 12 percent prior to the pandemic) using the flexibilities under the physical presence waiver.
- Nearly all local agencies (99 percent) offered certification appointments by telephone, 22 percent continued to offer in-person appointments, and 11 percent used video call platforms.
- All, or nearly all, State agencies reported that the physical presence and remote benefit issuance waivers made WIC safer, more accessible, and more convenient for participants' schedules during the pandemic.
- Overall, 82 percent of local agencies reported the transition to remote appointments was at least slightly challenging, though only 5 percent found it very challenging or extremely challenging. In particular, 71 percent of local agencies reported that getting in touch with WIC participants remotely was a challenge.

Methods

In March 2020, the FFCRA authorized USDA to grant waivers to WIC State agencies and required State and local agencies that received waivers to fulfill certain reporting requirements. State agencies were required to report on each waiver received while local agencies were required to report on their use of the physical presence waiver only. To facilitate meeting the reporting requirements, FNS developed a State agency survey and a local agency survey with input from key stakeholders.

Surveys were tailored by waiver type, but in order to fulfill the reporting requirements, each survey at a minimum collected information on: (1) how the State or local agency used the waiver and (2) how, if at all, the waiver improved services for women, infants, and children. FNS contracted with Insight Policy Research to administer the web-based surveys to all WIC State and local agencies. Surveys were sent to agencies beginning in early March 2021 and closed in early April 2021. FNS received a 100-percent response rate from all 89 State agencies and a 97- percent response rate from local agencies (1,833 responses out of 1,891 contacted). All information, including whether a waiver was used, was self-reported by State agency or local agency staff.

Figure 1: Number and Percentage of Local Agencies Offering Remote Certifications Before vs. During COVID-19



Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA Local Agency Waiver Use Survey, March 2021 (n = 1,833 local agencies)

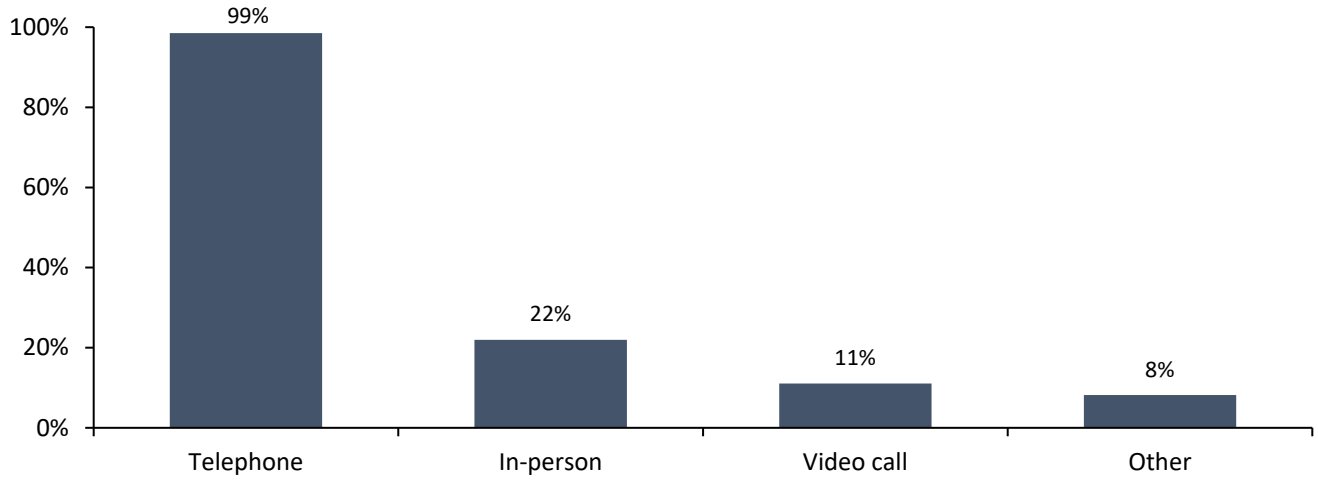
How WIC operations changed during the pandemic

