



Testimony of  
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On behalf of the  
**Atlanta Community Food Bank and the  
Georgia WIC Working Group**

Before the  
**Senate Agriculture Committee**

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**Chairman Roberts, Ranking Member Stabenow, and members of the Committee,** thank you for the opportunity to tell you about the work we are doing in Georgia to increase participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). I represent the Atlanta Community Food Bank. We provide over 61 million meals a year to about 755,000 food insecure people in our 29-county service area covering metro Atlanta and northwest Georgia. As the Director of Government Affairs, I am responsible for advocacy, education, and policy priorities including an emphasis on efficient and effective use of federal nutrition programs such as school meals, SNAP and WIC.

At the Atlanta Community Food Bank our goal is to assure that all people in our service area have access to the nutritious food they need when they need it. Through more than 600 partner agencies, we serve families living in a wide array of circumstances, from the density of urban Atlanta, to suburban neighborhoods and smaller cities like Rome and Dalton, GA, and we also serve rural counties that supply poultry and produce to a global market. Despite our state's rich agricultural resources, about one in seven families in Georgia is food insecure, meaning they do not always know where their next meal is coming from.

Our innovative partnership with the Georgia WIC program began in 2016, through a series of conversations between government, philanthropic and nonprofit service providers. This partnership led to collaboration on qualitative and quantitative market research that is guiding new outreach and promotional activities for WIC-eligible families in Georgia. I will share key findings from that research today, but first I would like to explain why the WIC program has emerged as such a focus for our food bank.

## **Why WIC?**

We know that WIC “safeguards the health of low-income women, infants and children up to age five who are at nutritional risk.”<sup>i</sup> Evidence from more than 40 years of program experience confirms that:

“WIC supplemental foods have shown to provide wide ranging benefits. They include longer, safer pregnancies, with fewer premature births and infant deaths; improved dietary outcomes for infants and children; improved maternal health; and improved performance at school, among others. In addition to health benefits, WIC participants showed significant savings in healthcare costs when compared to non-participants.”<sup>ii</sup>

The arguments for promoting WIC as a nutritional program are unassailable. At the Atlanta Community Food Bank, we also observed that WIC might be a relatively untapped resource for those of us fighting food insecurity. We already had a strong, decade-long partnership with the Georgia Department of Children and Family Services

to perform screening and enrollment assistance for the Supplemental Nutrition Assistance Program (SNAP), or food stamps, because of SNAP's powerful role in helping families put food on the table during tough times. Our benefits outreach workers have always provided referrals to WIC, but it was only with the 2016 implementation of Georgia's integrated benefits enrollment system, "Gateway," that we gained the possibility of tracking successful WIC certifications from these referrals.

At the same time, the Food Bank began executing a new 10-year strategic plan to fill the gap between families' nutritional needs and available meals. Our analysis showed that working families with children comprise over 60% of the people we serve. Child nutrition programs, therefore, became a central focus as we expanded our programming with school, summer and afterschool meal providers. We currently serve 40 schools that have 50% or more of their students participating in Free & Reduced Price Breakfast and Lunch programs. These schools are in six counties and seven school districts, and our work supports onsite food pantries, mobile pantries, afterschool and summer food distributions. As we looked for opportunities to deliver children's meals through the full range of federal nutrition programs, we also noted that Georgia WIC would be converting to an Electronic Benefit Transfer (EBT) system by 2020. Declining WIC participation both nationally and in Georgia gave us a sense of urgency to understand and better support WIC participation both through the adoption of EBT and more broadly.

Georgia has a unique set of assets in the early childhood sector. We were one of the first states to offer universal PreK, and under then-Governor Sonny Perdue our state created the first state-level Department of Early Care and Learning. We are also home to Georgia Shape, a nationally-recognized cross-sector initiative to address childhood obesity that is organized through the Georgia Department of Public Health. However, in 2016, we realized that WIC participation was not a significant policy priority for any of Georgia's leading early childhood organizations. Yet the number of children enrolled in WIC in Georgia declined by nearly half between 2007 and 2016, from 341,000 to 188,000.<sup>iii</sup> We challenged ourselves at the Food Bank to become a WIC champion.

## How to Help?

With the Georgia Department of Public Health and Georgia WIC program leaders, the Atlanta Community Food Bank began hosting quarterly stakeholder meetings to establish a statewide "WIC Working Group". Children's Healthcare of Atlanta, the Georgia Chapter of the American Academy of Pediatrics, the Georgia OB/GYN Society, Family Connection Partnership, Healthy Mothers Healthy Babies, Georgia Head Start, and representatives from leading advocacy groups such as Voices for Georgia's Children and Georgians for a Healthy Future now participate in subcommittees dedicated to data analysis, marketing and program supports. The Georgia Food

Industry Association, representing grocers across the state, joined us as a founding member and has been instrumental in helping us to anticipate vendor concerns and opportunities for collaboration.

