

“Any Little Thing of Help”

A Qualitative Analysis of the Challenges of Navigating WIC in Chicago and the
Roots of Unenrollment

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April 24, 2020

*Submitted in partial fulfillment of the requirements for the degree of
Bachelor of Arts in Public Policy at The University of Chicago*

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Acknowledgements

This project would not have been possible without the support of my mentors, friends, and family. I am eternally thankful for the graciousness of my two second readers, Dr. Eve L. Ewing and Andrew Hammond, who selflessly provided guidance throughout this process. I am grateful for all that they both have taught me about the world we should strive to make possible.

I am indebted to my parents, without whom I would not be where I am today. I am especially indebted to my mom, whose sacrifices I have understood more deeply than ever through this research.

Most importantly, I am endlessly thankful for the opportunity to have spoken with the mothers in this study. Their care, generosity, and excellence cannot be overstated. They have been kind and gracious towards me in a way I can never repay.

Abstract

This research project seeks to understand why coverage rates (percentage of eligible individuals that are enrolled) for the Special Supplemental Nutrition Program for Women, Infants, and Children, aka the food assistance program WIC, are so low in Illinois— at 41.8 percent in 2017 compared to the national average of 51.1 percent— and what is causing mothers to unenroll or not enroll at all. Using the city of Chicago as a case study for this issue, this paper will describe the barriers to obtaining and maintaining WIC benefits that low-income mothers face under Chicago’s paper colored coupon system that provides a fundamentally different benefits experience to North Side versus South and West Side residents of the city. In particular, this study will uncover the disparities between mothers’ access to WIC and the challenges they face in obtaining and maintaining their benefits. I will elaborate on ways that WIC can improve in the future to be more accessible to mothers, and ways in which the coming transition to an electronic benefits system (EBT) across the country might aid in creating a benefits process that is easier to navigate. Extensive semi-structured interview data is used in this study to highlight both the experiences of those that are directly affected by WIC enrollment, i.e. low-income mothers, as well as the expertise of those who are practitioners and scholars in the field of public benefits.

It is concluded that WIC’s time, resource, and safety demands on low-income mothers is a significant barrier to initial and continued enrollment for many, and that the stakes could not be higher for mothers and their children. In order to create a more accessible system, WIC must make efforts to reduce the restrictions around WIC and increase the flexibility of the program to ease the navigation of this complicated public benefits system, already fraught with many bureaucratic barriers.

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Introduction

“Do you have kids?” Macy, a mother of five living in the Austin neighborhood of Chicago, asked during our interview. “Okay, well, being a mom, going through pregnancy, you have the baby blues. And any little thing, like the littlest thing that somebody does for you can brighten your day.”¹ Macy has enrolled each of her five children in WIC, and spoke positively about the benefits of the program.² Living in Austin, she has experienced Chicago’s very unique colored coupon system of issuing WIC benefits: generally speaking (although there are discrepancies) enrollees living on the South and West sides of the city receive orange coupons that can be used only at specific WIC grocery stores, and enrollees living on the North side of the city receive blue coupons that can be used at any participating grocery store. Macy used blue coupons. She noted the numerous ways that these benefits are cut off from mothers who need them, and the ways that her own ability to maintain enrollment has been threatened.

WIC is a food assistance program that provides a food benefits package to participants and their children through the issuance of monthly coupons, along with nutrition education and some healthcare services. However, these services are not necessarily comprehensive, nor are they completely accessible to the population that needs it most: WIC coverage rates, or the percentages of those eligible that are enrolled, tend to hover around 50 percent in states across the U.S., with the national average in 2017 at 51.1 percent.³ State coverage rates for WIC are

¹ Macy, in a discussion with the author, January 23, 2020

² The names given for each WIC enrollee are pseudonyms

³ “National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017.” USDA. Accessed April 24, 2020. <https://www.fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2017>.

almost universally lower than the national average coverage rate for the Supplemental Nutrition Assistance Program (SNAP), which as of 2016 was 85 percent.⁴ The number of people eligible for WIC has actually increased in recent years, despite declining coverage rates since 2016 in particular, and largely over the past decade.⁵ Now, WIC experts and practitioners are trying to figure out why.

The coverage rate for WIC in Illinois is particularly low: Illinois ranks 44th in the country, at 41.8 percent in 2017.⁶ As Macy explained, there are many barriers that might prevent a mother who is interested in WIC from enrolling or staying enrolled in the program. These can include time, cost of transportation, the limitations of the food package, issues with eligibility based on income, or fears due to the risk of being undocumented. While these may seem like personal tradeoffs that mothers will naturally have to make regardless of program structure, they are often the result of structural barriers in accessing public benefits — barriers that are present for most programs in the United States' safety net, including Social Security Disability Insurance

⁴ “Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 To Fiscal Year 2016.” USDA. <https://www.fns.usda.gov/snap/SNAP-participation-rates-FY-2010-2016>.

⁵ “WIC 2017 Eligibility and Coverage Rates.” USDA, April 9, 2020. <https://www.fns.usda.gov/wic-2017-eligibility-and-coverage-rates>.

⁶ “National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2014, and Updated Estimates for 2005–2013.” Urban Institute. Last modified September 2017. http://www.urban.org/sites/default/files/publication/94131/national_and_state_level_estimates_of_wic_eligibles_and_program_reach_in_2014_volume1_3.pdf.

(SSDI)⁷ and the Supplemental Nutrition Assistance Program (SNAP).⁸ And for a program that feeds America's poorest children, the stakes are incredibly high.⁹

This study aims to uncover the reasons why many mothers in Chicago unenroll from or choose not to enroll in WIC, and what could be done to increase WIC coverage rates in the future.

Background

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a food assistance program that was created by an amendment to the Child Nutrition Act of 1972, and became a permanent program in 1975. WC remains authorized by Section 17 of the Child Nutrition Act. The initial amendment established what was initiated as a two-year pilot program where eligibility was limited to children up to age four and excluded non-breastfeeding postpartum women.¹⁰ Since then, eligibility has expanded to include children up to the age of five, as well as non-breastfeeding postpartum women.¹¹ The criteria for eligibility in WIC

⁷ Deshpande, Manasi, and Yue Li. "Who Is Screened Out? Application Costs and the Targeting of Disability Programs." *American Economic Journal: Economic Policy* 11, no. 4 (January 2019): 213–48. <https://doi.org/10.1257/pol.20180076>.

⁸ Lopez-Landin, Hiram. "SNAP Access Barriers Faced By Low Income 50-59 Year Olds." AARP. AARP Foundation, April 2013. https://www.aarp.org/content/dam/aarp/aarp_foundation/2014-pdfs/SNAP-Access-Barriers-Faced-By-Low-Income-50-59-Year-olds-AARP_Foundation....pdf.

⁹ Bailey, Kathryn, Stephanie Ettinger, John T. Cook, Elizabeth L. March, Sharon Coleman, and Deborah A. Frank. "Too Many Hurdles: Barriers to Receiving SNAP Put Children's Health at Risk." Center for Hunger Free Communities. *Children's Health Watch*, March 2011. https://www.centerforhungerfreecommunities.org/sites/default/files/pdfs/snap_brief_mar11.pdf.

¹⁰ Aussenberg, Randy Alison, and Julia E. Kortrey. *A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children § (2015)*. <https://fas.org/sgp/crs/misc/R44115.pdf>. 1

¹¹ "WIC Eligibility Requirements." USDA, September 18, 2019. Accessed April 24, 2020. <https://www.fns.usda.gov/wic/wic-eligibility-requirements>.

includes the following: categorical (must be a pregnant, postpartum, or breastfeeding woman), residential (applicants must live in the state in which they apply), income (must be below—dependent on the state guideline— 100 percent to 185 percent of the federal poverty line, or be receiving SNAP, Medicaid, or TANF)¹², and nutrition risk (applicants must be seen by a health professional who will make this determination).¹³

Most people in the United States think of SNAP first when considering food assistance programs, but WIC is far from simply a duplicate of SNAP for mothers and young children. Jaclyn Castellanet, a Regional Nutrition Coordinator for WIC in Chicago, described one of the distinctions clearly: SNAP is a “hunger” program, and WIC is a “nutrition” program. “It’s to get access to food. It’s just dollars,” Castellanet said of SNAP, whereas with WIC, “you get nutrition education from a nutritionist.”¹⁴

The more concrete differences between SNAP and WIC go even further.¹⁵ SNAP has a stricter enrollment timeline for participants, as well as specific work requirements¹⁶, and is subject to the Inadmissibility on Public Charge Grounds final rule as implemented by the U.S. Citizenship and Immigration Services (USCIS) on February 24, 2020.¹⁷ While restrictions on

¹² “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): 2019/2020 Income Eligibility Guidelines.” *Federal Register* 84, no. 81 (April 26, 2019). <https://www.federalregister.gov/documents/2019/04/26/2019-08389/special-supplemental-nutrition-program-for-women-infants-and-children-wic-20192020-income>.

¹³ “WIC Eligibility Requirements” 2019.

For a table listing all eligibility criteria, see Appendix A

¹⁴ Jaclyn Castellanet, in discussion with the author, February 25, 2020.

¹⁵ “Learn About SNAP Vs. WIC.” WIC Assistance. Accessed April 24, 2020.

<https://wicassistance.org/additional-resources/wic-vs-food-stamps/>.

¹⁶ “Policy Basics: The Supplemental Nutrition Assistance Program (SNAP).” Center on Budget and Policy Priorities, June 25, 2019.

<https://www.cbpp.org/sites/default/files/atoms/files/policybasics-foodstamps.pdf>.

¹⁷ “Public Charge Fact Sheet.” U.S. Citizenship and Immigration Services, February 27, 2020.

<https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>.

receiving SNAP are tighter, and discriminatory especially against low-income undocumented people seeking to receive public benefits, the actual benefits package is considered to be much larger and more versatile. The only foods restricted from purchase using SNAP benefits are alcohol and prepared foods, and the size of the package varies based on a participant's income. The package is also considered to be easier to use and access, as all states have been issuing SNAP benefits through electronic benefits transfer (EBT), or the LINK card, since June 2004.¹⁸

WIC has four key ways to meet the categorical eligibility requirement, and otherwise imposes no time limits on enrollment: pregnant women are eligible through pregnancy and up to six weeks after birth/the pregnancy ends, breastfeeding women are eligible up to the infant's first birthday, non-breastfeeding postpartum women are eligible up to six months after birth/the pregnancy ends, infants are eligible up to their first birthday, and children are eligible up to their fifth birthday.¹⁹ Mothers can enroll themselves and their children as many times as they want, and there is no work requirement associated with WIC. However, the benefits package associated with WIC is considerably smaller and less varied, including things like bread, milk, eggs, cheese, and a small allowance for fruits and vegetables.

In fact, the food benefits provided by WIC make the program one of the most restrictive of all areas of public benefits: unlike SNAP, WIC enumerates an extremely strict set of foods that can be purchased using WIC benefits, down to specifying the size and brand of each item. Cara Brumfield, a Senior Policy Analyst at the Economic Security & Opportunity Initiative at the Georgetown Center on Poverty Law & Inequality, put it concisely: "WIC is like, 'Here is the

¹⁸ "A Short History of SNAP." USDA, September 11, 2018. <https://www.fns.usda.gov/snap/short-history-snap#1988>.

¹⁹ "A Short History of SNAP." 2018

list of things you can get.’ SNAP is, ‘Here is the list of things you can’t get.’”²⁰ WIC-approved foods, as well as allowable alternatives, include²¹:

1. An allowance for fruits and vegetables (can be fresh, frozen, canned, or dried)
2. Commercially prepared baby fruits/vegetables and meat (or fresh bananas)
3. Milk (or soy beverage and tofu)
4. Whole grain cereals
5. Whole wheat bread (alternatives include brown rice, oatmeal, whole grain barley, bulgur, soft corn or whole wheat tortillas)
6. Light tuna (alternatives include salmon, sardines, mackerel)
7. Canned and dry beans/peanut butter
8. Cheese
9. Juice
10. Eggs
11. Iron-fortified infant formula

WIC was intended to serve a population of women, infants, and children deemed to be at a nutrition risk due to low income, and so, as Castellonet mentioned, significant nutrition education services are also included in WIC in the form of regular classes and certifications.²² This includes information on healthy eating and breastfeeding, and referrals to health care services.

²⁰ Cara Brumfield, in discussion with the author, November 25, 2019

²¹ “WIC Food Packages - Maximum Monthly Allowances.” USDA, November 27, 2013. <https://www.fns.usda.gov/wic/wic-food-packages-maximum-monthly-allowances>.

For table of WIC-approved foods, see Appendix G

²² “WIC Works Resource System.” WIC Nutrition Education Guidance | WIC Works Resource System. Accessed April 24, 2020. <https://wicworks.fns.usda.gov/resources/wic-nutrition-education-guidance>.

The Healthy, Hunger-Free Kids Act of 2010 set a requirement that all states must transition WIC benefits systems from paper to electronic by October 1, 2020²³, and the Child Nutrition Reauthorization of 2016 allocated more discretionary funding to accelerate the implementation of electronic benefits transfer (EBT) systems.²⁴ With EBT, benefits for each enrollee are transferred electronically from a federal online account to retailers using a card similar to the LINK card used for SNAP. As of now, many states have already implemented EBT statewide, but many others are still using paper voucher systems. Illinois is one of the eleven states that have not yet implemented EBT statewide as of April of 2020, and is still using paper vouchers with strict expiration dates to issue benefits.²⁵ Chicago is the only city that issues a different colored coupon based on where participants live.²⁶

As stated previously, the coverage rate in Illinois is one of the lowest in the country, ranked 44th at 41.8 percent in 2017.²⁷ There is not a substantial amount of conclusive research on what causes coverage rates to be lower in some states and higher in others: EBT is thought to be a cause of low coverage rates, but states with and without EBT have coverage rates ranging from 40 to 60 percent.²⁸ One site of investigation for what might contribute to low coverage rates

²³ “WIC - Electronic Benefits Transfer (EBT) and Management Information Systems (MIS).” USDA. Accessed April 24, 2020. <https://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt>.

²⁴ U.S. Congress, Senate, *Improving Child Nutrition Integrity and Access Act of 2016*. S 3136. 114th Cong. <https://www.congress.gov/bill/114th-congress/senate-bill/3136>.

²⁵ “WIC EBT Activities.” USDA. Last modified April 2020. Accessed April 2020. <http://www.fns.usda.gov/wic/wic-ebt-activities>.

²⁶ “Food Delivery System: Illinois WIC Policy & Procedure Manual,” May 2006.

²⁷ Gray, Kelsey, Carole Trippe, Chrystine Tadler, Clay Perry, Paul Johnson, and David Betson. “National and State Level Estimates Of WIC Eligibility and WIC Program Reach in 2017.” *Nutrition Assistance Program Report Series, USDA Office of Policy Support 1* (December 2019). <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>.

²⁸ “WIC EBT Activities.” USDA. Last modified April 2020. Accessed April 2020. <http://www.fns.usda.gov/wic/wic-ebt-activities>.

is the unique paper voucher system in Chicago. As mentioned in the introduction, WIC enrollees registered at a WIC clinic on the South and West sides receive an orange coupon with which they can redeem their monthly benefits, and WIC enrollees registered at a clinic on the North side receive a blue coupon. Orange coupons can only be used at Food and Nutrition Centers— in Chicago, these centers are run by the Catholic Charities, and they provide WIC-approved foods that enrollees can purchase using their coupons, as well as access to social services and nutrition education. Blue coupons can be used at any participating grocery store across the city.²⁹

FNCs were originally created to address rumors of rampant WIC fraud³⁰, which many experts and WIC practitioners now say were never grounded in data provided by the DHS and likely highly exaggerated to confirm racist assumptions about WIC enrollees. FNCs tend to be located in existing food deserts³¹, and mothers appreciate the ease of finding all WIC-approved items in one place, but they often lack the fresh and quality level of produce available at a standard grocery store. There are generally more regulations at FNCs than grocery stores, and mothers have reported feeling less flexibility and freedom with their benefits when using orange coupons. 14 out of 16 FNCs in Chicago are located on the South and West sides, in neighborhoods that are predominantly Black and Hispanic and where the poverty rate is often higher than on the North side of the city.³² It follows that the neighborhoods with populations that are disproportionately more likely to be enrolled in WIC are also neighborhoods that have consistently lacked access to affordable nutritious foods, and where WIC enrollees are further

²⁹ “Food Delivery System: Illinois WIC Policy & Procedure Manual” 2006.

³⁰ “Making WIC Work in Illinois: Opportunities and Recommendations for Program Improvement.” EverThrive Illinois, March 2019. 17

³¹ For maps of the racial composition of neighborhoods with FNCs, the estimated locations of food deserts, and the locations of FNCs, see Appendix B

³² “Making WIC Work in Illinois” 2019, 16

restricted to using their benefits at FNCs that ultimately still, due to their lack of variety and frequently inadequate produce quality, fail to provide adequate nutrition to families.

The electronic benefits system (EBT), set to roll out in Illinois in 2020³³, would abolish the paper voucher system in Chicago and make it so all WIC enrollees can use their benefits at any participating grocery store in the city. It would also enable mothers to spread out their WIC purchases at different locations and times, a freedom not available with paper coupons. A key question remaining, however, is if this will actually cause an increase in coverage rates in Illinois. An EBT system is often associated with an increase in coverage rates because of increased ease in enrolling for benefits. Still, Zoë Neuberger, a Senior Policy Analyst at the Center on Budget and Policy Priorities, noted that EBT is “no silver bullet.”³⁴

My aim with this research project is to uncover the reasons why many mothers do not enroll in WIC at all, or terminate their WIC benefits before their children phase out of the program. I will attempt to find out what causes coverage rates to be so low (using Chicago as the site of this investigation), how the paper voucher system might have been contributing to low coverage rates, and what can be done to improve WIC overall. This project will involve investigating how WIC enrollees in Chicago’s North, South, and West sides have been affected by the paper voucher system thus far, obstacles that they have faced in obtaining/maintaining their benefits, and hopes they have for the future of WIC as it transitions to EBT. I hope to add to ongoing research about trusted methods for increasing WIC coverage rates, and clearly state the pitfalls of Chicago’s paper voucher system to better understand how it impacted WIC enrollees. I have conducted a series of interviews with WIC-eligible or enrolled individuals, WIC

³³ “The Fresh Guide to WIC in Illinois: Fresh EBT.” FreshEBT. Accessed April 24, 2020. <https://www.freshebt.com/state/illinois/wic/>.

³⁴ Zoë Neuberger, in discussion with the author, September 25, 2019.

practitioners at food pantries and clinics, and other experts on WIC and food assistance programs. My interviews with WIC-eligible or enrolled individuals will be used to answer questions about enrollees' experience with WIC, and will add to ongoing testimonials about access to fresh, nutritious, and affordable food for Chicago's low-income families.

Literature Review

Food assistance programs in the United States have taken a particularly high stakes role in recent decades due to “rising income inequality and increased income volatility.”³⁵ However, criteria for and barriers to eligibility have not changed along with the changing nature of work and family life. The value of the federal poverty line has not been changed since 1982, and is based on the same formula from when the Social Security Administration created Medicare in 1964: how much the average American spent on groceries in 1955.³⁶ Furthermore, participation in some major food and cash assistance programs rely on two key tests: income tests and asset tests. According to Richard Blundell and Luigi Pistaferri's study, “Income Volatility and Household Consumption: The Impact of Food Assistance Programs,” temporary situations that may require food assistance are not sufficient to obtain benefits: “Transitory shocks that push individuals below the poverty line still may not provide eligibility for food assistance if assets are sufficiently high before the arrival of the shock.”³⁷ Eligibility criteria for WIC has stayed consistent over the past few decades and shows no signs of changing soon. Despite there being

³⁵ Blundell, Richard, and Luigi Pistaferri. "Income Volatility and Household Consumption: The Impact of Food Assistance Programs." *The Journal of Human Resources* 38 (2003): 1032-050. doi:10.2307/3558980. 1033

³⁶ Moon, Emily. "Experts Have Wanted To Update The Poverty Line For Years— But Not The Way Trump Is Planning To Do It." *Pacific Standard*. Last modified May 22, 2019. <https://psmag.com/economics/experts-want-to-update-the-poverty-line-but-not-the-way-trump-is-planning-to-do-it>.