Changes under the physical presence waiver

Early in the public health emergency, considered late-March or early-April 2020, many WIC clinics discontinued traditional in-person services. To ensure continued access to services, FNS issued the physical presence waiver to each of 89 State agencies which requested such flexibility (88 reported using the waiver). Prior to the COVID-19 pandemic and the physical presence waiver, nearly all WIC applicants were required to visit a WIC clinic in person to be certified or recertified for program participation. While the Child Nutrition Act provides for certain exceptions to the physical presence requirement (42 U.S.C. 1786(d)(3)(C)(i)), only 12 percent of WIC local agencies reported offering remote certification appointments before COVID-19. Use of remote services greatly increased during the COVID-19 pandemic, with nearly all local agencies (99 percent) reporting to have offered certification appointments remotely under the flexibilities of the physical presence waiver (see **Figure 1**).

Of the 1,807 local agencies that reported conducting remote certification appointments, nearly all (99 percent) conducted appointments via telephone calls, 22 percent continued to conduct at least some in-person appointments, and 11 percent conducted certification appointments over video calls. (see **Figure 2**).

Figure 2: Methods Local Agencies Reported for Conducting Certification Appointments During COVID-19



Note: "Other" responses most commonly included curbside and email
Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA Local Agency Waiver Use Survey, March 2021 (n = 1,807 local agencies)

Although existing WIC regulations allow for nutrition education and breastfeeding counseling services to be offered remotely, local agencies reported expanding the availability of remote options for these services during the pandemic (see **Figure 3**). Among local agencies that reported offering remote certification appointments, the percentage conducting one-on-one nutrition education by telephone increased from 33 percent before the pandemic to almost 90 percent during the pandemic, becoming the most commonly reported method for delivering remote nutrition education. A greater percentage of local agencies also reported mailing reading materials to participants (69 percent during the pandemic compared to around 40 percent previously). While the use of video calls for nutrition education remained relatively rare, the percentage of local agencies using one-on-one video calls rose from about 3 percent to 19 percent. Prior to the pandemic, the two most common methods local agencies used to deliver remote nutrition education were interactive online platforms (50 percent) and online reading materials (43 percent). These practices saw less of a change during the pandemic, as around half of local agencies continued to use interactive online platforms (47 percent) and online reading materials (53 percent) to deliver nutrition education.

Remote options for breastfeeding counseling also increased during the pandemic. Similar to nutrition education, one-on-one sessions by telephone and mailed reading materials were the two most commonly reported methods local agencies used for remote breastfeeding counseling (86 percent and 68 percent, respectively). Online reading materials were also

Figure 3: Methods Used for Nutrition Education and Breastfeeding Counseling Before vs. During COVID-19

Method	Remote Nutrition Education (% of local agencies)		Remote Breastfeeding Counseling (% of local agencies)	
	Before COVID-19	During COVID-19	Before COVID-19	During COVID-19
Live Remote Sessions				
Live one-on-one sessions by video call	2.8	19.3	5.8	29.9
Live group sessions by video call	1.2	12.3	2.0	19.1
Live one-on-one sessions by telephone	33.3	89.8	63.0	85.6
Live group sessions by telephone	1.6	9.1	3.0	8.7
Online Self-Paced				
Prerecorded videos	18.9	21.3	20.1	24.3
Interactive online platform (website)	50.2	46.8	30.9	33.3
Online reading materials	43.1	52.5	52.5	59.5
Other Outreach				
Social media	34.3	34.8	36.4	36.6
Text messaging	30.7	41.9	48.4	51.7
Mailed hard copy reading materials	39.7	69.0	51.0	67.7

< 15.0 > 74.9

Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA Local Agency Waiver Use Survey, March 2021 (n = 1,807 local agencies)

commonly reported, with over half of local agencies using online reading materials for remote breastfeeding counseling both before (53 percent) and during the pandemic (60 percent). Video calls were more widely used for breastfeeding counseling than for nutrition education during the pandemic, with 30 percent of local agencies reporting to use one-on-one video calls for breastfeeding counseling compared to around 19 percent for nutrition education.

