

TO: Sally Zubairu-Cofield, Director of the Pennsylvania Bureau of WIC
FROM: Dr. Aditi Vasan and Radha Pennotti,
[PolicyLab at Children's Hospital of Philadelphia](#)
SUBJECT: Considerations for the 2025 WIC State Plan of Program Operation and Administration in Pennsylvania
DATE: May 31, 2024

We thank you for your leadership of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and especially for your work to transition to an online Electronic Benefits Transfer (EBT) card reloading program and continued review and consideration of policy changes to improve user experiences.

Through our experiences across clinical practice, policy and child health research we have an appreciation for the importance of WIC. We offer the following recommendations for consideration in the development of the 2025 State WIC Plan to help increase uptake rates in Pennsylvania's (PA) WIC program and to lower service barriers.

Recommendations

1. Streamline the enrollment process and improve WIC participation by using adjunctive eligibility with Medicaid and leveraging the PA COMPASS platform

PolicyLab [research](#) emphasizes the importance of improving access to government benefit programs and reducing administrative burdens in the benefits enrollment process. Improving coordination between Medicaid and nutrition assistance programs, including WIC, is one key strategy for this. In a recent [pilot program](#) at two Children's Hospital of Philadelphia (CHOP) Primary Care Network sites serving predominantly Medicaid-insured patients, we found that 17% of caregivers of infants from birth to 6 months old requested assistance with food resources, including help connecting with WIC.

In another recent qualitative research study (currently in press), we heard that families appreciate the ability to complete WIC applications online rather than by phone. The PA WIC online pre-application is an important first step towards improving the application process. Integrating the PA WIC application or pre-application into PA COMPASS, the platform and app that families currently use to apply for other government benefits including the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, would be another important step in this direction.

National [data on WIC-eligible Medicaid enrollees](#) further demonstrates the opportunity to increase participation in WIC; 37% of all WIC-eligible Medicaid enrollees and only 14% of WIC-eligible pregnant Medicaid enrollees participate in WIC. We encourage PA WIC to consider different strategies to improve participation among eligible Medicaid enrollees, including targeted outreach and adjunctive eligibility. Please see [Thriving PA's](#) comments for some suggestions as to how PA WIC could support adjunctive eligibility in practice.

Further, in the context of the Pennsylvania Department of Human Services (PA DHS) Section 1115 Medicaid Demonstration Waiver Application “[Bridges to Success: Keystones of Health for Pennsylvania](#),” there may be opportunities to support PA DHS in developing an implementation plan to better connect Medicaid recipients to WIC and vice versa. The “Bridges to Success: Keystones of Health for Pennsylvania” proposal includes connecting Medicaid beneficiaries to other state and federal benefit programs, including WIC; the strategies mentioned above may be relevant for this implementation plan.

2. Modernize the WIC user experience

In our forthcoming qualitative research study and clinical practice, families have highlighted several areas of opportunity for modernizing WIC’s user experience, including: (1) allowing for remote certification and virtual nutrition education appointments (teleWIC), and (2) improving the in-store WIC experience by making it easier to identify WIC-eligible products in stores.

Families appreciate the ability to complete WIC certification appointments and nutrition education virtually. We appreciate the focus on expanding teleWIC services in PA WIC’s FY2024 state strategic plan and urge continued focus on this area. As noted above, we also appreciate PA WIC’s ongoing work to transition to an online EBT card reloading program—these efforts will allow PA WIC to further modernize the user experience by allowing for both remote certification and remote benefits reloading. These innovations will give families with barriers to transportation the opportunity to access WIC services from home, in the way that is most convenient for them.

Families have also identified room for improvement in the in-store WIC user experience, particularly citing difficulty identifying WIC-eligible products and experiences of stigma when products that they believed were WIC-eligible do not qualify for purchase with their benefits. Families have identified the WIC app as an important innovation that can help in the identification of WIC-eligible products. We encourage PA WIC to continue to focus on improving WIC app accessibility and functionality and to encourage stores selling WIC products to provide clear and user-friendly labeling for beneficiaries. We are also encouraged by [federal efforts focused on moving towards WIC online ordering](#) and we encourage PA WIC to prepare to take advantage of this flexibility if it becomes available in the future.

3. Reduce the number of required in-person visits for WIC participants by working with health care providers and partners to obtain health data

One strategy for improving the WIC user experience for beneficiaries is to improve data sharing between health care providers and WIC agencies. In [some states](#), health care providers can use patient information exchanges or [online forms](#) to directly refer patients to WIC benefits. These data sharing systems could allow WIC staff to obtain height, weight,

and iron deficiency blood test results directly from providers, so that patients do not have to have these measurements repeated unnecessarily across multiple care settings. Such systems could also allow WIC staff to share the enrollment status of referred patients with health care providers, which would be mutually beneficial for families, WIC staff, and health care providers.

In a [recent pilot study](#) at two CHOP Primary Care Network sites, as noted above, about 17% of caregivers of patients under 6 months of age expressed interest in receiving information about WIC, SNAP, or food pantries. We were able to use telephone-based resource navigation to connect 38% of these families to benefits, but we believe that online referral forms and improved data sharing could further improve our referral rates and boost participation among eligible families seen in health care settings.

We were pleased to hear that the national Center on Budget and Policy Priorities recently awarded a grant to Allies for Children here in Pennsylvania focused on increasing WIC take-up and partnerships. We are hopeful that, with PA WIC's partnership, this grant could be used to support cross-sector data sharing that would streamline interaction between health care providers and WIC offices.