³⁷ Blundell & Pistaferri 1033

no narrowing in eligibility, coverage rates for WIC have been steadily declining over the past ten years, from a high of 63 percent in 2011 to 53 percent in 2015 (in 2017, the national average was 51.1 percent: data is generally collected with a three year gap from the present, so averages for 2018 and 2019 have not yet been released).³⁸

Coverage rates, or the proportion of eligible participants that are enrolled in WIC, are not the only metric for measuring the impact of a food assistance program, but they do provide a helpful indication into the ease of enrollment and of maintaining access to benefits. The USDA Food and Nutrition Service (FNS) website explains that a decline in coverage rates over the past few years is due to the fact that “the number of WIC-eligible people has increased, but the number of people participating in the program has decreased.”³⁹ This information is somewhat definitional: FNS does not provide a more in-depth analysis of this phenomena, and it remains unclear what has caused the number of eligible people to decline in a time where food assistance appears to be increasingly necessary. It may be that the WIC program is not fully understanding of the nature of family life at the ground level, and so the program is less accessible to enroll in despite eligibility. It is also true that the public benefits system in the United States has long had a lengthy set of barriers, and enrollment is just the first hurdle.

Bureaucracy & Barriers to Eligibility: “They Just Aren’t Giving It Out Anymore”

³⁸ U.S. Department of Agriculture. "WIC 2015 Eligibility and Coverage Rates." USDA Food & Nutrition Service. <https://www.fns.usda.gov/wic/wic-2015-eligibility-and-coverage-rates>.

³⁹ “WIC 2015 Eligibility and Coverage Rates”

From 2013 to 2014, the number of people who are eligible to enroll in WIC rose, from around 14 million to 15 million⁴⁰, and the number has since plateaued.⁴¹ As was previously mentioned, there were no eligibility criteria changes that might have led to this increase, and in spite of overall eligibility increases, coverage rates have dramatically declined. These eligibility numbers reflect higher adjunctive eligibility (eligibility based on enrollment in another public assistance program), greater adoption of 12-month certification periods for children (in which check-ups occur and after which enrollees must be re-evaluated and re-certified), and higher rates of breastfeeding, leading mothers to be eligible for the program for longer.⁴²

WIC eligibility criteria is not dissimilar from other public benefits and food assistance programs. Applicants must meet all of the following requirements: categorical, residential, income, and nutrition risk.⁴³ These criteria are far-reaching, and cover central aspects of an applicant's life. The categorical requirement means that the following individuals are eligible: pregnant women (during pregnancy and up to six weeks after the birth of an infant or the end of the pregnancy), postpartum women (up to six months after the birth of an infant or the end of the pregnancy), breastfeeding women (up to the infant's first birthday), infants (up to the infant's first birthday), and children (up to the child's fifth birthday). The residential requirement means that applicants must live in the state in which they apply. The income requirement is set by the state, and must be between 100 percent of the federal poverty line and 185 percent of the federal

⁴⁰ Johnson, Paul, David Beston, Lorraine Blatt, and Linda Giannarelli. "National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2014, and Updated Estimates for 2005–2013." *Special Nutrition Programs* 1 (September 2017) https://www.urban.org/sites/default/files/publication/94131/National_and_state_level_estimates_of_wic_eligibles_and_program_reach_in_2014_volume1_3.pdf. vi

⁴¹ "WIC 2015 Eligibility and Coverage Rates"

⁴² Johnson et. al. 2017. x

⁴³ For a table listing all eligibility criteria, see Appendix A

poverty line.⁴⁴ Applicants also meet the income requirement through adjunctive eligibility, or enrollment in certain other public assistance programs. The nutrition risk requirement is the most subjective: applicants must be seen by a health professional who will determine whether the individual is at “nutrition risk.” “Nutrition risk” can refer to medical or dietary conditions, and at a minimum, an applicant’s height and weight must be taken and they must be tested for anemia.

The study by the Urban Institute that published findings on both the eligibility numbers and coverage rates of WIC on average across the country provides factors contributing to increased eligibility, but does not have conclusive findings on factors contributing to declining coverage rates.⁴⁵ In discussing the decline in coverage rates specifically between 2013 and 2014, the study cited “a reduction in actual caseload combined with either unchanging or increased eligibility” as suggesting lower coverage rates.⁴⁶ This analysis does not provide a solid sense of causation, and indeed, this is one of the bigger points of confusion among food assistance program advocates and experts: while all cited studies show increases in eligibility and common techniques associated with increased coverage rates, it is more difficult to find factors that are associated with the rates’ decline.

Trends in coverage rates among all food assistance programs are not consistent: rates for the Supplemental Nutrition Assistance Program (SNAP) have risen considerably between 2007 and 2016, from 69 percent to 85 percent. SNAP coverage rates have historically been higher than WIC coverage rates, which can be explained partially by the fact that WIC is a newer program (the first food stamps were issued in 1939, with SNAP beginning in its first stages with the Food

⁴⁴ “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): 2019/2020 Income Eligibility Guidelines” 2019.

⁴⁵ Johnson et. al. 2017, ix.

⁴⁶ Ibid.

Assistance Act in 1964; WIC was established in 1996).⁴⁷ The Center on Budget and Policy Priorities claims that a number of factors contributed to increased coverage rates, but the streamlining of the documentation process and the increase in outreach and benefits had major effects. Many states prioritized efforts to reach more eligible households, particularly those groups that had historically had low participation rates; the recession of 2008 may have raised awareness about SNAP; take-up of SNAP among eligible households is higher when benefits are higher; the transition to EBT reduced stigma; and other factors may have increased financial stress in low-income households.⁴⁸ It is important to note that these factors are not necessarily tied to increased eligibility for SNAP, but an increased likelihood for eligible people to enroll in the program.

In contrast, bureaucracy and misinformation can lead eligible people to become frustrated with the process of enrolling— some may not even realize that they are eligible. In Austin Sarat’s study, “‘...The Law Is All Over’: Power, Resistance and the Legal Consciousness of the Welfare Poor,” he notes that “Legal rules and practices are implicated in determining whether and how welfare recipients will be able to meet some of their most pressing needs.”⁴⁹ Sarat explains that welfare recipients are not oblivious to these rules and practices, and understand the limitations of welfare without discounting it completely. However, eligibility criteria for many programs is so strict, and in many communities, participation is so low, that many families may

⁴⁷ "A Short History of SNAP." USDA. Last modified September 11, 2018. <https://www.fns.usda.gov/snap/short-history-snap>.

⁴⁸ Greenstein, Robert, Brynne Keith-Jennings, and Dottie Rosenbaum. "Factors Affecting SNAP Caseloads." Center on Budget and Policy Priorities. Last modified August 8, 2018. <https://www.cbpp.org/research/food-assistance/factors-affecting-snap-caseloads>.

⁴⁹ Sarat, Austin (1990) "'...The Law Is All Over': Power, Resistance and the Legal Consciousness of the Welfare Poor," *Yale Journal of Law & the Humanities*: Vol. 2: Iss. 2, Article 6. 344

believe themselves to be ineligible. The Food Research and Action Center published a study in 2011 that cited the Abt Associates, which found that “about half (48 percent) of those eligible but not participating in WIC or the Food Stamp Program were not aware that they could participate.”⁵⁰ In Kathryn J. Edin and H. Luke Schaefer’s book “\$2.00 A Day: Living on Almost Nothing in America,” a participant named Modonna Harris from Chicago is reluctant to make the trip to the Department of Human Services office to apply for welfare because she has been turned down in the past: “they just say, ‘You’re not eligible,’ they don’t explain why.”⁵¹ As a result, despite having no cash income and a child to provide for, applying for welfare “hasn’t even occurred to her.” Harris’s aunt told her that “they just aren’t giving [welfare] out anymore,” and Harris does not know of anyone who is receiving welfare, so she assumes this is the truth. The lines at the Department of Human Services are also incredibly long, with people lining up well before the office opens, sometimes before seven o’clock in the morning.

Streamlining processes for public benefits enrollment has been proven to have a positive impact on participant experiences. Technological advances can ease the process of applying for benefits, but a study published with the Center for High Impact Philanthropy at the University of Pennsylvania noted that “aligning the underlying benefit eligibility, applications, verifications, and renewal policies” will also be important for increasing participation.⁵² The study cited the

⁵⁰ FitzSimons, Crystal Weedall, James D. Weill, and Lynn Parker. *Barriers That Prevent Low-Income People From Gaining Access to Food and Nutrition Programs*. <https://www.hungercenter.org/wp-content/uploads/2011/07/Barriers-to-Food-and-Nutrition-Programs-FRAC.pdf>. 3

⁵¹ Edin, Kathryn J., and H. Luke Schaefer. *\$2.00 A Day: Living on Almost Nothing in America*. New York, NY: Houghton Mifflin Harcourt Publishing Company, 2016. 2

⁵² Waters-Boots, Shelley. “Improving Access to Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need.” Center for High Impact Philanthropy at the University of Pennsylvania, 2016. https://www.impact.upenn.edu/wp-content/uploads/2016/2015/03/CHIPSeminar2010_ImprovingAccess_Ford-OSI-AECF.pdf. 8.

2002 Farm Bill's measure to align food stamp income definitions with TANF and Medicaid eligibility as key to easing the burden on clients. "No wrong door" policies like those implemented in Louisiana in 2003 allow people to "apply for multiple benefits at any service site," reducing the need for repetitive interactions with the Department of Health Services (DHS) and making the process of applying for benefits less intimidating overall.⁵³

All of these factors make it easy to understand how many mothers who are in fact eligible for WIC might assume that they are not, or may grow frustrated with waiting in lines and being subject to a termination of benefits at unexpected points. The costs of applying for benefits often exceed what WIC-eligible individuals deem it is worth.

The Implicit Cost of Welfare: Applying & Self-Screening

While welfare programs do not advertise themselves as having an explicit cost, the extensive paperwork and eligibility requirements make applying for benefits a laborious process. An example of this can be seen using the public assistance program Social Security Disability Insurance (SSDI). This is a subset of the Supplemental Security Income (SSI) program, which provided cash welfare and Medicare eligibility to seven million disabled, low-income Americans in 2014. Such programs are intended to target individuals with disabilities, but only those with severe disabilities which require documentation and evidence of an inability to find gainful work. In Manasi Deshpande and Yue Li's study, "Who Is Screened Out? Application Costs and the Targeting of Disability Programs," they explain that applying for disability means that "individuals must consider whether they are eligible, submit extensive paperwork, and provide access to medical records."⁵⁴ However, a number of Social Security Administration (SSA) field

⁵³ Waters-Boots, 2016. 12

⁵⁴ Deshpande, Manasi, and Yue Li. "Who Is Screened Out? Application Costs and the Targeting of Disability Programs." *American Economic Journal: Economic Policy* 11, no. 4 (June 2017).

offices, which provided assistance with filing for disability benefits, have closed over the years, and closings have resulted in applicants facing increased difficulty in trying to obtain benefits. Deshpande and Li find that “field office closings reduce the number of disability by 11 percent” in zip-codes where the nearest office is closed, and “these effects are persistent for at least two years after the closing.”⁵⁵ The result is “congestion at neighboring field offices, longer travel time to an open field office,” and “higher costs of acquiring information and network effects.”

The conditions that Deshpande and Li refer to are defined in their study as “ordeal mechanisms,” or hassles associated with using benefits or services.⁵⁶ These can include distance from centers, length of paperwork, and specificity of eligibility criteria. Fewer ordeal mechanisms have been proven to increase participation in public assistance programs by a significant margin. Deshpande and Li demonstrate this claim through a series of examples. The Free Application for Federal Student Aid (FAFSA) is one example: assistance in the application process combined with information on financial aid has been shown to increase college completion by eight percentage points (29 percent), while information alone has no effect.⁵⁷ Adjunctive eligibility is also considered to be a highly effective technique for increasing enrollment rates in welfare programs: automatic enrollment changes the default to participation and has significantly increased participation in retirement savings programs.⁵⁸ These

<https://doi.org/10.3386/w23472>.

⁵⁵ Deshpande & Li, 2017. 3

⁵⁶ Deshpande & Li, 2017. 6

⁵⁷ Role of Information and Simplification in Access The FAFSA Experiment Bettinger, Eric, B. T. Long, Philip Oreopoulos, and Lisa Sanbonmatsu. (2012) “The Role of Application Assistance and Information in College Decisions: Results from the H&R Block FAFSA Experiment.” *Quarterly Journal of Economics* 127(3).

⁵⁸ Madrian, Brigitte C. and Dennis F. Shea. "The Power Of Suggestion: Inertia In 401(k) Participation And Savings Behavior," *Quarterly Journal of Economics*, 2001, v116(4,Nov), 1149-1187.

mechanisms either reduce the amount of paperwork that enrollees must complete, or they ease the process of completing paperwork to avoid mistakes and confusion. A lack of information or awareness is a key driver behind low-enrollment rates across all public benefits programs, and the more levels of bureaucracy exist ahead of these benefits, the more eligible individuals will discount the possibility of obtaining meaningful gains from these programs.

Importantly, these findings have been shown to apply to WIC take-up rates as well. In her paper, “WIC in your neighborhood: New evidence on the impact of geographic access to clinics,” Maya Rossin-Slater finds that zip-code level WIC presence significantly increases food benefit take-up: in other words, the presence of WIC offices in an eligible individual’s neighborhood highly increases the chance that the individual will be aware of their eligibility and subsequently enroll in WIC.⁵⁹ Reduced travel time and program awareness are shown to be important channels through which enrollment can be successfully encouraged. In particular, Rossin-Slater finds that the opening of WIC program offices increases the likelihood that pregnant women in the area use WIC benefits by six percent.⁶⁰

Bureaucratic barriers to enrollment are costly for participants, practitioners, and policymakers alike. More importantly, these measures ultimately result in eligible people losing benefits, as is explained in a Center on Budget and Policy Priorities report by Jennifer Wagner and Judith Solomon. Citing the 2018 proposition for Medicaid demonstration projects, or section 1115 waivers, that would “take coverage away from people who don’t meet work requirements, pay premiums, or renew their coverage on time,” the report claims that these proposals

⁵⁹ Rossin-Slater, Maya. "WIC in your neighborhood: New evidence on the impacts of geographic access to clinics." *Journal of Public Economics* 102 (June 2013). <https://doi.org/10.1016/j.jpubeco.2013.03.009>.

⁶⁰ Deshpande & Li, 2017. 7

“undermine Medicaid’s goals by making it harder for people to stay covered and thereby reducing access to care.”⁶¹ The new requirements required that states dramatically modify their eligibility systems and evaluate a large volume of documentation, along with other costly tasks. For beneficiaries, even those who do meet the new standards face significant barriers for maintaining their coverage, and are required to provide extensive proof of their employment to remain compliant. These measures are associated with high costs for state and federal governments, and substantial coverage losses among eligible individuals. The study emphasized that “Certain vulnerable groups are particularly ill-equipped to cope with additional red tape,” and that work requirement policies for other federal programs have caused people with physical disabilities, mental health needs, and substance use disorders to be “disproportionately likely to lose benefits, even though many should have qualified for exemptions.” Homeless individuals and others experiencing housing instability were also seen to be at high risk of losing coverage due to being tripped up by renewal requirements. Ultimately, these measures overwhelmingly cause eligible people to lose their benefits, therefore decreasing coverage rates overall.

The implicit cost of welfare, then, is high for beneficiaries and the government alike. These costs are extremely counterintuitive to the goal of public benefits programs in the United States, which is to provide a strong safety net for those in need of temporary or long-term assistance. If eligible people find themselves unable to enroll or maintain their enrollment in public benefits programs, this is ultimately a failure in the design and implementation of the program from a federal, state, and ground level.

⁶¹ Wagner, Jennifer, and Judith Solomon. “States' Complex Medicaid Waivers Will Create Costly Bureaucracy and Harm Eligible Beneficiaries.” Center on Budget and Policy Priorities, May 23, 2018. <https://www.cbpp.org/research/health/states-complex-medicaid-waivers-will-create-costly-bureaucracy-and-harm-eligible>.

Street Level Bureaucracy in FNCs and Grocery Stores & WIC clinics

While WIC strives to provide the same quality of services to all mothers, certain inconsistencies between different WIC clinics, as well as inherent inconsistencies between FNCs and grocery stores, mean that mothers are experiencing a vastly different set of benefits depending on the color of the coupon that they receive and the neighborhood in which they live. Major grocery stores have much more discretion as to how they interact with WIC enrollees: they can have different rules about which brands or types of food are redeemable using WIC coupons, which can be frustrating for mothers, but they can also provide more flexibility to mothers than an FNC can. For instance, a grocery store's hours of operation tend to be longer than an FNC's, cashiers may allow a recently expired WIC coupon to be redeemed, and slightly damaged coupons might still be accepted. WIC clinics have a high level of discretion in determining the implementation of different policies, and a lack of standardization across the board makes the enrollment and maintenance process of WIC confusing and time-consuming.

These differences are a manifestation of a common theory known as street-level bureaucracy. According to Michael Lipsky in *Street Level Bureaucracy: Dilemmas of the Individual in Public Services*, street level bureaucrats are actual makers of policy. Public service workers like cashiers or WIC clinic representatives “exercise wide discretion in decisions about citizens with whom they interact,” and “their individual actions add up to agency behavior.”⁶² For instance, a DHS worker might respond differently to one client than another, or an individual client interacting with two different DHS workers might have a different experience and hear different information from each one. These differences add up to the overall discretion that

⁶² Lipsky, Michael. *Street Level Bureaucracy: Dilemmas of the Individual in Public Services*. N.p.: Russel Sage Foundation, 1980. <http://www.jstor.org/stable/10.7758/9781610447713>. 13

public service workers at the “street level” have on the implementation of policies on a national scale. For WIC enrollees, an individual caseworker or cashier can dictate how they navigate the program month-to-month.

In a report published by EverThrive Illinois and the Sargent Shriver National Center on Poverty Law called “Making WIC Work in Illinois,” these differences were called service inconsistencies. Service inconsistencies were cited as one of the factors that contribute to the overwhelming and confusing nature of the program, and often cause eligible mothers to unenroll. The report explains that WIC clinics “have a lot of autonomy in executing their services,” and that according to the Illinois DHS website, the 63 WIC clinics in Cook County are administered by nine different entities.⁶³ Each entity, therefore, has the authority to decide whether their clinics will comply with certain requirements and policies established by the USDA and the Illinois DHS: such inconsistencies mean that each mother may be getting a vastly different experience with WIC depending on the clinic they attend. Because information about WIC is primarily spread through word-of-mouth and through friends and family members who have experience with the program, the report emphasizes that conflicting reports about the enrollment and maintenance process of receiving WIC benefits can confuse mothers and make WIC seem intimidating.⁶⁴ Contradictory information about “what happens at a WIC visit, how long the visit takes, and what documentation clients need to bring to an initial visit” can lead to the spread of misinformation, which perpetuates rumors about WIC eligibility like citizenship requirements and strict nutrition risk assessments. Furthermore, service inconsistencies between FNCs and standard grocery stores— which are inherently administered by vastly different entities with

⁶³ “Making WIC Work in Illinois,” 2019. 23

⁶⁴ Ibid.

vastly different capabilities to implement different regulations— can create confusion and frustration for participants who already find the program to be overwhelming.