Changes under the remote benefit issuance waiver

The remote benefit issuance waiver, the second most commonly issued waiver, also brought about significant changes to WIC program operations. FNS issued the remote benefit issuance waiver to 87 State agencies (81 reported using the waiver). Prior to receipt of the remote benefit issuance waiver, State agencies generally required participants to pick up new electronic benefits transfer (EBT) cards or paper food vouchers (collectively referred to as either food instruments or food benefits) in person, usually at a certification or nutrition education visit. Under the remote benefit issuance waiver, WIC State agencies were given greater flexibility in how they issued benefits to participants.

Among the 81 State agencies that reported using the remote benefit issuance waiver, 65 State agencies (80 percent) reported that they mailed food instruments to participants and 58 State agencies (72 percent) reported that participants picked up food instruments outside of the WIC clinic—indicating that many State agencies provided more than one option for participants to receive newly issued benefits. Options for reloading existing benefits varied based on whether the State agency issued benefits via paper vouchers (i.e., "non-EBT"), through an "online" EBT system, or through an "offline" EBT system (see **Table 1**). EBT cards in online EBT systems can be reloaded remotely with additional benefits, while EBT cards in offline EBT systems must be reloaded in person. Among the 63 State agencies that reported using the waiver and operating an online EBT system, 58 State agencies (92 percent) reloaded EBT cards remotely for existing participants during the pandemic. State agencies that operated an offline EBT

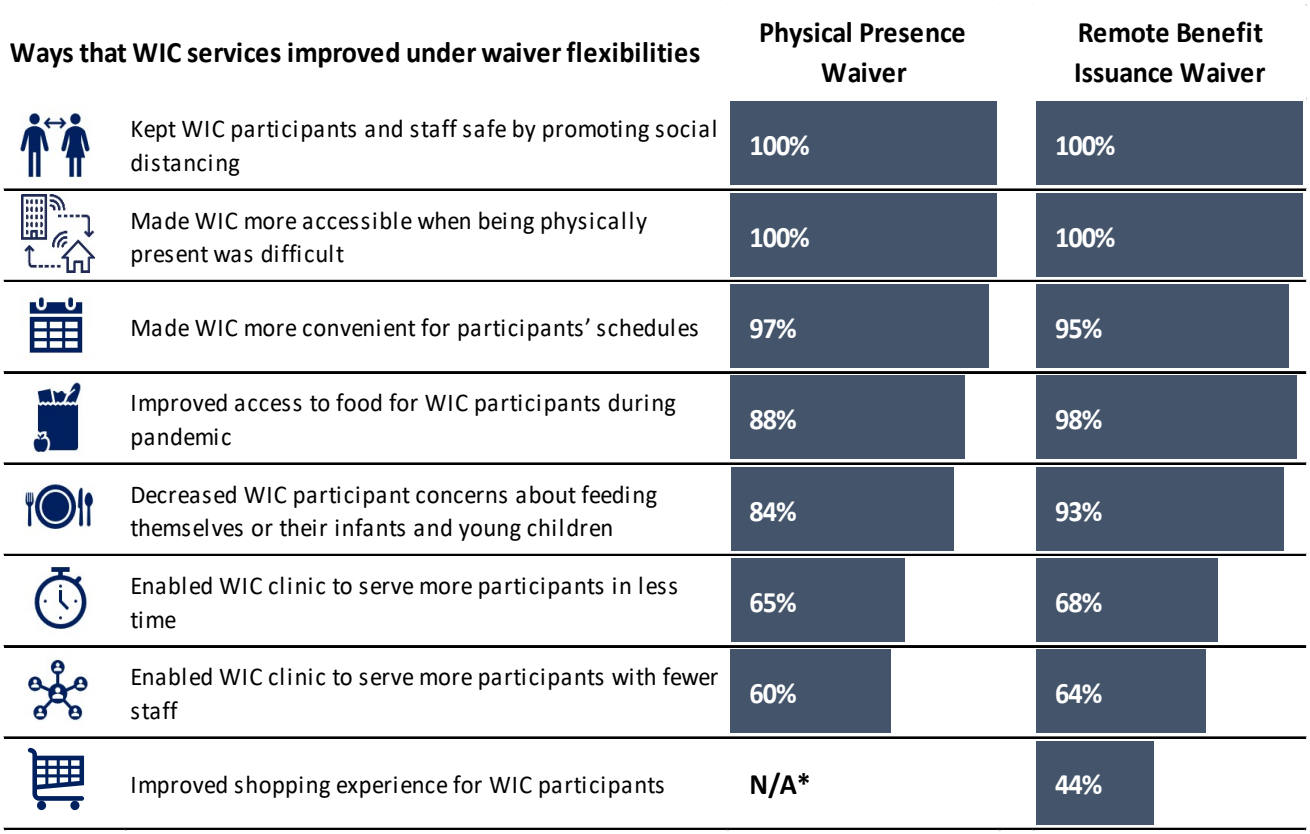
Table 1: Methods Used by State Agencies to Issue USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Benefits During COVID-19