Over the last decade, the number of people eligible for WIC has declined because the economy has improved and there are fewer births, especially to women under age 30. These trends explain an appropriate decline in the number of families eligible for WIC. However, the portion of eligible families who participate in WIC also decreased over this period, and it has decreased to a greater extent in Georgia than in many other states.<sup>iv</sup> WIC Working Group members decided that we needed a better understanding of why eligible families are not participating in order to decide on collective strategies to increase participation. The Georgia WIC team told us that they gather extensive information from participating families through their annual customer satisfaction survey, but they have little information from eligible people who are not enrolled in WIC. Current participants express great appreciation and consistently high satisfaction rates.

With the support of the WIC Working Group, and with funding from our donors, the Atlanta Community Food Bank hired an independent market research firm to conduct a series of focus groups with eligible but not enrolled families. GA WIC staff participated in the survey design team, as well as maternal and child health experts and nonprofit service providers. In October of 2017 about 80 total participants attended 8 sessions at a location in suburban Atlanta. They were paid \$100 each for 90 to 120-minute group discussions. Pre-screening and onsite surveys confirmed that each participant had at least one household member who was currently eligible for WIC and that no one in the household was currently enrolled in the program. Participants were primarily African American, White and Latino. A bilingual facilitator led half of the groups in English and half in Spanish at the particular request of GA WIC staff. Half of the groups had never participated in WIC, and half had participated previously but were not currently enrolled. While the majority of participants were mothers, every group included at least one father, and about 10 focus group participants were grandmothers.

## **Why Not WIC? Focus Group Findings**

Viewed in the light of compelling research showing that WIC participation is associated with healthier infants, more nutritious diets, lower obesity rates and better health care for children, and higher academic achievement for students, it is not immediately obvious why a family would decline to participate. We asked, “Why not WIC?” in order to gain insight into the personal reasons that individuals might choose not to enroll in the WIC program. It is important to emphasize that this qualitative research is not statistically significant and should only be used to suggest barriers and solutions rather than prove or confirm them. Many participants’ answers began to change and/or

become more complex over the course of the focus group session, and these responses were just as insightful as opinions that remained fixed throughout.

Discussion topics were organized into eight categories:

- General awareness and perceptions of WIC
- General knowledge of enrollment and participation
- General knowledge of food benefits
- General knowledge about nutritional education
- Food insecurities
- Cultural competency
- Technical issues
- Recommendations for increasing participation

Due to overlapping themes in people's responses, discussion findings can be summarized according to four main observations.

### **1) Eligible Families Have Positive Perceptions of WIC**

Prior participants and those who have never participated both view the WIC program as a valuable safety net for families in need, supporting nutrition for young children and pregnant and breastfeeding women. WIC is most widely known for helping with the cost of baby formula and milk, while many are aware that it provides other healthy foods and nutrition education. These positive views were generally formed through recommendations from obstetricians and pediatricians, hospital social workers at the time of labor & delivery, and from friends and family members. Some participants said,

*"I couldn't work when I had the baby so knowing the baby would get enough formula was a huge help."*

*"When I was at the hospital, a nurse came and explained everything. It was really easy. I was signed up by the time I left."*

*"I like the nutrition education aspect. We grew up eating anything and I didn't really know how to prepare healthy foods" (before WIC).*

### **2) Eligible Families Have Experienced Food Insecurity**

Most of the participants acknowledged times when they either did not know where their next meal was coming from, or they felt like WIC played a crucial part in preventing them from arriving at that point. Families use a variety of strategies to avoid reaching a point of desperation, including tapping other public benefits like SNAP and Free and Reduced Price Breakfast and Lunch for their older children. They have also accessed resources from food banks, local churches and extended family members. That said, a consistent answer for why families are not currently enrolled in WIC was, "We don't

need it.” Focus group participants generally expressed a desire to “save” WIC for other people who were in greater need. Some of their comments were,

*“I’ll be okay if I don’t eat for a day or two until the next (pay)check comes in. But the babies always ate. I knew with WIC they’ll always have their milk.”*

*“After you pay rent, phone, and I don’t even have a car, there’s not much left over.”*

*“As long as I’m healthy and I have a job, I can make ends meet. I wouldn’t take help unless I really needed it.”*

*“If I took (WIC) there might be someone else who really needs it.”*

### **3) Customer Service Matters**

Most prior WIC participants said it was easy to apply for WIC and they told stories about learning valuable information regarding nutrition and healthy food preparation. However, there were negative associations and complaints about long waits in some clinics and staff members who offer less-than-stellar service. Many focus group participants, including some who had never participated in WIC, said the vouchers, which are still on paper in Georgia, offer little flexibility and make grocery shopping time-consuming and frustrating. These participants noted,

*“When there’s a hundred people with kids running around (in the clinic) you start to think, ‘is it really worth it for \$8 worth of food?’”*

*“You have to get that exact product and sometimes the store doesn’t have it...I know it will take twice as long to ring up. People behind you see the vouchers and judge you.”*

*“You have to buy everything on the list or lose it. The store doesn’t have it that day or maybe my kids were sick last month so we didn’t drink so much milk. Why not let you add on the next time?”*