A paper by Anna-Maria Marshall and Scott Barclay expands on these notions. The law, while seemingly governing a natural and cohesive social world, is actually a “dynamic force” through which makes possible “the introduction of legality into realms of social life it had never before occupied.”⁶⁵ Legal mobilization and legal consciousness are ways that ordinary people interact with the law, in a way that transforms the law’s original meaning and application. “Legal consciousness,” like, for example, a person’s understanding of the law based on their interactions with a DHS office, “depends on individuals’ own perceptions of and experiences with the law,” and also “incorporates individuals’ own hopes for what the law should be.”⁶⁶ Marshall and Barclay explain that an individual’s legal consciousness will ultimately dictate their engagement with the law, whether that be in the form of mobilization, reticence, or resistance. Sarat also builds upon these ideas, saying that the legal web that welfare recipients are often caught in gives the impression that the rules of the law are “a series of ‘they say(s).’”⁶⁷ The rules, in other words, are “the embodied voice of law’s bureaucratic guardians,” and have far more to do with the systems that welfare recipients engage with than the word of law itself.⁶⁸

The Invasiveness of Public Benefits

Along with being vague, some eligibility requirements for public benefits are overly invasive, requiring the disclosure of private information and medical screenings. The “nutrition

⁶⁵ Marshall, Anna-Maria, and Scott Barclay. “In Their Own Words: How Ordinary People Construct the Legal World.” *Law & Social Inquiry* 28, no. 3 (2003): 617–28. <https://doi.org/10.1111/j.1747-4469.2003.tb00209.x>. 618

⁶⁶ Marshall & Barclay, 2003. 624

⁶⁷ Sarat, 1990. 345

⁶⁸ Ibid.

risk” criterion of WIC eligibility is assessed by a health professional such as a physician, nurse, or nutritionist.⁶⁹ While this criterion is largely intended to simply assess families’ specific nutritional risk and not determine whether or not the individual is experiencing sufficient nutrition risk to be enrolled, misinformation about this requirement can make it appear as yet another invasion into the private lives of lower-income people. Additionally, fears that participants might be asked about their citizenship status can dissuade applications and enrollment in the program, despite the fact that WIC does not inquire about immigration or require any specific American documentation. The disclosure of any family medical history, information about personal health, or personal identification information can appear particularly invasive to at-risk populations or create a perception that proof of health is required to apply for and receive benefits. It is the job of these programs’ outreach materials to demonstrate otherwise.

Invasive screenings for low-income people are not uncommon, and are actually standard practice in most legal settings. One of the most apparent examples of this is *in forma pauperis*, or a status given to “litigants who submit a financial affidavit declaring their poverty.”⁷⁰ Andrew Hammond, in his paper “Pleading Poverty in Federal Court,” makes the point that *in forma pauperis* is an unnecessarily invasive procedure that is burdensome to both judges and litigants. The motion involves itemizing the litigant’s “every source of income, every expense, every asset, and their years of schooling”— Hammond describes the process as “demeaning.”⁷¹ Poor litigants are likely to be deterred by such cumbersome processes, and may choose, as a result, not to go through with a claim or to hire representation. After all, after the divulgence of their personal

⁶⁹ “WIC 2015 Eligibility and Coverage Rates”

⁷⁰ Hammond, Andrew. "Pleading Poverty in Federal Court." *Yale Law Journal* 128, no. 6 (April 2019). <https://www.yalelawjournal.org/article/pleading-poverty-in-federal-court>. 2

⁷¹ Hammond, 2019. 29

financial state, they may not be granted *in forma pauperis* status, and will be left to hire and pay for their own representation or drop charges. The same risk exists for WIC enrollees, as was shown in the case of Modonna Harris in her attempt to apply for TANF or food assistance. Sarat, in "...The Law Is All Over," puts this plainly: "being on welfare means having a significant part of one's life organized by a regime of legal rules invoked by officials to claim jurisdiction over choices and decisions which those not on welfare would regard as personal and private."⁷²

Beyond eligibility, involvement in many of these programs requires families to reveal and accept criticism for significant parts of their private life that higher-income people will never be scrutinized for. Decisions like what to feed one's children, which mothers on WIC make regularly, are heavily restricted for low-income families. In this way, the laws that welfare recipients engage with are invasive not only because of their toeing into the private lives of individuals, but because of what Sarat calls their "shadowy presence."⁷³ The law is described as a "web-like enclosure" in which welfare recipients are "caught."⁷⁴ For people receiving food assistance, this means that each choice they make about how to feed their families must be enclosed within the confines of what particular laws allow, whereas non-welfare recipients are free from this enclosure and thus can make choices without encountering legal systems. Sarat explains that for people on welfare, law is "repeatedly encountered in the most ordinary transactions and events of their lives," such as trips to the grocery stores and family dinners.⁷⁵ While some levels of this intervention are necessary in order to provide a strong safety net informed by best practices regarding health and nutrition for mothers and children, the feeling

⁷² Sarat 1990, 344

⁷³ Ibid., 345

⁷⁴ Ibid., 344

⁷⁵ Ibid.

that one's life is being surveilled and scrutinized can act as a deterrent for mothers, and is a sense that they will encounter in all parts of maintaining their enrollment in food assistance.

Finally, invasive eligibility requirements are most likely to impact the most vulnerable populations. A key example of this is participants who might be undocumented or live in mixed-status families. A study published by Edward D. Vargas and Maureen A. states that risks of and fears associated with deportation make undocumented immigrants “four times as likely to delay seeking [medical or dental] care for more than two months compared to their citizen counterparts.”⁷⁶ At the same time, undocumented families are significantly more likely to be living in poverty and to struggle with food insecurity, making it even more essential for them to receive WIC benefits, in addition to other food and social assistance programs.⁷⁷ Regardless of intent, the appearance of invasiveness can take a toll on communities who are already suffering from increased scrutiny.

The Structural Violence of Restrictions: WIC's Essential Health Outcomes

The stakes of this project, and of WIC accessibility as a whole, is that the decision to enroll, to not enroll, or to stop enrollment before phasing out is a decision with significant impacts on childhood and maternal development. Thus, decisions made by state and national agencies about the nature of WIC will have direct effects on the lives of mothers and children, and cannot be divorced from issues like maternal mortality, malnutrition, and childhood health problems.

⁷⁶ Vargas, Edward D., and Maureen A. Pirog. “Mixed-Status Families and WIC Uptake: The Effects of Risk of Deportation on Program Use*.” *Social Science Quarterly* 97, no. 3 (2016): 555–72. <https://doi.org/10.1111/ssqu.12286>.

⁷⁷ “Hunger and Poverty Among Immigrants.” Bread for the World. Bread for the World Institute, August 2016. <https://www.bread.org/sites/default/files/downloads/immigrants-fact-sheet-2016.pdf>.

In his book *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, Paul Farmer describes the decisions that are made by women with children living in poverty in Haiti during the AIDS epidemic. Farmer explains that these decisions are often not made voluntarily: for instance, the women he spoke with were “straightforward about the nonvoluntary aspect of their sexual activity: in their opinions, poverty had forced them into unfavorable unions.”⁷⁸ Farmer’s interviews demonstrate the many ways that those in poverty are forced into dangerous decisions in order to provide food and proper nutrition for their families.

The source of these situations, Farmer says, is the bureaucratic structures and agents that poor families are subjected to. He states this plainly: “If bureaucrats and soldiers seemed to have unconstrained sway over the lives of the rural poor, the agency of Acéphie and Chouchou was, correspondingly, curbed at every turn.”⁷⁹ The social and economic forces that shaped the AIDS epidemic that affected Acéphie and Chouchou were the same forces that led to Chouchou’s eventual death, and the women were at risk even before encountering the direct agents that caused their suffering due to the structures that they lived and worked under. A key point to highlight in Farmer’s statement is that the bureaucrats and soldiers *did* have unconstrained sway over the lives of the rural poor in Haiti, just as bureaucrats and state agents in the United States have enormous sway over low-income mothers’ access to adequate food and nutrition to feed themselves and their families.

Farmer explains that these women are victims of what he defines as “structural violence,” referring to the ways that “suffering is ‘structured’ by historically given (and often economically driven) processes and forces that conspire— whether through routine, ritual, or...the hard

⁷⁸ Farmer, Paul. *Pathologies of Power: Structural Violence and the Assault on Human Rights*. University of California Press, 2003. 39

⁷⁹ Farmer 2003, 40

surfaces of life— to constrain agency.”⁸⁰ The restriction of agency is a key facet of the WIC program as it is today, and particularly as it functions in the city of Chicago. Mothers enrolled in or eligible for WIC are not given the choice between orange and blue coupons; they are not given the choice between shopping at WIC stores or shopping at grocery stores; they are not given the choice between the brands and types of food they purchase using WIC. This lack of choice not only makes the program less appealing overall, but it also restricts mothers’ essential access to groceries and resources that will determine the course of their children’s lives. Thus, the restriction of choice is not only an inconvenience to low-income mothers, but an act of structural violence.

To further demonstrate this point, it is necessary to thoroughly examine the invaluable health outcomes that consistent enrollment in WIC can provide. In Brumfield’s report with the maternal and childhood nutrition advocacy non-profit 1,000 Days, she found that many mothers rely on WIC for more than just the simple food benefits, but also the nutritional guidance and assistance unique to the program.⁸¹ While many mothers have suggestions for ways to make WIC more impactful, the base services that WIC provide have been proven to have significant impacts on maternal and early childhood health outcomes. WIC’s purported benefits, as listed on the USDA Food & Nutrition Services website, include: longer pregnancies, fewer premature births, lower incidence of low birth weights, fewer infant deaths, a greater likelihood of receiving prenatal care, and savings in healthcare costs within the first 60 days after birth.⁸² The diets of

⁸⁰ Ibid.

⁸¹ Brumfield, Cara, Adrianna Logalbo, Lena O'Rourke, and Lucy Sullivan. “The First 1,000 Days: Listening to America’s Mothers.” 1,000 Days, 2017. <https://thousanddays.org/wp-content/uploads/The-First-1000-Days-Listening-to-Americas-Mothers.pdf>. 6

⁸² “About WIC- How WIC Helps.” USDA, October 10, 2013. <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>.

both mothers and children on WIC are also shown to improve due to WIC's nutritional guidelines, and mothers who breastfeed receive significant support from WIC services.

The 1,000 Days report emphasized the importance of having a support network for breastfeeding, since many low-income mothers may have grown up in communities where sustained breastfeeding was not the norm: "When deciding whether to start or sustain breastfeeding, this support is even more crucial given the physical, emotional and logistical challenges so many women face."⁸³ Of the 57 moms surveyed in the report, those who were able to make breastfeeding work for their children were those who had a strong source of support, either from family or from health professionals associated with programs like WIC and SNAP. For moms who find themselves unable to breastfeed, the supplemental formula provided by WIC is essential: formula is the most expensive supplement on the WIC-approved list of items⁸⁴, and is often prohibitively expensive for mothers, and can cost up to \$150 a month for the recommended amount.⁸⁵ For mothers who require special formulas for children with digestive issues, allergies, or other health complications, costs can be even higher: most variants of Similac formula range from \$28 to \$32 for a 12.5 ounce can at standard retailers like Target.⁸⁶

Poverty in early childhood can significantly exacerbate the possibility long-term poor health outcomes. According to a Center and Budget and Policy Priorities report by Steven Carlson and Zoë Neuberger, poor children are more likely to be food insecure, and food

⁸³ "The First 1,000 Days" 2017. 6

⁸⁴ Carlson, Steven, Robert Greenstein, and Zoë Neuberger. "WIC's Competitive Bidding Process for Infant Formula Is Highly Cost-Effective." Center on Budget and Policy Priorities, February 11, 2017. <https://www.cbpp.org/research/food-assistance/wics-competitive-bidding-process-for-infant-formula-is-highly-cost>.

⁸⁵ Carlson et. al. 2017.

⁸⁶ "Purple : Similac." Target. Accessed April 24, 2020. <https://www.target.com/c/similac/purple/-/N-55bcrZ5y6hb>.

insecurity at an early age can lead to lasting issues in cognitive development and long-term health.⁸⁷ Additionally, the report notes that “good nutrition during pregnancy is especially important to support fetal development and protect mothers from pregnancy-related risks.”⁸⁸ These nutrition practices, when passed down through early childhood, can further healthy behaviors that will carry through to adulthood.

When Farmer described the unconstrained agency the government has over poor families, he outlined the circumstances through which structural violence could be imposed by federal and state regulations. These regulations make the law for welfare recipients what Sarat describes as “a space which is not their own and allows them only a ‘tactical’ presence.”⁸⁹ The exclusion of recipients from these negotiations, as well as the imposition of restrictions upon recipients without any transparency, is a form of structural violence in itself. For WIC to thrive as a program that provides essential nutrition, every effort must be made to ensure that no mother is denied or dissuaded from maintaining their benefits. A failure to meet standards that moms desire in order to maintain their benefits with ease will ultimately result in the deprivation of essential nutrition and health services for low-income families for generations.

Methods

As I have noted, access to WIC benefits is most crucial for populations living in existing food deserts, and the quality and ease of accessing WIC benefits varies greatly in different parts of the city. In this section, I will be outlining my methodology for finding the sample population

⁸⁷ Carlson, Steven, and Zoë Neuberger. “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years.” Center on Budget and Policy Priorities, October 11, 2017. <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>.

⁸⁸ Carlson and Neuberger 2017

⁸⁹ Sarat 1990, 345

that I plan to interview, and for conducting interviews with WIC eligible or enrolled individuals, service providers, and experts in the field of food assistance programs. This particular project focuses on the city of Chicago, but policy recommendations can be extended to address low coverage rates in other states, and the study is intended to contribute to research that will better the understanding of what causes low coverage rates and unenrollment, as well as research to make the most of the transition to EBT in 2020.

I found it valuable to conduct semi-structured interviews for this study instead of using a survey because of the deep variation in mothers' experience with WIC. I chose to focus my interviews on low-income mothers because they are the population affected. To qualify for this study, mothers could have been on WIC for any period of time at any point since WIC was established— there was no time or year cutoff. As my background research has demonstrated, the methods through which mothers are able to use their WIC benefits and access groceries in their neighborhood vary widely based on location. I do not expect two locations to have a similar map for how an individual enrollee navigated grocery shopping, so a semi-structured, long-form interview was the best method to capture all necessary details.

Qualitative Coding Methodology

In order to organize my results, I chose to use a qualitative content analysis. I used the qualitative data analysis software program Dedoose to organize and categorize my interview transcripts, choosing several codes through which I constructed a broader thematic analysis of the trends I noticed between different interviewees. The software is searchable and indexable, which allowed me to assign several codes to different emerging themes in my interview transcripts. Some of the categories that I coded with include “eligibility,” “time,” “FNC,” “paper,” and more. I found that these categories, which emerged naturally in my reading of the

transcripts, were most effective for organizing the information of this study into sections that would lend themselves well to analysis. These codes allowed me to divide the concerns mothers had surrounding WIC into initial enrollment, maintenance, stakes, and EBT hopes associated with WIC. The codes used are indicated in Table 1, which outlines the framework I devised over the course of gathering data. A further delineation of the codes that I used can be found in Appendix C.

Table 1: Coding framework

| Category | Definition |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Enrollment in WIC | Discussion of the challenges and nuances of enrolling in WIC, particularly in Chicago, where enrollment can lead participants to two different systems through which they will engage in the program: the system dictated by orange coupons, and the system dictated by blue coupons. Will also include challenges of confusions related to eligibility for the program with regards to income, as well as fears of the public charge rule by participants who may be undocumented. |
| <i>Ia. The Reasons & Rules Behind Chicago's Unique Coupon System</i> <i>Uses the codes: FNC, grocery stores, coupon division</i> | Describes the justifications for and implications of a divided coupon system, i.e. division in outcomes from enrollment. Includes a discussion of the fact that most information about WIC is transmitted through family and friends. |
| <i>Ib. Fears related to enrollment</i> <i>Uses the codes: eligibility</i> | Describes eligible mother's hesitancy to enroll for WIC due to misinformation about income eligibility and misinformation/fears about the public charge rule and the effects of WIC on immigration status. |
| 2. Maintenance of benefits | Discussion of the many compounding factors that affect mothers' ability to stay enrolled in WIC once they begin to receive benefits. Direct experiences from mothers about the challenges they have faced in making their WIC appointments, obtaining their WIC coupons, redeeming their WIC benefits, and maintaining the health and safety of themselves and their children. |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>2a. Street-Level Bureaucracy: Dealing with Restrictions of Orange & Blue Coupons (FNCs vs. grocery stores)</i> <i>Uses the codes: FNC, grocery stores, childcare</i></p> | <p>Aspects of category 2 that relate to the specific challenges of maintaining WIC benefits while receiving either orange coupons or blue coupons. Describes the many differences between the experience of shopping at an FNC/receiving orange coupons and the experience of shopping at a grocery store/receiving blue coupons. Includes the challenges of finding childcare to adhere to the limitations of FNCs.</p> |
| <p><i>2b. Grocery limitations</i> <i>Uses the codes: grocery limits, grocery stores, FNCs, “worth it”</i></p> | <p>Aspects of category 2 that relate to the challenges of keeping track of and utilizing WIC benefits with its narrow list of approved foods. Describes mothers feelings about the value of the program and the obstacles that a lack of flexibility imposes on their ability to maintain the health of their family.</p> |
| <p><i>2c. Time</i> <i>Uses the codes: time</i></p> | <p>Aspects of category 2 that relate to the time mothers are required to sacrifice in order to maintain their benefits. Describes the time that mothers spend attending appointments, shopping at FNCs, traveling to different grocery stores, searching for the proper WIC approved foods, attending nutrition education classes. Includes the challenges of taking days off of work and balancing childcare with the hours of the clinics and FNCs, and the difficulty of rescheduling appointments.</p> |
| <p><i>2d. Physical barriers: transportation and homelessness</i> <i>Uses the codes: physical barriers transportation, physical barriers homelessness</i></p> | <p>Aspects of category 2 that relate to mothers’ challenges in keeping up with the many aspects of WIC maintenance, such as attending appointments and finding nearby FNCs, while having low or limited access to transportation or while being homeless/in an unstable or unsafe housing condition.</p> |
| <p><i>2e. Keeping up with paper coupons</i> <i>Uses the codes: paper</i></p> | <p>Aspects of category 2 that relate to mothers’ ability to keep track of and protect paper coupons. Describes the challenges of losing coupons, having coupons stolen, etc. and not being able to have them replaced, as well as the difficulties of balancing other responsibilities with needing to keep physical track of benefits, and the lack of leniency afforded to mothers through the enforcement of a paper coupon system.</p> |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. Stakes of WIC enrollment</p> | <p>Describes the importance of increasing WIC coverage rates, i.e. the stakes of mothers unenrolling from WIC prior to the end of the benefits' term/prior to their child's fifth birthday. Discussion of the health outcomes of WIC and the challenges of keeping up with WIC through pregnancy, labor, and postpartum, as well as the urgent need for formula and challenges associated with breastfeeding. Also discusses the stigma that mothers face in receiving WIC benefits, and the ways in which this affects their involvement in the program.</p> |
| <p><i>3a. Pregnancy, labor, and postpartum while on WIC</i> <i>Uses the codes: pregnancy/labor/postpartum, stakes, breastfeeding, "worth it"</i></p> | <p>Describes challenges mothers face in maintaining WIC while pregnant, surrounding labor, and during postpartum. Describes the physical and emotional challenges of keeping up with the tangible demands of WIC while also balancing the immediate responsibilities mothers have to their children. Additionally describes difficulties that mothers have with breastfeeding, the importance of providing formula to all moms as a safety net, and the reasons why coverage rates tend to drop off after moms stop needing formula for their children.</p> |
| <p><i>3b. Stigma</i> <i>Uses the codes: stigma</i></p> | <p>Describes the stigma that mothers feel about their enrollment in WIC. Includes feelings of guilt, greediness, and shame about using their benefits, as well as direct experiences in stores that have contributed to their associations of WIC as an inconvenience and not a necessity.</p> |
| <p><i>3c. Why Enrollment Matters</i> <i>Uses the codes: stakes, eligibility, pregnancy/labor/postpartum, breastfeeding</i></p> | <p>Describes the importance of enrollment and answers questions about why mothers' choices to unenroll have less to do with the health outcomes of the program and more to do with the time, energy, and resources the program demands. Explains the importance of easing barriers to enrollment so that all eligible mothers have access to the highly beneficial health outcomes that WIC can initiate.</p> |
| <p>4. The limitations and implications of the EBT transition <i>Uses the codes: EBT, SNAP</i></p> | <p>Describes the important policy considerations practitioners and WIC experts should keep in mind during the transition to EBT, as well as</p> |

| | |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | the limitations of the transition in solving all current divisions and difficulties associated with maintaining WIC benefits. |
| 5. Policy recommendations | Suggestions for improvements to the WIC program that would address the many different tangible and non-tangible barriers that mothers face in obtaining and maintaining their benefits. |

I considered several coding methods when initially collecting and condensing the data from this project. Grounded theory coding involves going into a research project with close to no predetermined frameworks regarding content themes, and sifting through data to take note of naturally emerging themes. These are tagged as codes and then compiled into categories that eventually grow into a comprehensive theory.⁹⁰ Flexible coding is different from grounded theory coding in that it allows for an initial organizational framework to guide research, but it is similarly designed to allow categories to emerge from data.⁹¹ I considered both of these frameworks, and used some aspects of these coding methods in my tagging and indexing of terms, ultimately using codes to organize the framework I created. However, I ultimately used qualitative content analysis, which “focuses on interpreting and describing, meaningfully, the topics and themes that are evident.”⁹² Qualitative coding analysis focuses primarily on description, and allowed me to capture the nuances of my participants’ experiences while also

⁹⁰ Tie, Ylona Chun, Melanie Birks, and Karen Francis. “Grounded Theory Research: A Design Framework for Novice Researchers.” *SAGE Open Medicine* 7 (2019): 205031211882292. <https://doi.org/10.1177/2050312118822927>.