	Percentage of State Agencies				
	All	**All EBT**	**Online EBT**	**Offline EBT**	**Non-EBT**
How did participants receive newly issued food instruments?					
Food instruments were mailed to participants	80.2	78.6	79.4	71.4	90.9
Food instruments were picked up outside the WIC clinic	71.6	71.4	69.8	85.7	72.7
Food instruments were picked up inside the WIC clinic	38.3	42.9	38.1	85.7	9.1
Other	21.0	17.1	19.0	0.0	45.5
How did existing participants with an EBT card receive their benefits?					
Benefits were loaded to the EBT card remotely	71.6	82.9	92.1	0.0	N/A
Benefits were loaded at the clinic while the participant waited outside	25.9	30.0	25.4	71.4	N/A
Benefits were loaded at the clinic while the participant waited inside	16.0	18.6	12.7	71.4	N/A
Other	7.4	8.6	6.3	28.6	N/A
Number of State Agencies (n)	81	70	63	7	11

Note: EBT = Electronic Benefits Transfer

Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA State Agency Waiver Use Survey, March 2021 (n = 81 State agencies)

Figure 4: Percentage of State Agencies Reporting that Using the Physical Presence and Remote Benefit Issuance Waivers Improved Services



**State agencies were not asked if the physical presence waiver improved the shopping experience for WIC participants.*
Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA State Agency Waiver Use Survey, March 2021 (n = 88 State agencies for "Physical Presence Waiver" and n = 81 State agencies for "Remote Benefit Issuance Waiver")

system (7 State agencies) and those that had not yet transitioned to EBT (11 State agencies) were not able to reload benefits remotely. As a result, 5 out of the 7 State agencies operating offline EBT systems reported reloading EBT cards in person at the WIC clinic while participants either waited inside or outside.

Improvements to WIC services under the waivers

State agencies were given a list of options for each waiver and asked to indicate how, if at all, the waivers they used improved services for women, infants, and children. Of the State agencies that used the physical presence or remote benefit issuance waivers, all reported that both waivers improved services by keeping participants and staff safe through social distancing and by making WIC more accessible when being physically present was difficult (see **Figure 4**). Nearly all State agencies reported that the flexibilities granted by the physical presence waiver and the remote benefit issuance waiver made WIC more convenient for participants' schedules (97 percent and 95 percent, respectively). Respondents also indicated that the physical presence and remote benefit issuance waivers may have played a role in enabling participant access to nutritious foods, with a majority of State agencies reporting that the two waivers improved access to food for WIC participants during the pandemic (88 percent and 98 percent, respectively) and decreased participant concerns about feeding themselves or their infants and young children (84 percent and 93 percent, respectively). Finally, more than half of respondents also reported that both the physical presence and remote benefit issuance waivers enabled WIC clinics to serve more participants in less time (65 percent and 68 percent, respectively) and with fewer staff (60 percent and 64 percent, respectively).