### **4) Eligible Families Are Tech-Savvy**

All of the participants in our focus groups had a personal smartphone. They reported regularly accessing the internet to seek child nutrition information and other resources for their families. Most also have access to a computer or tablet at home, and they are accustomed to signing up for services online. When presented with the idea to switch from vouchers to an EBT card, and when the possibility of completing program requirements through their phones was described, the ideas were universally lauded. Respect for privacy was also viewed as a plus. They said,

*“That (EBT card) takes away a LOT of obstacles.”*

*“Much more convenient. They can probably set it up where you don’t have to get vouchers, do it all online.”*

*“(SNAP) gives you a card that looks like a debit card so no one knows.”*

The full research report has been distributed by the National WIC Association and I had the opportunity to present our findings at their annual conference last spring. Food and Nutrition Service research staff hosted me for a presentation at their offices in Bethesda, Maryland in June, and with a colleague from the Georgia Family Connection Partnership we also presented the research to the Georgia WIC Nutrition Directors last summer. Open Hand, a member of the WIC Working Group, used insights from the focus group report to shape their design of a healthy food promotion program at the clinic level. The Marketing Subcommittee is currently designing a survey of WIC and SNAP-eligible families that would be administered through cell phones in suburban Atlanta to assist in designing new marketing materials. A corporate sponsor is currently reviewing a grant proposal to fund this supplemental research. We also provided a Mobile Food Pantry at a WIC Clinic last month and are evaluating future partnerships for fresh produce distribution, given its importance to clients in the focus groups. Most importantly, the focus group findings will inform Georgia WIC’s vendor selection process for EBT and guide selection of related tools such as phone apps and other technologies to streamline and enhance the shopping experience.

## **Child Nutrition Reauthorization**

With Feeding America and its 200+ member food banks, we are eager to support the reauthorization and enhancement of WIC as part of the Child Nutrition legislative package. The National WIC Association (NWA), the Food Research & Action Center (FRAC) and the Center on Budget and Policy Priorities (CBPP) have all been important advisors to the GA WIC Working Group and have helped us to gain a thorough understanding of WIC’s invaluable impact. We ask that this Committee continue to consult with these groups as it has done so effectively in the past, and to give their recommendations particular consideration with regard to strengthening child nutrition programs generally and the WIC program in particular. We are aware of several enhancements that have been suggested for WIC. Our work on the ground in Georgia assures us these would be effective changes that would benefit children and their families and support the responsible stewardship of government resources. In order of priority, these are:

- **Keep WIC as accessible as possible.** The mechanisms that are currently used to serve as many eligible WIC participants as possible are working. From competitive bidding strategies to EBT conversion efforts, staff certification requirements to marketing material guidelines, a complex but effective structure

is currently in place to deliver WIC's important services to families in need. As we look to fill the meal gap and assure healthy outcomes for pregnant women and their young children, Georgia needs WIC to remain broadly accessible and robust in its core structure.

- **Provide extended certification periods and lift the age of coverage.** Participating families have described the difficulties they face in maintaining WIC certification while also fulfilling work obligations, making regular pediatric visits, and caring for other children in the household. Longer certification periods would help them to maintain the food benefits and stay connected to nutrition education. As Georgia WIC customer satisfaction surveys have revealed, families that do participate in the program recognize its value, and we agree that lifting the age to which children may be covered will have an important positive impact on their food security and nutrition.
- **Evaluate performance and establish metrics on cross enrollment in benefit programs.** The Atlanta Community Food Bank launched the WIC Working Group not simply to increase the number of meals that families are able to gain from WIC, but also because we know that when a family is enrolled in one program they are better able to access the other programs for which they are eligible. Accessing the full range of benefits allows for cost efficiencies and better outcomes. A model from USDA is direct certification for school meals. For more than a decade, USDA has been required to measure and publish state performance with regard to automatically enrolling school-age children in households receiving SNAP and/or Free & Reduced Price Breakfast and Lunch. When the measurement began, only 68% of children who should have been directly certified, were; whereas today, 92% are directly certified. This increase has resulted from concerted efforts by USDA, states and school districts. We would like to see the same approach in WIC. Any pregnant woman or child under five who participates in SNAP or Medicaid is automatically income-eligible for WIC. It would be helpful to know what share of these women and children are being enrolled so that we can work on reaching the rest and assess progress over time.

It is difficult to overstate the importance of the Special Supplemental Nutrition Program for Women, Infants and Children. I would simply like to add, that as an adoptive parent whose child was nourished by her birth mother and the WIC program until we could feed her ourselves, I am also personally grateful for the existence of WIC and I witness its benefits to my daughter every day. Thank you for your dedication to child nutrition. I would be happy to answer questions at your convenience.





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<sup>i</sup> <https://fns-prod.azureedge.net/sites/default/files/wic/wic-fact-sheet.pdf>

<sup>ii</sup> *ibid*

<sup>iii</sup> <https://datacenter.kidscount.org/data/tables/614-children-enrolled-in-the-wic-program-birth-through-4?loc=12&loct=2#detailed/2/any/false/870,573,869,36,868,867,133,38,35,18/any/1437>

<sup>iv</sup> <https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2016-Volume1.pdf>