⁹¹ Deterding, Nicole M., and Mary C. Waters. “Flexible Coding of In-Depth Interviews.” *Sociological Methods & Research*, 2018, 004912411879937. <https://doi.org/10.1177/0049124118799377>.

⁹² “Qualitative Content Analysis.” *Qualitative Content Analysis - an overview* | ScienceDirect Topics. Accessed April 24, 2020. <https://www.sciencedirect.com/topics/social-sciences/qualitative-content-analysis>.

delineating clear patterns.⁹³ I found that this lent itself well to finding patterns and common factors that led many mothers to unenroll from WIC, caused hesitations about initial enrollment in WIC, and sparked frustration regarding the maintenance of WIC.

Interviews with current and former WIC eligible or enrolled individuals

My primary form of data collection was interviews: I conducted a series of semi-structured interviews with current and former WIC eligible or enrolled individuals above the age of 18. Children and minors were not included in this study. These interviews covered individuals' experiences with the WIC program and WIC benefits, the utility that WIC benefits serve in their daily lives, and obstacles they have faced in obtaining and maintaining their benefits. I reached out to a wide variety of food pantries across the city of Chicago, recruiting specifically at the Grace Covenant Evangelical Church food pantry in Irving Park and the Mission of Our Lady of the Angels food pantry in Humboldt Park. These food pantries are distinct from FNCs: they are not WIC service providers, do not provide WIC benefits or coupons, and are run out of private churches with open access to all. Online, I recruited participants in a Facebook group for past and former residents of the Chicago Housing Authority called "CHA (CHICAGO HOUSING AUTHORITY) PAST AND PRESENT RESIDENTS." At food pantries, I made announcements with the approval of food pantry staff and supervisors describing the purpose and details of my study.

In the case that a large proportion of food pantry attendees were Spanish-speaking, I asked a food pantry staff member to translate my announcement into Spanish and assist in communicating with individuals who wished to provide their contact information to participate.

⁹³ Flick, Uwe. *The SAGE Handbook of Qualitative Data Analysis*. London: SAGE Publications Ltd, 2013. 181

Although the content of this study deals in part with the challenges of obtaining benefits while undocumented, I never inquired about the citizenship status of any interviewee, either during or separate from the time of the interview. Any information in this study that indicates the experiences of undocumented enrollees is kept completely anonymous and is not associated with any interviewee in particular.

I chose to use food pantries for recruitment because I found that low-income mothers reliably frequented food pantries, and food pantry staff were often able to assist in sharing information about my study and were knowledgeable about WIC. I posted in the CHA Facebook group because I found that many individuals who had engaged with public benefits systems were members of the group.⁹⁴ All interviewees were compensated with \$10 for their participation.

For each interview, I had 10-16 preliminary guiding questions that informed the direction of the discussion.⁹⁵ These questions served as guidelines for the interviews, but I adjusted based on the responses I received and followed up on any key points made by the interviewee. I also asked more open-ended questions both at the beginning and end of each interview, asking participants to provide a broad picture of their access to groceries in their community, and any concluding thoughts about what they would like to improve in the WIC program. The following is a table of all of my WIC-enrollee interviews, including their first name, the number of kids they have, the years they were on WIC, and the neighborhood they lived in while receiving benefits.

⁹⁴ For a copy of recruitment materials, see Appendix D

⁹⁵ For a list of interviewee questions and consent materials both in English and in Spanish, see Appendix E

| Name | Number of kids | Years on WIC | Neighborhood | Color coupon | Kept/plans to keep at least one child on WIC for five years |
|----------|----------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| Marissa | 8 | 8 years total (exact dates N/A) | Humboldt Park | Blue for seven years, then orange | Yes |
| Stacy | 3 | 1990, 1997, 2013 (around one year each) | Humboldt Park, Little Village, The Pocket (Jackson Park) | Blue in Humboldt Park, orange next two times | No |
| Jordyn | 1 | 2017-now | Englewood, Chicago Lawn | Blue when pregnant, then orange | No |
| Macy | 5 | 2012-present | Austin | Orange for one month, then blue | Yes |
| Kara | 4 | 2010-2014, 2015-2018 | Hyde Park | Orange | No |
| Sherry | 3 | 2013, 2017, 2019 (never for full five years; specific time N/A, reapplied as needed) | Gage Park, Galesburg (present) | Orange for first child, blue for second and third | No |
| Michaela | 1 | 2008-2012/13 | Roseland | Orange | Yes |
| Brenda | 2 | 2019-present | Auburn-Gresham (first year on WIC), South Elgin (present) | Blue | No |
| Maya | 3 | 2015-present | Chatham (2015-around 2018), Monee (present) | Orange | Yes |
| Anne | 4 | 2002-2005, 2009-around 2012 | Rogers Park, Skokie, Morton Grove | Blue | No |
| Theresa | 1 | 2019-present | Chicago Lawn | Blue | No |
| Janet | 2 | 2004-2009, 2010-2013 | West Garfield Park | Blue | Yes |

| | | | | | |
|----------|---|------------------------------------------|----------------|--------|-----|
| Samantha | 3 | 2008-2012, 2010-2014, 2015-2017/18 | Auburn-Gresham | Orange | Yes |
| Emily | 3 | N/A | Albany Park | Blue | Yes |
| Nancy | 2 | 2010-2015, 2013-2018 | Irving Park | Blue | Yes |

In the case that my interviewee was Spanish-speaking, I used the help of a translator in order to conduct the interview in a clear and coherent way. I provided the translator with a copy of the questionnaire and information about the study prior to the interview, and posed questions in English that the translator translated into Spanish for the interviewee. All responses were translated back into English for my understanding. All consent materials for Spanish-speaking interviewees were read and agreed to in Spanish with the help of the translator. Following the interview, the translator translated the audio recording into English for use in this study, in which all Spanish responses have been recorded in English for ease of reading.

Prior to each interview, I asked each mother if they would prefer me to use a pseudonym in place of their real name. None of the mothers asked to use a pseudonym, but I have used them here to protect their confidentiality.

Interviews with service providers and experts

My interviews with service providers and experts followed a similar structure to the interviews with WIC enrollees, in that they were semi-structured. My goal for interviews with service providers was to understand how they attempt to provide benefits in a way that is accessible to their community. I asked about any obstacles they noticed enrollees facing, cumbersome barriers in the system, and recurring issues in ensuring a stock of quality and

nutritious foods, particularly at FNCs.⁹⁶ I understood the complications with objectivity in obtaining honest answers from service providers: many providers may be hesitant or unwilling to share unfavorable opinions about the WIC system in Chicago or to reveal challenges in providing benefits. Particularly at WIC clinics, I understood that providers are most likely to focus on the benefits that WIC provides to its enrollees, rather than divulge information about potential flaws in the program. Taking this into consideration, I used these interviews as a way to gain an understanding of the technical operations of the system, the inner operations of FNCs, and service providers' thoughts on what needs to improve in WIC based on their clients' feedback. My interviews with experts were more broad, focusing on WIC on a national scale as well as the facets of the program that are unique to Chicago, and also the ways that WIC fits into the United States public benefits landscape as a whole. My interview with Olga, a food pantry volunteer, was focused on her direct interactions food pantry attendees and her knowledge of WIC's target population.

Below is a table of the WIC practitioners, experts, and food pantry volunteers that I interviewed for this study. These interviewees served as key informants for the national landscape of WIC and the transition to EBT across the country in 2020. Not cited for research purposes in this study, but instrumental to informing my understanding of WIC, were my conversations with the following: Indivar Dutta-Gupta, Co-Executive Director at the Georgetown Center on Poverty & Inequality; Sophie Milam, Senior Director of Public Policy at the Greater Chicago Food Depository; and Zoë Neuberger, Senior Policy Analyst at the Center on Budget and Policy Priorities.

⁹⁶ For a list of questions asked to WIC practitioners and experts, see Appendix F

| Name | Title | Organization |
|--------------------|--------------------------------|---------------------------------------------------------------------------------------------|
| Cara Brumfield | Senior Policy Analyst | Economic Security & Opportunity Initiative at the Georgetown Center on Poverty & Inequality |
| Nolan Downey | Staff Attorney | Sargent Shriver National Center on Poverty Law |
| Kelsie Landers | Policy & Advocacy Director | EverThrive Illinois, and formerly Sargent Shriver National Center on Poverty Law |
| Jaelyn Castellonet | Regional Nutrition Coordinator | Chicago Department of Public Health |
| Rose Afriye | Executive Director | mRelief |
| Olga | Volunteer | Grace Covenant Evangelical Church food pantry |

Limitations

This study is not without its limitations, and particularly while working with a widespread population, I encountered issues of generalizability, sufficient sample size, and biased responses. The broader landscape of WIC includes far more people than my sample size accounts for, and getting a clear idea of the challenges of obtaining and maintaining WIC benefits is extremely challenging without having a clear understanding of individual barriers by neighborhood and by different family characteristics. My sample will also be affected by voluntary response bias: I am more likely to encounter mothers that have had challenges with WIC than those who have had a regular and consistent experience receiving benefits. Additionally, my study is limited to Chicago, and thus does not capture the full scope of what might cause low coverage rates across the country, particularly in rural areas.

Another limitation is the bias of WIC providers and clinic heads. While a large part of my study is dedicated to exploring concrete barriers to WIC enrollment, WIC clinic employees that I

encountered would have been more likely to emphasize the benefits of the program and downplay any potential obstacles.

Discussion

ENROLLMENT IN WIC

A Separate System: The Reasons and Rules Behind Chicago’s Unique Coupon System

“There is no other locality in the country that does anything even remotely related to what we do here. It’s a strange system,” Nolan Downey, a staff attorney at the Sargent Shriver National Center on Poverty Law, said of Chicago’s colored coupon system.⁹⁷ Downey explained that the history of the colored coupon system began in the early 1990s, when the Catholic Charities Archdiocese of Chicago and the DHS built on their existing working relationship to create specialized WIC retailers now known as Food and Nutrition Centers (FNCs). “Which in and of themselves are not a strange idea,” Downey said. “It was more so some of the justifications that they had for the creation of this separate system.”

As was mentioned in the background section, FNCs were created in response to widespread fears of alleged welfare fraud, despite a complete absence of data to support the idea that people were trafficking their WIC coupons. “It became clear that there were these myths or anecdotes that were passed down from generations of case workers that there was supposedly rampant WIC fraud in [South and West side neighborhoods],” Downey said. “But there’s absolutely no data to support that.” Downey emphasized that this mentality is predicated on racist assumptions that are made about public benefits recipients as a whole, dating back to the

⁹⁷ Nolan Downey, in discussion with the author, November 26, 2019

“welfare queen” mythology of the Reagan era.⁹⁸ According to the mothers interviewed in this study, FNCs tend to have harsher restrictions that are more strictly enforced than in standard grocery stores, where cashiers have the flexibility to be more forgiving and shopping involves more choice for mothers overall. Kelsie Landers, current Policy & Advocacy Director at EverThrive Illinois and formerly at the Sargent Shriver National Center on Poverty Law, explained that according to the state, coupon theft was common in the 90s and mothers on WIC were often targeted for their benefits. Another reason for the creation of FNCs was that the South and West side neighborhoods in which they were located were historically underserved: “These areas were food deserts at one point,” she said.⁹⁹ But both Landers and Downey emphasized that the problem was not the creation of FNCs in and of themselves, but the requirement that WIC recipients on the South and West sides only use their benefits at FNCs, and the inadequacy of the centers. “Then we’re running into some borderline, if not completely unconstitutional issues,” he said.

The connection between color-coding and fraud prevention might appear unclear. But at the national and state level, seemingly random regulations that purport to prevent rampant fraud are not at all uncommon. One can look to the voting system in the United States for a clear example: the Center for American Progress reported that in the 2018 midterm elections, 120 million eligible Americans did not vote. Voter suppression tactics, often used in the states with the most highly competitive races, included voter registration problems, voter purges, strict voter

⁹⁸ Demby, Gene. “The Truth Behind The Lies Of The Original 'Welfare Queen'.” NPR. NPR, December 20, 2013. <https://www.npr.org/sections/codeswitch/2013/12/20/255819681/the-truth-behind-the-lies-of-the-original-welfare-queen>.

⁹⁹ Kelsie Landers, in discussion with the author, April 8, 2020

ID and ballot requirements, and voter intimidation and harassment, among others.¹⁰⁰ These restrictions that supposedly prevent fraud actually serve to lock people out of the electoral system completely. Such tactics are not dissimilar to those used in most United States public benefits systems. ID requirements, tedious experiences at the state DHS offices, and long registration periods are just a few examples of ways that participation in such programs is discouraged and made difficult.

FNCs and color-coded coupons act the same way: FNCs, falling under the jurisdiction of the Catholic Charities and the DHS, are often located in the same building as WIC clinics. According to the mothers interviewed for this study, FNCs have inconsistent rules about whether children can accompany their mothers in the store and dictating how many mothers can shop in the store at a time, and also tend to have much shorter hours than standard grocery stores that are open after the standard workday. These are restrictions that simply could not be implemented at a standard grocery store where the general population shops, and thus the color of coupon that a mother receives dictates the leniency of the system that she encounters. As Downey said, in WIC's case, there is a complete absence of data to support rumors of WIC fraud. The insistence that participants have in-tact coupons, the lack of flexibility in replacing lost or stolen coupons, and the allowance of only two proxies per family are all likely to stem from fears of said fraud. But mothers that are subject to these rules find that they make it even harder to redeem their benefits.

¹⁰⁰ Root, Danielle, and Aadam Barclay. "Voter Suppression During the 2018 Midterm Elections." Center for American Progress, November 20, 2018. <https://www.americanprogress.org/issues/democracy/reports/2018/11/20/461296/voter-suppression-2018-midterm-elections/>.

The existence of FNCs is often also justified by the additional services that they are able to provide that a traditional grocery store might not, like childcare and on-site nutritional guidance. Landers spoke to the particular FNC resources that she and Downey found in their field research for the report “Making WIC Work in Illinois: Opportunities and Recommendations for Program Improvement”¹⁰¹:

“Nolan and I...just started going around to the Food & Nutrition Centers in Chicago, just to drop in and see what they looked like...what other services were provided at these Food & Nutrition Centers, because we learned pretty quickly that Chicago was the only place in the entire United States that separated coupons based on where you lived. And what we were told when we were visiting these centers was that there are often services and information provided above and beyond just the [WIC] coupons...but what we saw was, there were tables at the Food & Nutrition Centers that had information around healthy eating, or recipes, or you know different other types of community events. But it wasn’t a robust array of services, like extra services provided to participants.”

Landers echoed Downey’s point that the existence of FNCs by themselves was not necessarily the problem. “If Food & Nutrition Centers were able to provide additional value to people participating in WIC, we thought that was great,” she said. Ultimately, this was not what Landers or Downey found in their report. Without any additional value, the distinction between FNCs and grocery stores is purely one of bureaucracy that imposes restrictions onto the lives of low-income people.

Fears About Eligibility: Income & Immigration

Enrollment for WIC is one of the more straightforward processes in the public benefits application sphere: programs like SSI and SSDI require rigorous proof of medical need and can involve many layers of appeals before benefits are approved¹⁰²; SNAP has strict and specific

¹⁰¹ “Making WIC Work in Illinois” 2017

¹⁰² “Social Security Disability Application Process.” How To Apply For Disability | Disability Application Process. Accessed April 24, 2020. <https://www.disabilitybenefitscenter.org/social-security-disability-application-process>.

work requirements¹⁰³; TANF has such particular enrollment criteria that less than a third of TANF applications were approved in fiscal year 2019.¹⁰⁴ WIC, in comparison, presents far fewer barriers. There are no immigration status or citizenship requirements for receiving WIC (WIC does not inquire about immigration status at all), the nutrition risk requirement does not require mothers to provide extensive evidence of their medical history, and there are no work requirements. Still, there are rumors and fears about applying for WIC benefits due to misinformation or past experiences with public benefits.

The income requirement for WIC is fairly standard, but low-income moms sometimes struggle to determine what is considered low-income in the eyes of a food assistance program. Stacy was discouraged by her friends from even applying because they believed she would not qualify due to her income.

“You’re always afraid that you’re not going to be eligible because of how much you make. It was for low-income, it’s always difficult to figure out, what do you consider low-income? And so my friends used to tell me there’s a cap on it— if you make a certain amount, they won’t accept you...It’ll make you a little nervous.”¹⁰⁵

This nervousness is common in applying for public benefits: with the many steps, visits, and appointments involved even in WIC enrollment, many moms might have found themselves already discouraged by previous interactions with the DHS. Stacy felt that the requirements were a little unclear, or could be subject to variation. “Yeah, they were vague, because my friends were wrong,” she said. “They thought that I wouldn’t, and I had to try anyway. And I went ahead and tried.”

¹⁰³ “SNAP Work Requirements.” USDA, May 29, 2019. <https://www.fns.usda.gov/snap/work-requirements>.

¹⁰⁴ “Data & Reports.” Office of Family Assistance: Administration for Children and Families. U.S. Department of Health & Human Services, July 25, 2019. <https://www.acf.hhs.gov/ofa/programs/tanf/data-reports>.

¹⁰⁵ Stacy, in conversation with the author, December 16, 2019

Another prominent fear about enrollment in WIC is the fear of having to reveal one's immigration status. This fear is certainly not unfounded: undocumented immigrants are not eligible for a wide variety of public assistance programs, such as SNAP¹⁰⁶ and TANF¹⁰⁷. Landers emphasized that fears of shifting eligibility are extremely present in undocumented communities. "There's always a worry for people who are undocumented or who have families who have mixed immigration statuses, that eventually a program that was okay for them to participate in might change," she said. Additionally, with the recent passage of the Inadmissibility on Public Charge Grounds final rule, many moms are fearful that, as with SNAP and TANF, information about their enrollment in WIC will be shared and used against them if they apply for citizenship.¹⁰⁸ The public charge rule states that applicants for adjustment of immigration status or extension of stay must report information about their use of public benefits programs, but this rule does not apply to WIC. Still, the effects of such fears have already started hitting WIC enrollment, according to Landers: specifically, from 2016 to 2017, there was a sharp decline in WIC coverage rates among all eligible groups.¹⁰⁹ While this trend was an extension of prolonged decline over the past decade¹¹⁰, Landers noted that fears among undocumented communities have increased significantly due to threats from the current administration. "I think we've seen a chilling effect on every public benefits program due to the attacks on immigrant communities

¹⁰⁶ "Food Stamps for Immigrants or SNAP Benefits." Illinois Legal Aid Online, September 2018. <https://www.illinoislegalaid.org/legal-information/food-stamps-immigrants-or-snap-benefits>.

¹⁰⁷ "Temporary Assistance for Needy Families (TANF)." IDHS: Temporary Assistance for Needy Families (TANF). Accessed April 24, 2020. <https://www.dhs.state.il.us/page.aspx?item=30358>.

¹⁰⁸ "Public Charge Fact Sheet" 2020

¹⁰⁹ "WIC 2017 Eligibility and Coverage Rates" 2020

¹¹⁰ Ibid.

coming from the federal level,” she said, citing it as the biggest reason WIC experts her field believe people recently have been unenrolling or hesitant to enroll.

Castellanet spoke to the frustrations of this rule, especially as it affects public perceptions of WIC. “Unfortunately there has been the perception that we are part of the public charge, and we are not,” she said. “So that’s been a challenge to educate and to make sure that our community areas are understanding that we are not part of it.” Castellanet noted that the state of Illinois is working with the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) “to provide education and outreach to those clients that might be fearful.” But eligibility requirements like having an official ID still spark trepidation in many moms who worry about where their information might be shared. Furthermore, moms who were already enrolled and found out about the public charge rule sometimes asked to be taken off the program entirely, or simply stopped coming to appointments. “We’ve had moms come in and say, ‘Please take me off the program,’” Castellanet said:

“I can’t speak for them, but I can say that we have seen, we have had some, not a lot of situations, where moms bring back the coupons because of the public charge and immigration challenges. But for the most part, if a mom doesn’t want to be enrolled, she sometimes doesn’t come back.”