Challenges faced in remote operations

Challenges with remote certification appointments

In the local agency survey, respondents were asked to report on the challenges they faced in transitioning to remote certification appointments. Overall, 82 percent of local agencies reported some degree of challenge in conducting remote certification appointments. About half (49 percent) reported that conducting remote certification appointments was just slightly challenging, 28 percent reported it was moderately challenging, and very few reported it to be very challenging (4 percent) or extremely challenging (1 percent) (see **Figure 5**).

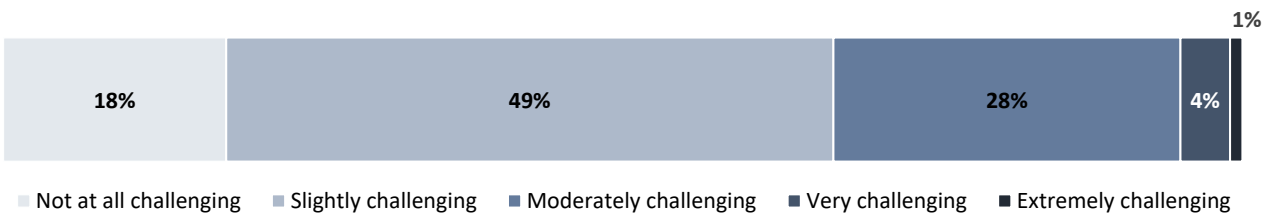
When asked to identify the most significant challenges to conducting certification appointments remotely, 71 percent of local agencies reported getting in touch with WIC participants remotely and 54 percent reported communicating the changes to WIC participants to be challenges (see **Figure 6**).

The WIC nutrition assessment is a central part of the certification process, in which WIC staff determine a participant's nutritional risks and appropriately tailor their nutrition services accordingly. Around one third of local agencies (34 percent) reported that conducting a comprehensive nutrition assessment in a remote environment was a challenge.

Challenges with remote benefit issuance

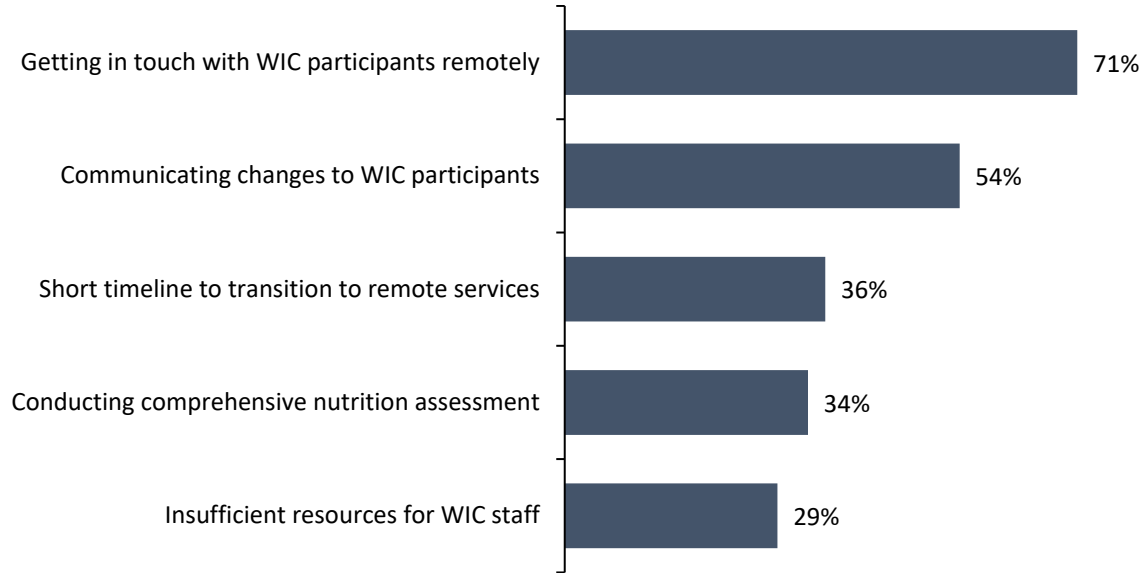
In the State agency survey, respondents reported on the challenges they faced when transitioning to remote benefit issuance. Overall, 50 out of the 81 State agencies (62 percent) reported some degree of challenge in using the remote benefit issuance waiver—with 27 State agencies (33 percent) reporting it was just slightly

Figure 5: How Challenging Local Agencies Reported it was to Conduct Remote Certification Appointments



Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA Local Agency Waiver Use Survey, March 2021 (n = 1,807 local agencies)

Figure 6: Challenges Local Agencies Reported with Conducting Certification Appointments Remotely

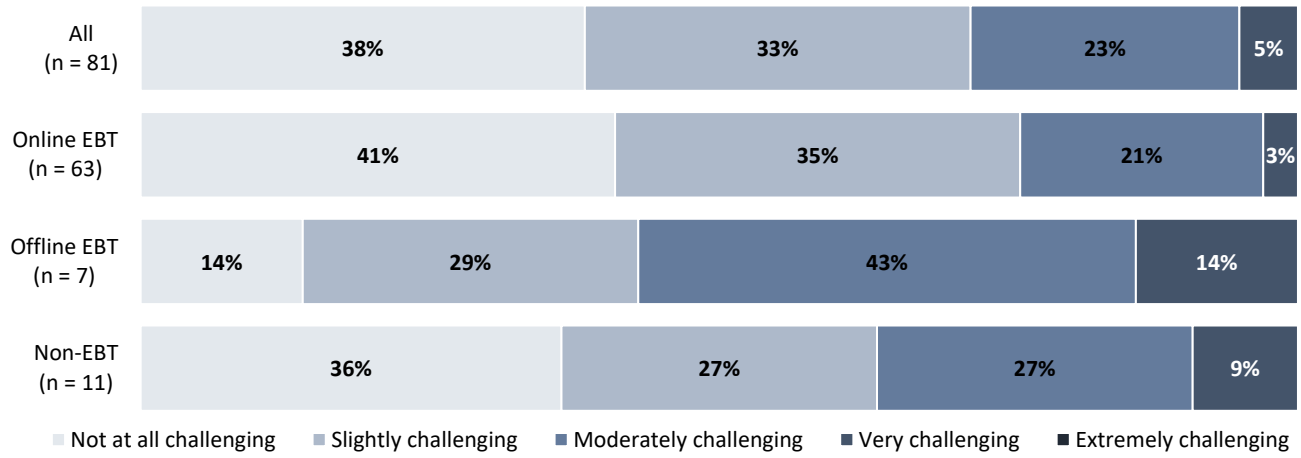


Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA Local Agency Waiver Use Survey, March 2021 (n = 1,807 local agencies)

challenging, 19 State agencies (23 percent) reporting it was moderately challenging, and 4 State agencies (5 percent) reporting it was very challenging. Responses varied depending on whether the State agencies issued benefits through an online EBT system, an offline EBT system, or by paper vouchers (non-EBT) (see **Figure 7**).