Olga, a long-standing volunteer at the Grace Covenant Evangelical Church food pantry in Irving Park where some participants for this study were recruited, pointed out early in my recruitment efforts that the reason many moms attending the food pantry might not be enrolled in WIC is due to fears of public charge. “I don’t know how WIC works, but I can imagine that they ask for an ID,” Olga said.¹¹¹ “Some of them, they have, what they have is a government ID from their countries...I don’t know if WIC accepts that or not.” Olga’s misconceptions about the

¹¹¹ Olga, in discussion with the author, February 27, 2020

program reflect broader misconceptions among WIC's target populations. These misconceptions can cause confusion about WIC's eligibility requirements, particularly since the majority of WIC enrollees learn about the program from family and friends. Castellonet clarified that WIC does accept different forms of ID, and that clinics are intentional about working with the documents that mothers have, often simply asking them to work with what they might already carry around in their wallets or purses. "If they weren't able to provide [a form of ID or document], we don't turn them away," she said. "We would always talk to them and say, what do you have?" Castellonet said that in the absence of a government ID or driver's license, participants can use tax forms, social security cards, school or work photo IDs, or other similar documents to meet the ID requirement.

Still, Olga knows that there are many moms who come to the food pantry who are likely eligible for WIC but not receiving benefits. "There's a lot of them, when they come, they ask if we have milk, if we have baby food," she said. "We just tell them that no we don't. They're scared."

Castellonet noted that recent news about public benefits has created an environment where applying for benefits feels especially risky for undocumented individuals. "I think [with] the current climate, a lot of our clients are, they come in scared for multiple reasons," she said. WIC offices across the state are partnering with local attorneys and community organizations to spread awareness through written materials and presentations about the public charge rule, but there is still a long way to go before these fears fully subside. Most importantly, data about such fears is hard to track due to the nature of information sharing in undocumented communities. Mothers who have these fears about eligibility, whether related to immigration status or not, will often slip through the cracks.

MAINTENANCE OF WIC

Street-Level Bureaucracy: Restrictions of Orange & Blue Coupons

At the surface level, the coupon division simply restricts where mothers can shop. As explained previously, mothers with orange coupons can shop only at FNCs, while mothers with blue coupons can shop at any grocery store that accepts WIC, which includes most major stores like Walmart and Jewel-Osco. This divide might not appear to be so significant: if FNCs are predominantly located in areas that are more likely to lack access to grocery stores, then shopping there might be beneficial. Indeed, there were moms that spoke positively about the convenience they experienced with FNCs, given the sometimes more complicated task of explaining WIC to grocery store employees. “The second time [I was on WIC] it was really convenient because where you went to the clinics, it was also a WIC store,” Stacy said. “So I really didn’t have to go to the grocery store and look for the WIC items, it was right there in the WIC store. And I didn’t have to worry about what you could or couldn’t get on WIC or what the coupon required because everything was there.”

Brenda specifically noted the lack of guarantee that grocery stores provided. “Certain stores didn’t have all the items that would be on your coupons,” she said.¹¹² WIC coupons are divided into categories— for instance, one of the coupons is solely for milk, juice, and cereal— and moms must use each coupon all at once. In the case that a mom is unable to find all of the correct brands and sizes of milk, juice, and cereal at one store, they would have to forfeit the benefits that they couldn’t find or go to another store in the hopes of finding all of the proper brands and sizes in the same place. “Some stores only carry the flavored Silk [non-dairy milk], and with WIC you can only get just regular Silk...which makes it a lot harder because milk and

¹¹² Brenda, in discussion with the author, January 30, 2020

cereal and juice all come on one coupon,” Brenda said. “So if I walk into the store and I’m trying to just spend the whole coupon, now I lost out on three milks...and it does take a lot of time to go and travel to another store.”

Such inconveniences can be avoided in FNCs, but not without some significant sacrifices. Many moms found FNCs to be restrictive, paternalistic, and uniquely inconvenient for their schedules and travel routines. Additionally, moms did not like that they could only purchase WIC items at FNCs, and had to go elsewhere to get the rest of their groceries.

There are sixteen total FNCs in the city of Chicago, and mothers with orange coupons can go to any of them to redeem their benefits. But even with sixteen locations, moms often found it difficult to find good ones that were also close to their homes, to their children’s school or daycare, or to their place of work. Jordyn noted that not all WIC stores were equally stocked, and thus the choice to go to a store also had to be weighed with the quality of benefits that would be received. “Some of the WIC stores I used to go to I didn’t really like,” she said. “I used to go the one on 62nd and Halsted. I didn’t like the one on 53rd and Western...the vegetables weren’t like— how can I say— they were spoiled. And some of them were rotten, they wouldn’t put out the fresh food all the time.”¹¹³ This means that even if a mother is nearby an FNC, it may not be an FNC that provides the safe and quality foods to which they are entitled, due to a variety of factors such as the freshness and variety of the food, the consistency of the stock, and the interactions they have had with the employees.

Maya described the many challenges that she faced in going to FNCs. “You were required to go to only those stores, and a lot of them were not close by me or didn’t have like, the options in the [grocery] stores,” she said. “With the hours, it was like hard to be able, because I

¹¹³ Jordyn, in discussion with the author, January 14, 2020

work, so it was hard to be able to get there as opposed to going to the 24-hour grocery store and using them there.”¹¹⁴ Maya found the rigidity, distance, variety, and hours of FNCs to be significant obstacles in balancing her work and family with her need to receive benefits. Although she stayed on WIC for several years for all three of her children— although never for the full five years of allowed enrollment— rules like these made WIC’s upkeep time-consuming and tiresome. Maya often felt that she would have preferred to have blue coupons, which offered the freedom of going to almost any major grocery store with more options, longer hours, and greater flexibility.

Decisions made in the moment about coupon usage and the benefits package were typically made by workers and employees at either type of store, ultimately leaving mothers’ WIC experience in the hands of “street level bureaucrats.”¹¹⁵ Marissa noted the distinct difference between the implementation of certain regulations at FNCs versus grocery stores. Having received both blue and orange coupons throughout her time on WIC with eight children, she found that FNCs were more likely to enforce some of WIC’s more paternalistic restrictions, while grocery stores were more likely to make allowances:

“For the orange coupons, if you miss one day they will not take you. If you miss your coupon, you miss your coupon, and they will tell you no, because they go by date. And the blue coupon, people in the store, they will still take it because they knew they had to take that cash...and they don’t want to lose whatever they’re giving...they didn’t care.”¹¹⁶

Regardless of the enforcement of expiration dates, mothers are entitled to the benefits in their coupons. Marissa clearly outlined the impact that a decision to deny a mother benefits because of the expiration date can have on the health of both mother and child: “A lot of people

¹¹⁴ Maya, in discussion with the author, March 11, 2020

¹¹⁵ Lipsky 1980

¹¹⁶ Marissa, in discussion with the author, December 10, 2019

were losing their food for the kids because [the coupon is] expired.” Marissa also noted the obstacles associated with the limited hours of FNCs. Hers was open from ten o’clock in the morning to four o’clock in the afternoon: “And if you make it by 3:40, then you’re not going to make it in, they’re not gonna let you go in... There are a lot of people who were losing their baby’s milk. They really needed that.”

The strict hours and capacity limits of FNCs also posed serious challenges to mothers. While grocery stores tend to be open until at least 9pm, the FNCs frequented by the mothers in this study were often open only during working hours, and were rarely open on weekends. Michaela said that shopping at FNCs could be a lengthy process: the one she went to imposed limits on how many people could shop at once. She described her sister’s experience with the program, saying that hers was similar:

“My sister had got WIC. She used it, but I don’t think she cared too much for it. The whole grocery store process is so drawn out, we just kind of left it alone. It was just too much, like when we would get there, you would have to wait in line to go out to do your grocery shopping. They would take two or three mothers into the actual store to get their things, and it was just too much. You’d wait thirty, forty minutes just to get in the store.”¹¹⁷

Each mother’s experience was different. Some said that they rarely had to wait in line at FNCs, and some said that with only a few people allowed into the store at once, and no guarantee of childcare, planning a visit to the FNCs could be difficult. Castellonet, whose work as a Regional Nutrition Coordinator for WIC in Chicago has given her the ability to observe many different WIC clinics and FNCs, said that she had seen moms speak to the positives of both orange and blue coupons. “You can always say that the grass is greener on the other side,” she said. As for FNCs, Castellonet noted that many moms appreciate additional resources that can be

¹¹⁷ Michaela, in discussion with the author, March 9, 2020

available at the centers: “It’s faster, and they have daycare at the sites too, so while you’re grocery shopping, they’ll watch your kids...which is like, huge for a lot of moms.”

Some of Castellonet’s comments contradict the testimonies of the mothers in this study. While Castellonet was “not a hundred percent sure” that every FNC in the city had daycare options, she said that daycare at the centers “seemed to be a mainstay” when she first started at her position five years ago. However, major service inconsistencies mean that such features might not be available at all at certain FNCs. Many mothers said that their children were not allowed to enter the store unless they had a friend or family member who could watch the children in the waiting area, and most mothers opted to leave their children at home. “To redeem the coupons, you can’t take your child with you,” Kara said. “They don’t allow children to be with you when you’re shopping, so you would have to have either your child at home, or someone there, like an adult to wait in the waiting area.” The daycare services that were present at some FNCs were sometimes just play areas for children with no adult supervision.

Grocery stores also had their drawbacks, but by and large, more mothers in this study preferred the flexibility of grocery shopping on their own time and with increased choice. Moms who ended up moving to the suburbs spoke highly of the fact that they were no longer required to go to WIC stores, and that the coupon division was nonexistent. “Now with living in the suburbs, it’s way different. It’s way better,” Maya, who moved to Monee, IL in 2018, said. “You’re not required to go to a WIC approved store, because here they actually don’t have those. They only offer coupons where you can go to like Walmart, really any grocery store that accepts anything.” Sherry said that any other grocery store option would have been more convenient than having to shop at WIC stores. “Whatever is closer, if they accept WIC, I would be willing to take my WIC in there,” she said. “Because those orange coupons, they just weren’t working for me,

like I couldn't do it...you could only go to the WIC store, and now you have to find a WIC store in your area, and what if it's not close?"¹¹⁸ Sherry particularly struggled with finding WIC stores close to her, since she was homeless at the time, and often went to the Teen Living Programs Drop-In Center located 55th and King Drive in order to use a computer to look up different FNC locations.

Since the election of the Governor J.B. Pritzker in Illinois, state leadership has been receptive to unraveling the dichotomous coupon system and making sure that the new EBT system will not inherit the same divisions. But this racist mentality about the increased criminality of neighborhoods of color prevails throughout all public benefits programs, and current WIC enrollees are still feeling the effects of these paternalistic restrictions.

WIC's Strict Grocery List

Regardless of their coupon status, an issue that frustrates almost every WIC mother is the limited selection of and strict regulations around WIC foods. Brumfield emphasized that these restrictions were part of the program's design. "This is frugal, this is the bare minimum," Brumfield said. "It's not *supposed* to cover all the food needs of the family, it's only *supposed* to supplement, and it's supplementing with a very narrow list of healthy foods, so therefore it's okay that we're spending our tax dollars on it." These same restrictions that make WIC a bipartisan program, popular among lawmakers for its reserved support of a sympathetic group, are the restrictions that Brumfield said cause moms to unenroll after their baby stops needing formula. The program's adherence to providing only the bare necessities has failed to capture the breadth of what qualifies as a necessity for many mothers beyond infant formula, and how the average mother shops for her children.

¹¹⁸ Sherry, in discussion with the author, January 20, 2020

Many of the mothers interviewed for this study chose not to keep their children on WIC until their fifth birthday, even though they are entitled to benefits up until that point. Some mothers also chose to unenroll themselves from benefits— non-breastfeeding women are eligible for benefits up until six months postpartum, and breastfeeding mothers are eligible up until the infant’s first birthday— because they were more invested in making sure their children received formula or milk and found it tedious to simultaneously keep up with their own food packages.

Kara is a mother of four living in Hyde Park who is currently not enrolled in WIC: she unenrolled after her fourth child, born in 2018, turned a year old. When I asked Kara about the groceries provided by WIC, she noted that the variety of the food, and thus their utility, was limited. “On one coupon they have like three gallons of milk...but it’ll be skim milk, and then they’ll probably give you an option of bread or tortillas...maybe some juices or whatever, canned or dried beans. Things that I don’t really typically use in my everyday cooking.”¹¹⁹

The quality of groceries at FNCs in particular could often be a deterrent for moms choosing whether or not to stay enrolled in WIC, but most mothers— regardless of their coupon status— were primarily frustrated by WIC’s bare-bones approach to approving brands, sizes, and types of foods. For instance, WIC used to give mothers a choice between 2% milk and 1% milk, but has recently switched to only providing 1% milk after children get off of formula. Macy has found this switch frustrating because it doesn’t align with the way that her kids eat. When she goes to the grocery store to redeem her benefits, she is sometimes asked why she doesn’t use the milk portion of her coupon. “I’m like, because my kids don’t drink 1% milk. They’ll drink 2% milk but they don’t drink 1% milk,” she said. Stacy’s circumstances were even more dire with her second child, who had a specific allergy that required testing out a variety of different

¹¹⁹ Kara, in discussion with the author, January 13, 2020

formula brands. The brand that ended up working for her child was not a brand that WIC covered:

“I found the brand that he really liked. I had been spending all this time blending things, but they specialized in selling [the right formula] in Aurora, so I used to have to go drive there three times a month instead of going to Whole Foods because Whole Foods was too expensive.”

While these preferences may seem minute if one views WIC as purely supplemental, or even worthy of regulation because of WIC’s caution against milks with a higher fat percentage, excessive restrictions ultimately create the circumstances for mothers to end their enrollment before their children phase out. The detrimental health effects of drinking 2% milk over 1% milk are far less significant than those of not receiving milk, or other essential benefits, at all.

Furthermore, the health effects of consuming a formula that causes an allergic reaction can be particularly devastating for an infant. Brumfield explained that many mothers who eventually choose to go off the program, or who never enroll in the first place, determine that the foods provided by WIC don’t provide an appropriate benefit to their family, given how their kids eat. “With really young kids, their taste buds are developing, and if they don’t eat a certain type of food, there’s not really much you can do about it. And you don’t want to end up wasting food,” Brumfield said. “Moms want the sort of freedom to be able to make those nutritional decisions that they think are best for their kids, based on what they know about their kids’ preferences and sort of developing taste buds.” Without these choices, many mothers eventually realize that WIC is not serving their families’ needs, and choose not to stay enrolled for the benefit of having increased choice and flexibility over their groceries without WIC.

Brenda plans to keep each of her kids on for only around two to three years. She explained her need to balance their value with her capacity to maintain them: “If they didn’t have it so restricted with the options, I would probably be more willing to stay on,” she said.

“Because then it wouldn’t be as difficult going to the store and having to choose. Like they have the stickers on the labels, that says... WIC-approved, but if it’s not available at that store it’s not available at that store. And if they would allow us to get whatever brand we wanted as long as it fit the budget, that would be better. I would be more willing to stay on... You have to look very closely to see what is WIC approved, because some stores don’t have them labeled... You have to ask someone who works at the store and you have to hope that the person you’re asking actually knows about WIC.”

Many mothers also found the process of using the coupons to be overwhelming, confusing, and time-consuming. Michaela, who shopped at FNCs, found it very difficult to understand how the coupons worked, even after keeping her child on for the full five years. “I usually had someone walk around with me and help me do my shopping because it was too hard to understand,” she said:

“You couldn’t get anything. Like if you went to the grocery store, you couldn’t get any type of cereal. The cereal that you could get could not contain like so much sugar in it, the box had to be a certain size and there was only so many you could get, and the number of coupons you could use per day was confusing.”

Beyond being confusing, the grocery limits on WIC often made the benefits package as a whole largely insufficient. WIC’s narrow list of approved foods made redeeming benefits more work than it was often worth. “I think that there’s more stuff that they could add to [the list] as well,” Sherry said. “There’s other things [in the stores] that kids are able to eat at these ages that are not being put on [the list]... And then I just think about like, you gotta think about their ages too, like they start eating more as they get older too, and it’s just for that one child, so that child is not even getting enough for just them.” Sherry suggested adding meat to the WIC-approved foods list, while Marissa emphasized the importance of getting fresh produce. “I think they should be giving out more vegetables for the families, because that’s more expensive,” she said.

Nancy noted that while there were things she might have wanted to buy for her kids based on their preferences, “You have to conform to what the coupons restrict you to take,” she said.¹²⁰

From these interviews, I found that WIC often provided an excess of what moms didn’t need, and a limited amount of what they did. Jordyn has one child and is currently enrolled in WIC— she has been since 2017. But she doesn’t know how long she will stay enrolled. “You know to me, WIC ain’t really too much,” she said. Jordyn, like other mothers, wanted a greater allowance of fruits and vegetables— WIC provides an allowance for \$8 worth of fruits and vegetables per month for children, and \$11 for mothers¹²¹ — fewer limitations on the sizes and brands of cereal, and greater flexibility in the type of milk she is able to purchase. “They don’t give you too much. They would probably give you like one or two vegetables per coupon,” Jordyn said. “The little cereals and stuff, it’s like three boxes of cereal, and that’s not even big boxes...Those three boxes of cereal will probably be gone in a few days.” Dealing with their kids’ preferences, as well as their own preferences for how to cook for their family, also proved to be challenging, even with significant efforts to adapt. Stacy said that WIC items were “not generally something I would want to buy. Pretty bland, and sometimes we want the fancier stuff.” “Fancier” to Stacy simply meant more options for flavors and brands that her kids would have preferred. “[I] didn’t want to be too picky,” she said. “We just had to deal with what we had, what was available.”

The compounding effects of keeping up with the many other responsibilities of motherhood, such as working and childcare, mean that many mothers ultimately have to consider the tradeoffs of remaining on the program versus unenrolling. After a year, children on WIC stop

¹²⁰ Nancy, in discussion with the author, February 28, 2020

¹²¹ “WIC Food Packages— Maximum Monthly Allowances” 2013

receiving formula and start receiving regular milk, which is significantly more affordable to purchase without assistance. “Formula is super expensive...and once you stop getting formula it’s a lot less worth it financially,” Brumfield explained. After Kara’s first child phased out, she generally took the rest of her children off of WIC after about a year or two. “I did the whole first year so I could get the formula,” she said. “The second year I received [WIC] because of the red cap milk, and then after that, they switched it over from red cap to like, the skim milk, so I didn’t want that, so I stopped it then.” Kara explained that the other foods available on WIC were foods that she could not only afford for herself—cereal, juice, and bread are relatively cheap— but types and brands that she would not prefer to buy given the choice. The change in milk was significant to her: only having the choice of skim milk was insufficient for what she determined to be the needs of her child. Theresa similarly felt that after her child stopped needing formula and milk, WIC benefits ceased to hold significant value. “It probably won’t make sense for me to keep having to go up there and take days off when he’ll be drinking milk,” she said. “It’s just \$20 worth of fruits and vegetables. It’s not worth it at that point, it’s really not.”¹²²

Brumfield explained that, according to her research, there tends to be a dropoff in WIC coverage rates around when a child turns two for this very reason. “I think that the dropoff at age two is related to sort of the cost benefit analysis that moms are doing,” she said. The absence of a mother’s preferred milk, or their child’s gradually decreasing reliance on formula, means that the cost of upkeep for WIC no longer goes towards its most valuable benefit. Certainly, there are aspects of WIC that are valuable outside of the groceries it provides, such as health screenings and nutrition education— many moms spoke highly of these programs. However, Brumfield said that these components can only count for so much:

¹²² Theresa, in discussion with the author, March 9, 2020

“There’s the time that they have to put in and then the benefit that they get out, and once a kid is off formula, the cost, the benefit, it’s worth a lot less. It just is. It’s worth a lot less in terms of dollars and cents...for someone who’s experiencing deep poverty or has an extremely low income, it comes down to the dollars and the cents.”