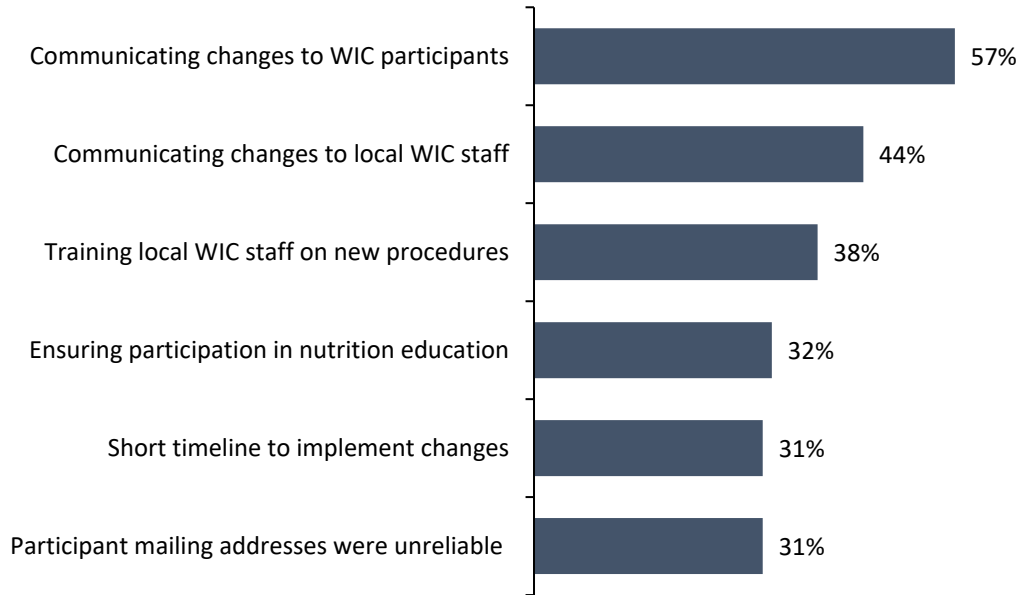
Among the 7 State agencies operating offline EBT systems, 4 State agencies found implementing the remote benefit issuance waiver to be at least moderately challenging. As discussed earlier, the constraint that offline EBT cards be reloaded in person at the WIC clinic

Figure 7: How Challenging State Agencies Reported it was to Use the Remote Benefit Issuance Waiver, Disaggregated by Type of Benefit Delivery System



EBT = Electronic Benefits Transfer (n = 81 State agencies; n = 63 for Online EBT, n = 7 for Offline EBT, and n = 11 for Non-EBT)
Note: None of the State agencies responded with "Extremely challenging." Source: USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA State Agency Waiver Use Survey, March 2021

Figure 8: Challenges State Agencies Reported with Using the Remote Benefit Issuance Waiver



Source: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) FFCRA State Agency Waiver Use Survey, March 2021 (n = 81 State agencies)

may have posed additional challenges for State agencies operating offline EBT systems.

Overall, communication challenges were the most commonly reported issues State agencies faced when transitioning to remote benefit issuance under this waiver. More than half (57 percent) of State agencies reported that communicating the changes to WIC participants was a significant challenge to using the waiver (see **Figure 8**). Communication issues arose with staff as well, with 44 percent of State agencies reporting communicating changes to local WIC staff and 38 percent reporting training local WIC staff on new procedures to be challenges. While 31 percent of State agencies reported that unreliable participant mailing addresses posed a significant challenge, this was much more commonly reported among State agencies that issue benefits through an offline EBT or non-EBT system than among those that could reload benefits remotely through an online EBT system (data not shown).

Conclusion

As a result of the Federal waivers issued under the FFCRA, State and local WIC agencies rapidly implemented sweeping operational changes to maintain service delivery during the COVID-19 public health emergency. Initial findings from this survey of State and local WIC agencies describe the extent of some of these changes and provide important perspectives from WIC staff. Although the shift to remote services posed particular challenges for some agencies, nearly all State agencies reported that the physical presence and remote benefit issuance waivers ultimately made WIC safer, more accessible, and more convenient for participants' schedules and a large majority reported that the two waivers improved access to food during the pandemic. Further analysis of available waiver reporting information and administrative data—as well as continued efforts to seek participant feedback—can help WIC stakeholders better understand the lessons learned from the WIC response to COVID-19 and may identify potential areas for improvement and innovation moving forward. Once additional analysis of the remaining survey data is complete, FNS will release a full report with survey findings for all waivers issued to WIC State agencies under the FFCRA.

Acknowledgments

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Disclaimer

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For More Information:

Bush, Alexander & Lee, Hunjin (2021). Changes in USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Operations During the COVID-19 Pandemic: A First Look at the Impact of Federal Waivers. Prepared by the U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Alexandria, VA. Available online at: www.fns.usda.gov/research-and-analysis.