The value of receiving formula and milk is unparalleled by any other item that WIC provides, so it makes sense that a mother’s decision about whether to stay on WIC would be dictated by their ability to receive a sufficient amount and their preferred brand of those products. Michaela stated this clearly: “The food there was never something that we desired. The milk was the most important part, the formula.” Some mothers still found that the amount of milk or formula that they were receiving through WIC was still insufficient, and mothers reliant on formula often found themselves experiencing shortages if their children were already underweight or had health complications. “My son was underweight, so then I would need to put more [formula] powder in his milk,” Jordyn said. Her son started out on the regular formula— Enfamil Infant Baby Formula, which comes in a yellow can— but “he has a gird in his stomach, and then he has a hernia too.” Because of this, he is now on Enfamil Gentlease, which comes in a purple can. “And the purple can is way more expensive than the yellow can,” Jordyn said. She said that the regular cans of formula that WIC were only 12.5 ounces, and would “only last [her] a week.” Limiting the amount of formula that mothers can receive on WIC is particularly detrimental for families already at risk of childhood health and development deficiencies. Michaela needed formula far more than milk, but received an excess of milk gallons each month while still running short on formula. “Often times I would still have to buy formula,” she said. “Towards the end of the month, maybe the last week, I would always have to go out and buy a can. I think we was paying anywhere between 28 and 30 dollars for a can [of formula].”

Emergency situations often made it difficult for mothers to meet the formula needs of their children, due to the limited hours and locations of FNCs and limitations on formula

allowances for moms who do both breastfeeding and bottle feeding. Maya, who relied on both formula and breastfeeding, often found it challenging to balance breastfeeding with her work schedule and WIC appointments. “Sometimes, with me working, I would be forced to give my son formula,” Maya said.

“And like sometimes, he would need formula randomly throughout the night if he didn’t want to breastfeed, so obviously if [the FNCs are] closed, I can’t give [formula] at night. So now I’m at home, you know trying to force milk from myself to be able to feed him because I can’t make it to the store.”

WIC heavily promotes breastfeeding for its commonly known health benefits, but the program fails to understand the realities of breastfeeding particularly for working mothers. Circumstances like Maya described can mean that, without a sufficient safety net of formula and other nutritious benefits, mothers can be forced into extreme actions to preserve the health of their children. Expanding the amount of formula that mothers receive, along with the list of WIC-approved foods, is not only a matter of preference but a life-saving measure that would protect the nutrition and health of mothers and young children.

Small changes to WIC, such as adjusting its list of approved foods, have high stakes for increasing enrollment and ensuring that low-income mothers have access to adequate food and nutrition. Increasing coverage rates will have to include making these changes based on moms’ preferences and the ways in which the program can truly provide a meaningful supplement.

“I just didn’t have the time”: Time as a barrier to WIC maintenance

WIC does not technically require frequent visits to the offices in order to maintain benefits. “It’s like every three months unless they need something from you,” Macy said. However, for some mothers, any extra travel and any lengthy appointment has a cost. “It’s different based on what group you’re in,” Downey said. “There’s the group of women that are pregnant, and then there’s the group that’s immediately postpartum, and then there’s the kids that

are one to five, and the frequency with which you need to bring your kid is I think different for each of those groups.” The mothers I spoke to typically only had visits at a monthly frequency or greater in their first year postpartum or if their baby was not gaining weight. Especially for these mothers, the visits, while important, can take a toll. Rose Afriye is the cofounder and executive director at the Chicago-based non-profit mRelief, a web and text-messaging based platform that makes it easier to check eligibility and to enroll in SNAP. Afriye spoke specifically to the toll of these visits and their potential effects on WIC enrollment: “I think anything that requires somebody to go to a physical location to get a physical check, or to like wait on the mail monthly for their reimbursements, is always going to be difficult to activate.”¹²³

WIC clinics and FNCs have limited hours and are usually only open from around 9am to 5pm. These hours are particularly inconvenient for mothers who work, and WIC appointments often required the mothers in this study to take off work. WIC appointments are usually short, but can be delayed or take longer if there are many people at the clinic or if there is a health issue with a child. Nutrition classes are required to maintain WIC benefits, and the scheduling of these classes often makes appointments occur at inconvenient times and last for an hour or more. These factors, along with the time it takes to travel to clinics and FNCs, makes the upkeep of WIC benefits a time commitment within itself that many mothers, especially those who have complications postpartum or who have rigorous work schedules, find difficult to maintain.

Stacy unenrolled from WIC within a year of giving birth to each of her children. “Only because it was so tedious with your schedule,” she said. “And the most expensive supplement was baby formula, so you couldn’t risk not getting the WIC.” Like many other moms, once her kids started drinking regular milk, the need for WIC was outweighed by the cost of the time she

¹²³ Rose Afriye, in discussion with the author, December 9, 2019

would have to spend redeeming and maintaining her benefits. “Like my last child, we decided to give her almond milk, [and] I actually didn’t see the big need for WIC anymore,” Stacy said.

“And sometimes I wish I had, but I was just not willing to sacrifice the time.”

Stacy knew some moms who stayed on WIC for the full five years, and many stayed on until they got they got onto a program called MAC, or the Mothers and Children program. MAC is part of the U.S. Department of Agriculture’s Commodity Supplemental Food Program (CSFP).¹²⁴ It is described as a program for mothers after their children are over the age of five that mimics some of the benefits of WIC. Stacy decided not to apply. “I thought it was interesting, but I just didn’t have the time... The time of, okay work, daycare, kids in school. It’s just so much, yeah, I didn’t have that much time. So even if I wanted to, I couldn’t sacrifice the time.”

WIC allows mothers to list two proxies that can pick up coupons and go to appointments for them. Castellonet clarified that the proxies can come to only two out of the four required appointments per year: “Since it’s a nutrition education program and we do a nutrition assessment, it’s rather essential for the moms...to be there twice a year.” These appointments, while essential for their health checkups as Castellonet said, are often hindrances to mothers staying enrolled in the program at all.

Sherry noted the obstacles that would often come up in trying to keep up with her appointments. Early closing hours, the lack of friends and family nearby, and hectic work schedules could make planning for coupon pickups an overwhelming task:

“I know some of [the centers] close earlier on like certain days and then that’s just, that’s just the worst. Especially when you like have to go to work or something and then you

¹²⁴ Minnesota Department of Health and Human Services, "Nutritional Needs," Health Care Programs Manual, http://hcopub.dhs.state.mn.us/hcpmstd/30_15.htm#MACandNAPS_heading.

have to, you don't have anybody to go for you and then nobody signed on the two proxy thing, like can't nobody go grab this for you. And it's like oh my god, now I have to specifically go and grab this by myself because I am the only one that's going here."

Work schedules proved to be a serious barrier to keeping up with appointments. Mothers often had to take off work to make it to appointments, and sometimes were unable to change appointment times to better fit with their schedules. Anne said that WIC became more flexible over time with schedule conflicts, but could be particularly strict due to the scheduling of nutrition classes, which were required during WIC appointments and often took place in predetermined groups. "I kind of felt like every time we went it was like an all-day event, so I just didn't have time to do all of that," she said.¹²⁵ Waiting for everything to get set up and for all of the other moms to arrive, in addition to the classes, which were lengthy at the time, could be especially time-consuming for working mothers like Anne, who said, "I did have to take off work...I think they closed at probably around 4:30." Anne eventually unenrolled because of the time commitment.

According to the Center on Budget and Policy Priorities, there are penalties for missing WIC appointments. In the report, "Modernizing and Streamlining WIC Eligibility Determination and Enrollment Process," Zoë Neuberger explains that unissued benefits tend to be the result of a participant who "missed a nutrition education contact, missed a mid-certification appointment, or did not pick up food vouchers."¹²⁶ Janet kept her son on WIC until he was five and intended to do the same with her daughter. However, she ended up only keeping her on until she was three.

¹²⁵ Anne, in discussion with the author, March 12, 2020

¹²⁶ Neuberger, Zoe. "Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes." Center on Budget and Policy Priorities. Last modified October 11, 2017. <http://www.cbpp.org/research/modernizing-and-streamlining-wic-eligibility-determination-and-enrollment-processes>.

“I missed a couple of appointments, and then I would have to go through the whole process, and I was just like, it’s okay,” she said.¹²⁷ By that point, her daughter was off of formula, which was the main thing Janet couldn’t afford. To enroll again, she would have had to schedule a new set of appointments, bring in paperwork, and wait for her benefits to activate (the first time she enrolled, it had taken around two to three months). She had missed two appointments for coupons and one checkup appointment before her benefits were stopped.

Like the other moms, there were a variety of factors that made it difficult for Janet to keep up with her appointments when she had her daughter. One of these was her work schedule, which often conflicted with the hours that WIC offices tend to be open. When Janet had her first son, she wasn’t working, so she didn’t have any trouble making it to appointments. “But when I had my second kid, I was working, so sometimes appointment days were days I had to work and I couldn’t take off,” she said. “By the time I would get home, I would forget to call and reschedule.” Janet worked downtown, and traveling home could take around 45 minutes, depending on traffic. Her WIC office opened around 9am and closed at 8pm, and she sometimes found it difficult to make time to call. “And plus I couldn’t call, because by the time I get home, the office is closed.” She said that the WIC offices never called her to reschedule appointments, although other moms claimed that the offices would generally call if participants were late for or missed their appointments. Janet found out that she would have to reapply for benefits when she went in one day for her monthly appointment. “They never called me,” she said.

Castellanet recognized these challenges in keeping up with appointments, but noted that in her experience, WIC offices did everything in their power to ensure mothers remember or are able to reschedule their appointments if necessary. “We have their next appointments on the

¹²⁷ Janet, in discussion with the author, January 27, 2020

WIC ID cards,” she said. “We also do reminder phone calls and we also call if they miss their appointment to try to remind them that they are due for their appointment so they don’t miss any of their benefits, so that’s how we try to help them.” While Castellonet acknowledged that obstacles like transportation and work schedules can interfere with a mother’s attendance at appointments, she said that WIC offices “do a lot of phone calls to try to keep our clients engaged” and encourage clients to update their contact information frequently so they do not miss any calls. “Everyone at the clinics will do that.” But service inconsistencies apply in this case as well as for other facets of clinic practices, and while it may be standard practice to make frequent phone calls, the implementation of such practices can evidently vary quite widely.

FNC hours were also limited, meaning that mothers on orange coupons were not only limited in when they could obtain their coupons, but also when they could redeem them. “I think [the FNC hours] were convenient for non-working parents,” Stacy said. “You’d have to run during your lunch time, from work, if there were any convenient location.” The option to shop at grocery stores, which tend to be open significantly later, would be extremely impactful for moms trying to balance work responsibilities and childcare. Additionally, the process of looking up a nearby FNC could be particularly tedious for mothers who need grocery options near their workplace, their child’s school, and their home. Preferences for particular FNCs based on the quality of food could mean that in order to redeem benefits that seem worth their value, mothers would have to base a significant part of their schedule around shopping for WIC groceries. Going to grocery stores could also be challenging, since it was not guaranteed that employees would be familiar with WIC, and finding all of the correct brands and sizes could be a lengthy process.

While many mothers tried their hardest to keep up with the time constraints of WIC, adding additional strain to the lives of low-income mothers and children is another form of structural violence. These restrictions and regulations that make WIC more time-consuming actively take away from families' ability to maintain their childcare, their work life, and their other family responsibilities.

Transportation and homelessness as barriers to WIC enrollment

Sherry was homeless for the first few years that she received WIC. When she first started, she was receiving orange coupons, but later moved to Galesburg, IL where she has been receiving blue coupons. Traveling with her kids to and from WIC clinics and stores while she had orange coupons proved to be a serious hassle: "It just wasn't beneficial for me because I didn't have a place to stay, and me and my kids like had to go everywhere together," she said. As a result, Sherry's enrollment in the program was sporadic: she would often go off of WIC for periods of time and choose to simply reapply when she felt she needed it again. However, because Sherry was extremely low-income and had three children, it is reasonable to assume that WIC could have been consistently beneficial to her in terms of its potential to supplement her ability to buy groceries. However, because of WIC's limited food package and the added physical barriers, she determined that it was not worth the effort to stay on top of her enrollment.

Many mothers had to travel with their kids when going about their weekly errands, and while some WIC clinics and stores provided free childcare, many did not. Marissa noted that, even with eight children, she rarely brought them to WIC clinics and stores because they were not allowed to walk with her while she got her groceries, and there was no reliable childcare. For homeless families, this adds additional strain, as there are few options to leave their children at home or with a friend or family member.

The cost of bus fare is also a significant physical barrier for receiving and redeeming WIC benefits. Each WIC grocery trip involves two stops: one at the WIC offices to pick up coupons, and one at the WIC store or grocery stores. Many FNCs are located within WIC clinics, but mothers may not be able to make it to the same FNC for each shopping trip, depending on whether they are coming from work or home. If a certain store did not have all of the right WIC approved items, that could add on additional trips, which amounts to additional bus fare that many mothers cannot afford. “A lot of homeless mothers and teenage mothers, they use WIC,” Macy said. “Nine times out of ten...they don’t have the money to get back and forth.” The cost of bus fare, along with the time it might take to finish the trip, may not seem worth it to moms who are already strapped for income. They may choose instead to buy less nutritious food because it is cheaper and more convenient to provide for their children, which defeats the purpose of WIC as a program designed to provide nutrition to mothers and children.

Even mothers who are not homeless struggle to keep up with the transportation demands of WIC, especially with many children. While there are sixteen FNC locations across the city of Chicago, many mothers had difficulties finding ones that were close to their homes. “I know the closest one that I had found in my area was at least twenty, twenty-five minutes on public transportation,” Maya said. Emily currently receives blue coupons, allowing her to shop at any grocery store. However, she has trouble commuting to her WIC office, which is far away: “It’s a long commute because I live in Albany Park and in order to get coupons, I need to go to Humboldt Park,” she said.¹²⁸ The CEDA Albany Park WIC Illinois Center on Lawrence Avenue is in Albany Park¹²⁹, but Emily said the Humboldt Park office was the one she was told was most

¹²⁸ Emily, in discussion with the author, February 21, 2020

¹²⁹ “CEDA - Albany Park.” CEDA - Albany Park - WIC Clinic Office Location. Accessed April 24, 2020. https://www.wicprograms.org/li/60625_ceda_albany_park.

convenient. “I didn’t know there was another one that was closer,” she said. Samantha, who lives on 79th and Ashland, also makes an almost hour-long commute to her WIC office, the Friend Family Health Center on 55th and Cottage Grove.¹³⁰ She kept her first two children enrolled for the full five years, but she only kept her youngest child on for two or three years. “It’s just been hard for me to get up towards that clinic where the WIC office at,” she said.¹³¹

Kara noted that the challenge of bringing all of her kids with her to appointments made it even more difficult. Even if bringing her children was not required, she occasionally had no choice if she had no access to convenient childcare. “That could sometimes be a task,” she said. “Like sometimes bringing the children together, sometimes it could be cold weather outside. But you really need the coupons because your baby is on formula.” Nancy had similar problems taking her children on public transportation for her WIC appointments. “The difficult thing is taking the stroller in the bus and be carrying the bags,” she said, particularly in the winter. Brenda’s daughter, who spent months in the Neonatal Intensive Care Unit (NICU), was at high risk of getting sick when she traveled outside of the house, so Brenda’s required appointments could take a significant toll on her health. “My daughter has a tendency to get sick, so traveling with her in and out of the house, especially now that it’s winter time, is really hectic,” Brenda said. “Having to take her for them to weigh her...I just don’t like having her in and out the house.”

Transportation barriers and homelessness directly affect WIC’s target population, and make it difficult for mothers to use WIC as the emergency supplement it is intended to function

¹³⁰ “Friend Family Health Center: Locations.” Friend Family Health Center, Inc. Accessed April 24, 2020. <https://www.friendfhc.org/locations.html>.

¹³¹ Samantha, in discussion with the author, January 16, 2020

as. WIC's place in America's public benefits safety net is threatened by these physical barriers, as mothers are exhausted by the requisite effort for maintaining their benefits.

Keeping Up With the Coupons: The paper and the appointments

Beyond missing or forgetting about appointments, the simple act of keeping track of a paper coupon proved challenging for many mothers. In particular, because of WIC's many hidden rules, restrictions, and service inconsistencies, paper coupons often create more room for error, and thus more risks of unenrollment. Stacy noted that in her experience shopping at FNCs, as recently as 2013, there were many ways that mothers could be denied at WIC clinics for not having the appropriate materials or for not meeting certain clinic standards. She occasionally encountered obstacles in going about her monthly grocery shopping routine due to the enforcement of regulations on the part of different WIC locations:

“One time I was on my way there, and the coupon book was in my baby bag. And a bottle spilled on it, it was wet. They would not accept that. And they will not replace those coupons. I think I was gonna cry. They would not accept those WIC coupons. I was like ‘But you can see everything on it! Can’t I wait until it dries?’ They were like, ‘No, it’s one of the rules.’ But it didn’t sound like it was an actual rule!”

Stacy was denied access to the benefits she was entitled to due to circumstances outside of her control. Such instances are not only inconvenient and frustrating for mothers, but actively challenge the nature of WIC benefits as a form of assistance for needy families. Many of these “rules” are also unofficial, or largely unknown to mothers, and dependent on the unique implementation of regulations at different WIC clinics, i.e. service inconsistencies. Stacy had never heard of a rule about coupon books getting wet. “But you started to learn things as you went along,” she said.

Castellanet acknowledged that keeping track of paper coupons could be difficult, particularly for new mothers or mothers with many children, but said that WIC clinics made

every effort to encourage moms to stay on top of their benefits. “We tell all of our moms when we give them their coupons, which at this point they’re paper coupons...so they’re cash,” she said. “It’s like losing cash. So we do extensive education on making sure you do not lose your coupons.” Castellonet said that in extenuating circumstances, like a fire, coupons could be replaced, and that if coupons are simply damaged they could easily be reissued, but this would require moms to go back to the WIC clinics before going to redeem their benefits. She noted that in the case that a mother comes in and has lost or misplaced their coupons, most clinics would make an effort to connect the mother to surrounding partnered organizations and food pantries to make up for lost benefits.

These measures, while helpful, may not be the standard depending on which clinic a mother visits. They are also insufficient for protecting moms from losing the benefits to which they are entitled in the case that, like Stacy, they encounter these service inconsistencies at FNCs, or even at a grocery store with an irritated cashier. Paternalistic rules about keeping track of coupons fail to acknowledge the realities of motherhood, as Macy said. “Sometimes as a mom, you know sometimes, you misplace things,” she said. “So when you misplace your WIC book, they don’t replace the coupons that you’ve lost. Even if they’re stolen, they don’t replace them.” In addition to the possibility of damaged coupons, paper coupons can cause moms to accidentally let their coupons expire. Importantly, the high risk of forgetting or misplacing coupons is a flaw in the design of WIC coupons, not in the mothers themselves. The interviews in this study demonstrate that WIC has one of the most time-consuming upkeep regimens for public benefits programs in the country, and serves some of the country’s most vulnerable populations. Brenda noted that the upkeep of WIC combined with the responsibilities of being pregnant and raising two children took a toll:

“For me personally, it was, and it actually still is, it’s kind of...with having two toddlers and getting ready to have another one, I kind of tend to forget a lot of things. So a lot of times I would find myself letting the coupons expire because I wasn’t looking at them often, or I would put my coupons somewhere and couldn’t find it. So a lot of times, I personally, I’ll lose them, or I’ll let them expire, you know, just forget. Very forgetful.”

Of the many issues with WIC that will likely be improved with the transition to EBT, this may be the most impactful for mothers currently struggling to remember all of the moving parts of WIC enrollment. Regardless of mothers’ ability to remember their WIC coupons, they are still not only entitled to their benefits, but deeply in need of those benefits. Tradeoffs are often made by and for mothers between the cost of upkeep and the cost of living without assistance, but the transition to EBT demonstrates that these tradeoffs should never have been necessary for mothers to maintain the health of themselves and their families.

STAKES OF WIC ENROLLMENT

Pregnancy, labor and postpartum while on WIC

The value of WIC benefits for moms in their children’s first year of life cannot be understated: Marissa described being able to receive formula and milk as “life-changing,” and while Kara said that the other benefits were less worth it over time, formula was “critical” when her children were first born. WIC is often also a key tool for mothers to introduce their children to different healthy foods like fresh produce and legumes. Marissa outlined this clearly:

“A lot of kids, they’re like, ‘Oh, I don’t like broccoli.’ Why? Because the parents didn’t, couldn’t afford it, for the kids when they were small. And then when they get big, they don’t like it.”

WIC is unique as a food assistance program because it works on the developing taste buds and bodies of infants and young children. This makes the stakes of enrollment particularly high for families and their future health outcomes.

However, WIC can also cause significant strain on pregnant and postpartum moms.

The burden of keeping up with WIC while pregnant, immediately before or after labor, or while postpartum can be tiresome and feel impossible at times. Breastfeeding, postpartum depression, and labor complications are all difficulties that can interfere with a mother's ability and desire to keep up with their benefits. While mothers are almost always adamant about keeping up with benefits for their children regardless of complications— particularly in the first year when they are receiving formula— they are less likely to keep up with their own benefits, which they can still redeem up until at least six months to a year postpartum. Different hurdles can be particularly discouraging to moms the more complications they are facing. “My cousin, she wanted WIC, but it was hard for her to get back to [the WIC office], especially during her pregnancy,” Macy said. “She had kind of a rough pregnancy, so it was hard for her to get back and forth.”

Brenda ended her enrollment early, even as she kept her daughter on WIC and would have been able to obtain her own coupons in the same location. “I didn't really at the time, I didn't have as many opportunities I should say to go to the store to use my coupons, besides to get my daughter's milk,” she said. Brenda never used her own coupons, which provided basic food supplements. “I really felt like I was pretty much wasting their funding if I wasn't going to use the coupons,” she said, and so she unenrolled. Her daughter spent the first couple of months in the Neonatal Intensive Care Unit (NICU) at the hospital, so getting milk and formula was urgent.

“When she came home...I wasn't in the greatest of mindsets, I was going through postpartum. So it was a lot harder for me to even get to want to do anything, so when it came to mine, I didn't really care about my coupons. I just only cared about her getting her milk.”

WIC benefits for mothers are still designed to provide essential nutrition during a time of extreme strain on mothers' physical and mental state, so losing out on these benefits can have a significant impact on mothers' ability to recover during postpartum. As Brenda described, dealing with postpartum creates a new set of unique challenges for all mothers. Traveling back and forth to appointments, remembering appointments, and prioritizing one's own health in addition to the health of one's child can be particularly difficult for new mothers, whether they experience labor complications or not. If they do have labor complications or rougher pregnancies, getting to WIC appointments can cause significant physical and mental strain. "I can't say it was only easy," Maya said. "After having my baby it was kind of hard to move around because I had a C-section." While mothers are in the hospital, making it to appointments can be even more difficult, and WIC is adamant in requiring that mothers come in-person to obtain their coupons. Macy had proxies at the time she gave birth, but neither of them could get the coupons for her at the time. While appointments can be pushed back or moved around immediately surrounding labor, rescheduling does not automatically transfer benefits to the mother. Macy found this system particularly difficult:

"I had went in labor, so I couldn't get, me and Dad couldn't go to get coupons...The coupons have an expiration date, so I had to, I had to like try to get someone to go to get it, and they wouldn't get it. Right. I didn't have coupons until I was able to leave the hospital."

WIC's strict rules to prevent fraud often make it impossible for friends or family to shop for WIC groceries in place of a mother who might not be able to make it to the clinic or the store herself. But the benefits that a mother receives immediately after giving birth are some of the most crucial out of all of the benefits they might receive on WIC: not having access to or a supply of formula once they return home from the hospital can create a serious strain on the health of their child and their own ability to stay home and provide care.

Castellanet said that WIC practitioners notice the strain that childbirth can have on mothers, as well as the dedication that mothers have to prioritizing their child’s nutrition, even at the cost of their own health. As a result, Castellanet noted that WIC clinics try to have practices in place to inquire about the health of the mother as much as the health of the child. “We do try to ask them about themselves, because when you do have a baby, a lot of the questions are ‘How’s the baby?’” she said. “We really want to make our moms feel valued, that they are important, and we are concerned about their nutrition status too.”

Castellanet’s point is important: WIC is a nutrition program designed to serve mothers and their children during some of the most pivotal years of both groups’ lives. Because of this, creating safeguards for moms in some of the more critical periods of their pregnancy and postpartum journeys is crucial to creating a program that adequately serves the needs of its target population. If the demands of WIC are too much, it will harm these vulnerable groups first.

WIC Stigma

Perhaps even greater than the stigma of using an EBT card in a grocery store is the stigma of using paper coupons, which is often a lengthy process and frustrating for both WIC participants and store employees alike. Even moms who shop at FNCs feel a sense of stigma for being relegated to a separate store to purchase essential groceries. As a result, although the benefits themselves contribute a great deal to the nutrition of moms and children— WIC has been proven to significantly impact the health outcomes of these groups¹³²— once moms feel that their kids are growing healthily and no longer in dire need of formula or milk, they often choose to unenroll from WIC due to stigmas about no longer needing or deserving benefits.

¹³² “About WIC— How WIC Helps” 2013

Mothers' choices to unenroll from WIC after returning to work seemed to be less about the fact that they might no longer be eligible for the program and more about the notion that they would no longer need the assistance. If WIC were easier to use, the careful measurement of its precise necessity might not be necessary, but because of the commitment required to maintain benefits and the stigma of remaining in the program, moms might use whether or not they feel that they could afford the groceries on their own as a metric for staying enrolled. "Why try to be greedy?" Kara said while explaining why she unenrolled early. "It is a free resource, and I felt like my children, they were getting big. They were able to eat what I was able to eat." Brenda had friends who were eligible for WIC but chose not to enroll because they could afford groceries either through their existing income or through SNAP. "They're more like me, like okay, I didn't really need it, somebody else could use it," she said. The myth of scarcity surrounding WIC and public benefits in general can mean that moms who could still benefit from the program will lose out on nutritional benefits for themselves and their children.

One of the biggest drawbacks of using blue coupons is the need to use WIC coupons in environments where their use is uncommon or seen as inconvenient, as opposed to FNCs where all consumers are using coupons and employees are well-informed about the nuances of WIC. A desire to avoid cumbersome grocery store interactions can have significant sway in a mother's decision to stay enrolled in the program. Employees were sometimes unfamiliar with WIC and scanned items improperly, making the checkout process even longer and more frustrating. "I think they were just as irritated as us," Michaela said. "It was just a hassle. Things wouldn't ring up if it didn't meet that criteria that the coupon would say...either the box is too big or too small, it's just too much to deal with." Mothers also noted that grocery store employees were more

likely to give them a hard time or pass judgement about their use of WIC. Emily in particular actually preferred FNCs because of her negative experiences in grocery stores.

“For my two youngest since they had [orange] coupons, I could just go to a WIC store and it was much easier. For my little one it is much harder, because I go to Walgreens and they have issues with me, or I go to the corner store and they always cause problems.”

On one occasion, Emily went to use her coupons at a Walgreens and received harsh treatment from a manager. “They always had a bad attitude with me, as if I wanted all the food for free,” she said.

Ultimately, using coupons either at FNCs or at grocery stores came with its own stigma, and the paternalistic restrictions of the program could often cause mothers to feel a sense of shame. “It really diminishes us as parents, because we have to keep being like, ‘Oh you know, I’m gonna go to the WIC store,’” Sherry said. “You know, that’s embarrassing. I don’t wanna do that. I’m gonna go to Jewel and get my kids some little groceries.” The transition to EBT will eliminate the paternalistic practice of dividing where moms can use their benefits, and will hopefully reduce stigma around WIC as a whole.

Why WIC Matters

“I wouldn’t work for this program if I didn’t think it was an essential program,” Castellanet said. Mothers enrolled in the program agree with this sentiment overall: milk, formula, and even the restrictive set of groceries are ultimately essential to moms in helping them to support their families. Marissa, who had many notes about her desires for WIC to expand its food package and provide greater flexibility with appointments, still began our interview by stating as such: “Without WIC, we couldn’t support our babies or ourselves...If they take the WIC out, it’s hard, because without that, [mothers] cannot buy all that stuff.”

It is important, in addressing low WIC coverage rates, to consider the following questions: What are the stakes of low coverage rates if moms truly want to unenroll? If moms believe that unenrolling from WIC is the best choice for themselves and their families, why is it the state's responsibility to alter its design? Answering these question requires a deeper look at the health outcomes of WIC when mothers are able to utilize it, without significant barriers, for the full five years of enrollment that their children are entitled to. The determination of certain WIC groceries as nonessential or WIC appointments as cumbersome comes not from an assessment of their overall health benefits, but from a cost-benefit analysis of the time, energy, and resources that the upkeep of the program demands in order to receive the restrictive food package that WIC provides. Increasing coverage rates should be a priority for policymakers, and doing so will require making essential changes to the design and implementation of the program

In speaking to the benefits of EBT, Castellonet emphasized that decreasing barriers for WIC enrollment must be a top priority if WIC wishes to maintain its status as an essential service for mothers. "We're a nutrition education program," she said. "That's why we have all the benefits and positive outcomes of WIC, you know, just giving support for longer pregnancies, premature birth, they get better nutrition, an increase in energy, and nutrition is such an essential piece." Castellonet says that the WIC offices are "looking forward to this modernization" because it will enable the program to be more adaptable to all mothers, regardless of the unique challenges they may face. "We don't want barriers to get in the way of our families being healthy," she said. "Being unhealthy can have such strong impacts on a child, a person, an individual."

Of course, WIC is not the only food assistance program that moms could have access to. But key differences between SNAP and WIC, such as SNAP's citizenship requirement and its

lack of any nutrition education standard, make the program insufficient for helping low-income mothers of young children, even though both programs have flaws. Castellanet said that this is why WIC's nutrition risk requirement is so important, even though no mother would ever be denied for not being at sufficient nutrition risk. "For the most part, everybody is at nutrition risk," she said, including people who are not on WIC, and even dietitians like herself. "That's a large part of why this program was formulated, to target those nutritional deficiencies that actually just naturally happen with pregnant women and kids." Furthermore, it is not sufficient to assume that all mothers in need of essential food assistance can simply apply for SNAP. WIC is unique in its intention to not inquire about immigration or citizenship status. While most of the mothers I spoke to were also enrolled in SNAP, there were also some mothers who were not enrolled, and whose reasoning might have been related to citizenship concerns.¹³³ These mothers are at equal, if not significantly greater nutrition risk, but are often less likely to be aware of their eligibility as well as of the absence of the effects of public charge. Stacy demonstrated these misconceptions, and emphasized the importance of meeting the needs of all families: "If [mothers] don't have the right American documentation, they should still be eligible for it," she said. "Like, we're gonna stop feeding kids?" Although Stacy was incorrect about the fact that WIC would ask for American documentation in order for mothers to enroll, her statement demonstrates widespread misinformation about eligibility, the stakes of which heighten when dealing with particularly vulnerable populations.

EBT: IMPLICATIONS & LIMITATIONS

¹³³ No mother was asked about their citizenship status or immigration history at any point throughout the study. This observation is based on a mother's enrollment in WIC but not in SNAP, for whom enrollment is more common and tends to overlap with WIC. Undocumented mothers cannot enroll in SNAP.

The Anticipated Impact of EBT: Enrollment Versus Retention

One of the mothers' most common suggestions for improvements to the WIC program was to move towards a more technologically advanced system of distributing and redeeming benefits. EBT will be officially implemented across the country by October of 2020, but Illinois is one of the last few states to still rely on paper coupons. EBT is anticipated to solve issues related to keeping up with paper coupons, eliminate the division between orange and blue regions and allow moms to shop at any grocery or WIC store, and ease the process of using WIC benefits in stores overall. It is not clear if there will be any adjustments made to the list of WIC-approved foods or the number of appointments per year that mothers are required to attend.

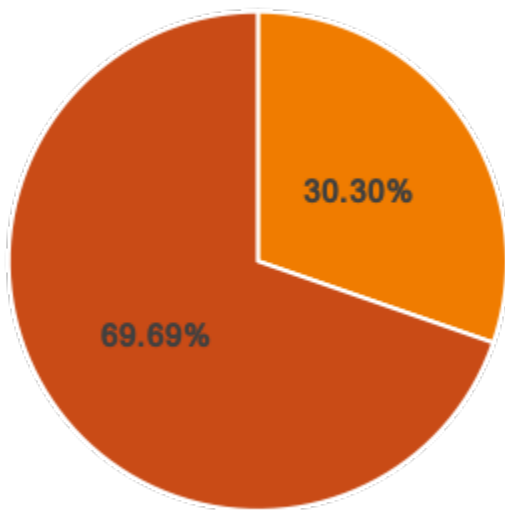
It is hoped that EBT will increase coverage rates by easing the maintenance of WIC. Experts say that EBT is more likely to have a significant impact on retention, as it will cut down on some of the administrative burdens of the program, but also that there are many other factors at play. As of now, mothers are required to visit WIC offices— after being enrolled— for things like health checkups, check-ins with their kids, and of course, simply obtaining their monthly benefits. Downey explained that while not all of these visits are required monthly, they still have an impact on the excess burden of WIC: “[The visits are] not every month, it might be like three to six months. But certainly with the coupon system that we are operating on, that becomes another big piece of it, which is that every time I want to get my coupons I have to physically go there, as opposed to EBT I have the card and the benefits will just get loaded on there like it does with SNAP.”

EBT is associated with increased coverage rates, but this association is weak: this is to say that while many states who have EBT have higher coverage rates (a larger percentage of states with EBT have coverage rates above the national average than those without EBT), EBT

specifically is not necessarily correlated with these higher coverage rates, and indeed, many states without EBT have coverage rates above the national average. In other words, while there is a difference in coverage rates between states with and without EBT, this difference is not necessarily indicative of EBT's power to increase coverage rates on its own. Below, two figures show WIC coverage rates with and without an already implemented statewide EBT system for WIC.¹³⁴

Figure 1

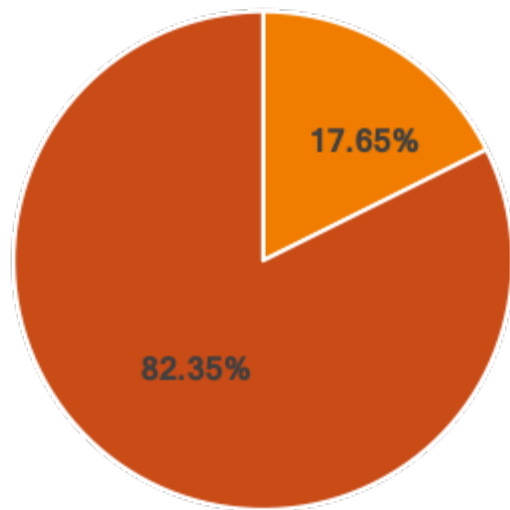
WIC Coverage with Statewide EBT



■ Above national average ■ Below national average

Figure 2

WIC Coverage without Statewide EBT



■ Above national average ■ Below national average

All states, due to the Healthy, Hunger-Free Kids Act passed in 2010, are required to have fully implemented EBT by October of 2020. Thus, there are 33 states that have already implementing EBT and 17 states that are still in the process of implementing EBT. Looking at

¹³⁴ "WIC EBT Activities" 2020

these figures, the results seem clear: a higher percentage of states that have already implemented EBT have coverage rates above the national average (51.1 percent in 2017). However, as Brumfield explained, these numbers depend on a wide variety of factors: “You’d have to probably look at things like how much investment they have in their breastfeeding programs and their peer counselors...Also how recently they implemented EBT and what other things they’re doing.” Additionally, when examining the data for states with coverage rates above 50 percent, 63 percent of states with statewide EBT have coverage rates above 50 percent, whereas 69 percent of states without statewide EBT have coverage rates above 50 percent. This information would seem to imply that states without statewide EBT fully implemented tend to have higher coverage rates. Therefore, looking at coverage rates versus EBT-status alone is not sufficient in determining the effects of EBT on coverage rates. Like Brumfield said, other factors like breastfeeding support, how recently states switched to EBT, and ease of enrollment and maintenance in each state will play a huge role.

Still, both Downey and Brumfield agreed that EBT would most likely cause dramatic increases in retention. “I don’t think it’ll make more people get on the program, I think it’ll keep more people on once they’re on,” Downey said. “Because again it’s going to cut down on that having to go to the office frequently, and once you get the benefits, being so horribly and severely restricted in where you can use them.” Mothers echoed these sentiments, saying that EBT would ease some of the most cumbersome aspects of WIC maintenance, and make staying enrolled less of a hassle month-to-month. Additionally, an EBT card lacks the expiration dates of paper coupons, and gives mothers a significant amount of freedom to decide for themselves when they shop for groceries and where they redeem their benefits. “It gives you a chance to decide when you use the card,” Sherry said. “It gives you a chance to budget.” Paper coupons

were divided into categories, meaning that certain products, like milk, juice, and cereal, all had to be purchased in the same place. EBT will allow mothers to spread out their monthly budgets and purchase groceries in locations that make the most sense for them.

EBT will also help to solve some of the issues mothers have had with keeping up with paper coupons. “People can keep up with cards more than they do paper,” Macy said. Maya also noted that with EBT, mothers might be less likely to forget about coupons or misplace them. “Just making it a little bit more convenient for women who may be like myself, who may forget, or who may let the coupons expire,” she said. “Maybe with the electronic system they’ll have an alert when you get them, and an alert when they expire.” While it is not clear that such a system would be put in place along with EBT for WIC, apps like Fresh EBT have been helpful for people looking to keep track of their SNAP benefits online or through their phones.¹³⁵

Creating less work for moms should be the main goal behind the EBT transition. The benefits of EBT include, first and foremost, the elimination of the colored coupon divide and of the hassle of keeping up with paper coupons. EBT will make it easier for moms to maintain their benefits, and will reduce the stigma associated with using benefits. However, mothers, practitioners, and experts alike claimed that there were still plenty of changes that needed to be made to WIC beyond EBT.

Policy Recommendations

WIC is a child nutrition program, designed as a bipartisan effort to provide assistance to needy mothers and their families. As a result, some of its strictest regulations are by design. “It’s messed up, it’s paternalistic, it’s restrictive, and those are the very same things that have allowed

¹³⁵ “The Fresh Guide to WIC in Illinois: Fresh EBT” 2020

WIC to be so impervious to politics,” Brumfield said. “It’s very much the ‘deserving poor.’ It’s moms with babies, they’re a very sympathetic group of people.” Brumfield explained that this reliable defense— WIC is necessary because of its frugal and supplemental nature to those who truly need it— makes it difficult to make changes to WIC that might put that defense in jeopardy. “I think that’s part of the reason why the status quo is maintained, is that there’s the fear that if we do anything too progressive, then we’ll make WIC vulnerable to cuts, which would be catastrophic.”

As a result, changes to WIC have been slow-moving: the EBT transition, which changes the orange and blue coupon system purportedly designed to protect against WIC fraud, has already taken almost ten years to be fully implemented in all fifty states. Still, EBT is seen as one of the more viable policy solutions, even if it may not help with increasing initial uptake of WIC overall. Most policymakers agree that the intention of EBT should be to improve retention, which is the main policy issue that WIC is facing.

In this set of policy recommendations, I will be focusing on a variety of viable policy solutions, primarily centered around easing the efficiency of accessing WIC and increasing the variety of what is offered through WIC, as well as changing how information about WIC is spread to eligible mothers. Certain policy solutions will become a default simply through the transition to EBT: for example, the orange and blue coupon division is set to be eliminated under EBT, and the hassle of keeping up with paper coupons will no longer be an issue under EBT. Therefore, this section will describe policy solutions that go beyond the implementation of EBT and expand upon its limitations. I will outline policy recommendations related to outreach and marketing, cutting down on in-person requirements, easing transportation burdens, expanding eligibility, and expanding the food package. Due to the fact that I am focusing on viable policy

solutions that could be implemented while maintaining the basic structure of WIC as a program, I will not be expanding on possible reforms such as changing WIC to a purely cash benefit system that lacks a specified list of allowable groceries, even though these policies would provide solutions to the problems that many mothers have had with WIC, and will likely continue to have even with EBT. I will still be mentioning changes to eligibility for WIC, which could be implemented while maintaining the basic structure of WIC.

To give a brief review of some of the central issues mothers have had with the WIC program, the basic recurring issues that I noticed in my interviews were that WIC was time-consuming, restrictive, demanding with regards to cost and transportation, and seen as a potential threat to future citizenship and undocumented status. All of these factors have contributed to low uptake rates, and more importantly, high rates of ceasing enrollment the program before the full term of the benefits has been completed.