Appendix A: Summary of WIC Waivers Issued by USDA Under FFCRA

Table A: Federal WIC Waivers Issued as of February 22, 2021

Waiver Type	Description of Waiver	State Agencies (N)	
		Granted Waiver	**Reported Using Waiver at Any Time**
Extended Certification Periods	This waiver allows extending the certification period up to 90 days for a child receiving Food Package IV category only. This does not include the pregnant and infant categories or children receiving Food Package III. This waiver is only applicable to regulations at 7 CFR 246.7(g)(3).	38	21
Food Package Substitutions	Waiver of the select minimum requirements and specifications and/or the maximum monthly allowances as outlined at 7 CFR 246.10(e)(9)-(12).	67	58
Four-Month Benefit Issuance	This waiver allows State agencies with offline EBT systems to issue up to 4 months of WIC benefits on electronic benefit transfer (EBT) cards at one time. This waiver is only applicable to regulations at 7 CFR 246.12(r)(5).	7	6
Local Agency Monitoring	Waiver of the requirement to conduct onsite monitoring reviews of local agencies. State agencies must still conduct monitoring reviews of each local agency at least biennially in accordance with section 17(f)(20) of the Child Nutrition Act, as amended (42 U.S.C. 1786(f)(20)), but this waiver allows State agencies to conduct local agency monitoring reviews virtually instead of onsite. This waiver is only applicable to regulations at 7 CFR 246.19(b)(3).	53	49
Medical Documentation	This waiver allows extending existing benefits by no more than 2 months for participants with documented qualifying conditions as defined at 7 CFR 246.10(e)(3)(i). This waiver is applicable to the regulation at 7 CFR 246.10(d)(1).	45	42
Physical Presence	Waiver of the physical presence requirements set forth in 42 U.S.C. 1786(d)(3)(C)(i). The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect per section 2203(a)(1)(B) of H.R. 6201.	89	88
Remote Benefit Issuance	This waiver allows remote issuance of benefits to any participant (or parent/caretaker or proxy). Under such circumstances, the second nutrition education contact is not required prior to issuance of benefits. This waiver is only applicable to regulations at 7 CFR 246.12(r)(4).	87	81
Separation of Duties	Waiver of the requirement that prohibits a single employee from determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers or supplemental food for the same participant. This waiver is only applicable to regulations at 246.4(a)(27)(iii).	60	50

Transactions Without Presence of Cashier	Waiver of the Federal requirement outlined in 7 CFR 246.12(h)(3)(vi), that WIC transactions (including the signing of a paper food instrument or cash-value voucher, or the entering of a Personal Identification Number (PIN) in EBT systems) must occur in the presence of a cashier. **As of March 2021, no State agency had used this waiver to operationalize online ordering or transactions of WIC foods.*	34	3*
Two-Month Benefit	Waiver of the Federal requirement that the State agency must not issue more than a 1-month supply of supplemental foods through its home delivery and/or direct distribution system at any one time to any participant, parent/caretaker, or proxy. This waiver is only applicable to regulations at 7 CFR 246.12(r)(5).	10	7
Vendor Agreement	This waiver allows WIC State agencies to postpone some vendor reauthorization actions by extending expiring vendor agreements by 1 year.	3	3
Vendor Compliance Investigations (annual and temporary)	Waiver of the Federal requirement that the State agency must conduct compliance investigations of a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 CFR 246.12(j)(4)(i).	27	19
Vendor Minimum Stocking Requirements	Waiver of minimum stocking requirements for the purpose of vendor assessment and monitoring during the authorization period as outlined at 7 CFR 246.12(g)(3)(i).	26	14
Vendor Preauthorization Visits	Waiver of the Federal requirement that the State agency must conduct an onsite visit prior to or at the time of a vendor's initial authorization This waiver is only applicable to regulations at 7 CFR 246.12(g)(5).	31	23
Vendor Routine Monitoring (annual and temporary)	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 CFR 246.12(j)(2).	23	12
Vendor Routine Monitoring (on-site)	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 CFR 246.12(j)(2).	32	13

WIC = Special Supplemental Nutrition Program for Women, Infants, and Children