WIC Outreach

Downey has noted the potential benefits of the EBT system to come, but also emphasized the importance of other measures in increasing awareness about the program and stopping the spread of misinformation about eligibility and penalties. “I also think there is an opportunity to really target specific WIC populations,” he said. Although Illinois hasn’t, many other states have actually seen an increase in WIC coverage over the past few years. Downey explained that this may be due to target outreach efforts to different groups:

“There are some states where the overall uptake really increased, but then when you unpack those numbers a little bit, you see that increase was driven by a dramatic increase with a particular group that’s eligible for WIC. So I think one of the things that we need to think about as advocates is connecting with those other states to say, you know, how did you target this particular group? Obviously whatever you did was incredibly effective— how could we replicate that?”

Many mothers that I spoke to were not even aware of the upcoming transition to EBT.

Any anticipated increases in enrollment will need to begin with a more rigorous information campaign about the changes to come with the EBT system, such as the elimination of the coupon divide and the new ability to spread out WIC purchases.

Landers said that outreach would be especially important for addressing one of the biggest hits to coverage rates since 2016: fears about the public charge rule in undocumented communities. “Participation is just really low, and we found that to be unfortunate,” Landers said. “Because participating in WIC, unlike other public benefits programs like Medicaid or SNAP, doesn’t require any proof of your immigration status.” Landers applauded the recent inclusion of information about how WIC does not inquire about immigration status on a DHS flyer about precautions to take during the COVID-19 crisis. “I think that through outreach—whether it’s in person, outreach workers, or bus ads and things like that— I think that could help curb misinformation about WIC,” she said. Landers also spoke to the need to strengthen partnerships between WIC offices and other community organizations focused on maternal and childcare:

“I think that WIC clinics, FNCs, any WIC administrator in any capacity needs to make sure that they are connected to other early childhood programs in the area to capture a wider range of individuals who are eligible for the program. I think leveraging those partnerships are key.”

Castellanet echoed this sentiment, noting that even in WIC offices across the city, there are partnerships and efforts aimed at educating families about using WIC while undocumented. “We are constantly trying to educate everyone that we can that we are not part of [the public charge rule,” she said. Castellanet also discussed the importance of educating mothers about the benefits of WIC as a nutrition program beyond the coupons that it provides. “We need to work on trying to make sure that everybody understands that it’s a nutrition education program,” she said. “That’s why we have all the benefits and the positive outcomes of the WIC program.”

Landers agreed that marketing about the health benefits of WIC would be essential to increasing participation in the program, and suggested even more intentional forms of outreach beyond flyers and written materials:

“I think if we were to fund outreach workers who go out into communities, and are members of the communities, and can speak to families about the benefits of the WIC program, and by word of mouth, positive information is spread in the neighborhoods, I think that that would have a huge positive income on the program. That’s something I would really like, is funding for outreach. And definitely not just at the DHS offices across the state, I think like buses, and just like everywhere.”

This level of outreach would enable practitioners to get to the root of what causes coverage rates to increase, as Downey described. Improved outreach would also enable practitioners to spread a clear understanding of the health benefits of WIC and the reduced barriers to eligibility that would benefit all mothers.

Technology & Transportation: Streamlining WIC Enrollment and Appointments

Along with larger food packages and lower physical barriers, many mothers said that their problems with WIC were more rooted in the everyday routine of maintaining their benefits. Castellanet claimed that every effort was made to make the appointments as minimal and unobtrusive as possible; mothers agreed it was true that they only had to come to the WIC offices for an appointment every three months, and were not always required to bring their children and documentation. However, it was clear that for many mothers, even these appointments were burdensome to their weekly schedules, particularly for new mothers who did not have friends or family nearby that could provide additional support.

Macy noted that for many mothers, the application process alone can be a hurdle. “If they can do recertification online...it would make the program available to a lot more people,” she said. “Because some people don’t even have the resources to get there and apply.” This would also make the spread of information about WIC much more accessible: mothers tend to rely on

their WIC appointments to learn information about updates to the program, but this can result, as mentioned earlier, in many mothers being unaware of changes like the EBT transition. Online recertification and appointment scheduling would also be helpful for moms like Janet, who was unable to find a time to call and reschedule when the office was open due to her work schedule.

mRelief, which provides SNAP enrollees the option to check their eligibility through text message and receive their LINK card in the mail, does significant work to streamline this process for low-income families. “We provide pre-screening tools to help with SNAP on web and on text messaging, and we assist with really low-income families, in helping them not just screen but apply,” Afriye, executive director and cofounder of mRelief said. “And then we have partnerships with the Catholic Charities and the Greater Chicago Food Depository to help field some of the application components after they’ve been able to apply.” Such tools have the potential to make the enrollment process less daunting.¹³⁶ For those appointments and recertifications that cannot be done online, subsidizing transportation and informing mothers of closer and more convenient clinic options will ensure that no mother’s commute is too far or too hard to schedule, and that transportation will not create circumstances that lead mothers to unenroll. mRelief has noticed this barrier in SNAP enrollment as well, and has taken steps to resolve the issue for the families they serve. “I think some of the biggest barriers are, first and foremost, transportation,” Afriye said. “So getting someone free ride to the office is something that we’ve been able to provide.”

These changes are more likely to make a difference in mothers’ everyday experience of using their benefits, and will help to sustain the anticipated efficacy of EBT by ensuring that all

¹³⁶ mRelief has worked with WIC enrollees in the past, but has only done 57 WIC enrollments in Chicago since 2016, and now focuses primarily on SNAP.

physical barriers to WIC enrollment and maintenance are diminished. Easing up on the in-person requirements of WIC will ultimately make the program more accessible to all mothers, and the provision of subsidies for in-person requirements that remain will help to guarantee that no family falls through the cracks.

Expand the food package

The health outcomes possible on WIC are undeniable, but feedback from mothers, practitioners, and WIC policy experts alike demonstrates that their impact could be increased tenfold by expanding the food package to better mirror the needs and preferences of low-income mothers and their families. The list of approved foods does not include many key staples, such as white rice or lentils, for families with diverse cultural backgrounds, it does not take into account the variability of what kids eat, and it does not allow for any flexibility for mothers in what they feel is best for their children. The program is working towards being more culturally appropriate for families— states added corn and whole wheat tortillas to the approved foods list only in the last decade¹³⁷— but still imposes intense restrictions on the size, brand, and ingredients included in each item on the list.¹³⁸ “It’s supposed to be based on nutritional guidelines of like, what young children need, nutritionally, to have, so it’s supposed to meet some thresholds for nutrients, macro and micronutrients, which I guess it technically does,” Brumfield said. “But it’s not how

¹³⁷ "Summary of Changes - 'New WIC Approved Food List.'" Missouri Department of Health. Last modified 2015. <https://health.mo.gov/living/families/wic/localagency/updates/pdf/wicapprovedfoodlistwhatsnewfouritemsfinal082515.pdf>.

¹³⁸ US Department of Agriculture, "WIC Food Packages - Regulatory Requirements for WIC-Eligible Foods," USDA Food and Nutrition Service, <https://www.fns.usda.gov/wic/wic-food-packages-regulatory-requirements-wic-eligible-foods#WHOLE%20WHEAT%20BREAD/WHOLE%20GRAIN%20BREAD/OTHER%20WHEAT%20GRAINS>.

people live, not how people actually eat. Nobody's like 'I need my 8 grams of legumes, so I'm gonna eat peanut butter out of the jar.' Nobody does that."

Choices like the ones Macy and Kara wanted to make, like feeding their kids 2% milk instead of 1% milk, are simple variations that are more likely to increase overall retention in WIC, and thus the overall health outcomes of participating individuals, than to severely detract from the health benefits that WIC's nutritional guidance provides. Most mothers, when asked what they would want to improve in WIC, resoundingly responded that they would prefer a larger package for fruits and vegetables. Macy explained that the amount of money she receives for vegetables for her children is vastly insufficient, especially considering her children's eating preferences. "My kids are...those once-in-a-lifetime children that love vegetables and salad," she said. With five children, two who are already off WIC, and only \$9 per child, this adds up to only \$27 per month to spend on vegetables, which Macy said is hardly enough. If WIC truly strives to provide essential nutrition for mothers, increasing subsidies for vegetables, and even adding meat to the approved foods list, would go a long way in both keeping mothers enrolled and conveying the value of the benefits

Still, like all mothers, the participants in this study noted that they wanted the flexibility to be able to buy foods that may not necessarily meet all of WIC's nutritional guidelines, but would satisfy the desires and preferences of their young children. Afriye noted that some of these nutritional interventions may contribute to the paternalism associated with being enrolled in WIC— paternalism that programs like SNAP, with greater flexibility for families' eating choices, have in some ways avoided. Such paternalism may limit the effectiveness of the EBT transition, according to Afriye:

"I think this is a complicated thing, the idea that moms have that level of government intervention in their eating choices...On one hand, I guess chemistry to empower people

to know what's healthier, I think is a good thing. But the idea that it's restrictive based on WIC approved foods...you can't spend it on what you believe is best for your kids. The programmatic differences between SNAP and WIC are pretty stark."

Afriye makes an important point: although healthy eating habits are important for all families, parents who are not low-income are trusted to make healthy choices for their kids, while low-income mothers are subject to intense scrutiny. "Just think of WIC participants like anybody else, any other person in the world, what would they want," Brumfield said. "They would want control over their life, their schedule, their diet. I think that's the biggest thing." The recommendations that EverThrive and the Sargent Shriver National Center on Poverty Law listed relating to WIC food packages in the report "Making WIC Work in Illinois" include the following:¹³⁹

1. Allow for greater flexibility of food choice pertaining to allergies and cultural or religious restrictions
2. Increase the cash value for fruit and vegetable vouchers, or allow added value in exchange for a different food allowance
3. Allow a greater variety of packaging and container sizes available to WIC participants
4. Ensure that the 2020 EBT transition eliminates the "no rainchecks" policy, and allows participants to redeem different items at different stores rather than forfeiting or wasting benefits
5. Ensure that the 2020 EBT transition allows for flexible food-item redemption, e.g. can purchase items at a later date, leftover benefits roll over from month-to-month, EBT system is compatible with LINK card readers currently in retail stores

¹³⁹ "Making WIC Work in Illinois" 2017, 13

All of these changes are in line with the feedback of participants in this study, but some of them require changes at the federal level. “The issue in what we heard back from the state when we started questioning the flexibility of the food packages is that there isn’t a lot of flexibility for states,” Landers said. “The changes require federal changes, and that’s just a whole other layer of advocacy and process.” Landers emphasized that decision-maker buy-in is essential to WIC advocacy, and that organizations like EverThrive partner with the DHS to get exactly that.

To add onto these recommendations, I am also suggesting an expansion of the WIC food package to allow for more choices regarding brands of certain products, as many mothers cited a desire for more choice between certain brands and types of foods as part of their frustration with the WIC package. Allowing mothers to purchase a greater variety of foods beyond fruits and vegetables, such as yogurt, meat, and treats, as well as different and higher-quality brands, would add a degree of flexibility that would encourage continued enrollment in WIC without compromising the nutritional benefits that the program provides.

Changes to Eligibility: “Any Little Thing Helps”

While eligibility criteria for WIC are considerably looser than many public benefits programs in the United States in general— there is no work requirement, asset test, or significant proof of medical need required for WIC enrollment— some of these criteria still create tension and hesitation within moms thinking of enrolling. Immigration fears as well as the income and nutrition risk requirement are all factors that can compound hesitation about enrollment in WIC.

Afriye describes these requirements as “a hidden sort of moment of creating work.” While Castellonet clarified that the nutrition risk assessment is largely to determine exactly what nutritional risks mothers are facing, and not to determine whether or not a mother is at nutrition

risk at all, Afriye said that the perception of this requirement to mothers could be that they will need to provide proof or evidence using extensive medical records:

“It’s understood as, oh, I have to prove I have anemia, or I have to prove this. But then that’s another thing, like, do I have to get a blood test? Or do I have to pay for that blood test? Is it completely elective? So I think participation rates are also often a function of, how do people understand their healthcare benefits, and the relationship between the reliability of the healthcare they have, and proving that they’re eligible for WIC.”

Better and broader education about what the nutrition risk requirement consists of would be effective for lessening the fears that come with applying for any public benefits program.

Additionally, it may encourage more mothers to participate in the program as the nutrition risk assessment would be seen as the healthcare service that it is, rather than purely an eligibility requirement.

While WIC offices across the state of Illinois and across the country are doing significant work to educate their client population about the fact that WIC is not associated with public charge, a deeper engagement with undocumented communities is necessary to ensure that fears of eligibility and application are diminished. Expanding on existing work with organizations like the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) will prove necessary to ensuring that no mother believes themselves to be ineligible due to citizenship requirements. Widespread publication about different ways to meet the ID requirement will also prove helpful for increasing participation in undocumented communities.

As Brumfield noted, WIC especially is designed for the “deserving poor”: the income requirement for WIC is probably the strictest of its eligibility criteria. Still, one of the most common suggestions that mothers who were interviewed gave to improve WIC was to eliminate the income requirement altogether. After describing her desires for more online-based processes for the program and increased options for milk, Macy spoke about the income requirement.

“During pregnancy, regardless of whether you’re rich or if you’re poor, any little thing of help, that literally helps,” she said. “Even with WIC, that little thing would matter. It would ease one mother’s [life].”

Stacy outlined the stakes of this change, saying that WIC provides mothers an avenue through which to provide for their children and to not have to worry about basic needs. “I think all women should be eligible. It prevents them from doing crazy things like finding alternative cheaper ways of feeding their kids, their babies,” she said. “I feel like they wouldn’t feel like they had to do that if they knew they could get help.” WIC’s status as a child nutrition program means that it does carry this significance for all mothers who find themselves struggling to adequately feed their children, regardless of whether they fall under 185 percent of the federal poverty line. Jordyn echoed this sentiment, recalling people that she had known who had been denied for WIC: “It shouldn’t be based on [income] because people have kids and they have necessities, and they shouldn’t deny people for that.”

Every mother could benefit from WIC, and in considering this policy recommendation, it is also important to consider the cost of expanding eligibility for WIC and the effects of expanded eligibility on enrollment overall. A useful metric to think about is to look at the cost of expanding eligibility for other public benefits programs, like the Medicaid expansion under the Affordable Care Act (ACA). In fiscal year 2017, the cost of the Medicaid expansion amounted to \$575.9 million.¹⁴⁰ However, the Kaiser Family Foundation found that the effects of the Medicaid expansion are far more nuanced, and overall greatly beneficial to vulnerable populations that

¹⁴⁰ “Medicaid Expansion Spending.” The Henry J. Kaiser Family Foundation, February 4, 2019. [https://www.kff.org/medicaid/state-indicator/medicaid-expansion-spending/?currentTimeframe=0&selectedDistributions=total-medicaid-spending&sortModel={\"colId\": \"Location\", \"sort\": \"asc\"}](https://www.kff.org/medicaid/state-indicator/medicaid-expansion-spending/?currentTimeframe=0&selectedDistributions=total-medicaid-spending&sortModel={\).

were otherwise uninsured. The ACA Medicaid expansion has led to overwhelmingly positive effects on utilization of care, insurance coverage, healthcare affordability and financial security, and provider capacity.¹⁴¹ Further, when examining the economic benefits of WIC, the USDA FNS found that “every dollar spent on prenatal WIC participation saves \$1.77 to \$3.13 within the first 60 days after birth” for low-income Medicaid recipients that also receive WIC.¹⁴² Ultimately, expansions in eligibility will not be without what many policymakers may perceive as costly tradeoffs. But WIC enrollment, and the social safety net as a whole, has been proven to have lasting impacts on long-term health, and having access to the program now increases families’ chances for a healthier future.

Conclusion

The distinction Castellonet talked about between a “hunger” program and a “nutrition” program is an important one, but it also illuminates a key facet of the way we describe public benefits in the United States. All safety net programs are designed to provide resources to those who lack means, but in the case of hunger and nutrition, the stakes are extremely high. Particularly when providing food and nutrition to mothers and children, the necessity of a program being easy to use and navigate cannot be overstated.

One of the questions that I grappled with throughout the course of this research was how to explain why a mother’s choice to unenroll from WIC was not a failure on their part, but a

¹⁴¹ Guth, Madeline, Rachel Garfield, and Robin Rudowitz. “The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review.” The Henry J. Kaiser Family Foundation, March 17, 2020. <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>.

¹⁴² “USDA’s WIC Program Has Provided Nutrition Support for New Mothers, Young Children for Over 40 Years: USDA-FNS.” USDA, October 22, 2014. <https://www.fns.usda.gov/pressrelease/2014/fns-001014>.

failure on the part of the state; a failure in the design of public benefits. If a mother did not like WIC or decided it was best to unenroll, why should the state assume responsibility? I struggled to explain why it mattered that a mother stay enrolled in WIC, even if they ultimately felt it was not worth their time, energy, and resources.

The truth is, these tradeoffs are not new particularly in the field of public benefits. Being enrolled in programs like SNAP, TANF, and Medicaid is difficult, despite the overwhelming benefits they provide to their target population. This study intends to challenge the notion that enrollment should be difficult for a program designed to help those in need: in fact, it demonstrates that difficulty in obtaining and maintaining benefits is unacceptable, and should be resolved by practitioners and state-level actors for the sake of the families they serve. Each mother in this study demonstrated their steadfast dedication to providing for their children, sometimes at the cost of their own health. Questioning their unenrollment, therefore, is not a matter of not trusting the mother's judgement, but questioning what factors led WIC to not function as intended. It requires further questioning about the true intentions of WIC and whether they match the program's design; grappling with the fact that a program intended to safeguard the health of women and children cannot do so if its design drains this population's physical and mental energy.

To truly make a significant difference in the way that mothers experience WIC, the program should address the ways that obtaining and maintaining benefits intrudes on the lives of low-income families. Paying close attention to dropoff rates and enrollment patterns will serve as a good indication for which valuable parts of WIC need to be made more accessible. These preferences are valuable pieces of data: this study has demonstrated that improving WIC must begin at the level of retention. The transition to EBT will likely reveal a large population of

eligible individuals that slipped through the cracks. In the transition, it will be the state's and WIC practitioners' responsibility to conduct meaningful outreach to families who might have fallen off the radar.

Macy made this point effectively when she noted that every mom could use what WIC has to offer. Now is the time to make WIC a bigger thing of help.

Appendix

A: Table of Eligibility Criteria for WIC

INCOME

| Family Size | Annually | Monthly | Weekly |
|-----------------------------------|-----------------|----------------|---------------|
| Family of 1 | \$23,107 | \$1,926 | \$445 |
| Family of 2 | 31,284 | 2,607 | 602 |
| Family of 3 | 39,461 | 3,289 | 759 |
| Family of 4 | 47,638 | 3,970 | 917 |
| Family of 5 | 55,815 | 4,652 | 1,074 |
| Family of 6 | 63,992 | 5,333 | 1,231 |
| Family of 7 | 72,169 | 6,015 | 1,388 |
| Family of 8 | 80,346 | 6,696 | 1,546 |
| For each add'l family member, add | + \$8,177 | + 682 | + 158 |

CATEGORICAL

| Category | Criteria 1 | Criteria 2 | Criteria 3 |
|-----------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------|
| Women | Pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy) | Postpartum (up to six months after the birth of the infant or the end of the pregnancy) | Breastfeeding (up to the infant's first birthday) |
| Infants | Up to the infant's first birthday | | |
| Children | After first birthday and up to the child's fifth birthday | | |

RESIDENTIAL

Participants must live in the state in which they apply.

NUTRITION RISK

According to the USDA Food & Nutrition Service website, "nutrition risk" is defined as the following:

- “Medically-based risks (designated as "high priority") such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes.
- Diet-based risks such as inadequate dietary pattern.

Nutritional risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on Federal guidelines. This health screening is free to program applicants.”

Income data taken from: <https://www.fns.usda.gov/wic/frequently-asked-questions-about-wic>

Nutrition risk data taken from: <https://www.fns.usda.gov/wic/frequently-asked-questions-about-wic>

Categorical data taken from: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>

Residential data taken from: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>

B: Racial composition of neighborhoods with Food and Nutrition Centers, Map of grocery stores in Chicago, FNC locations

RACIAL COMPOSITION OF NEIGHBORHOODS WITH FNCS

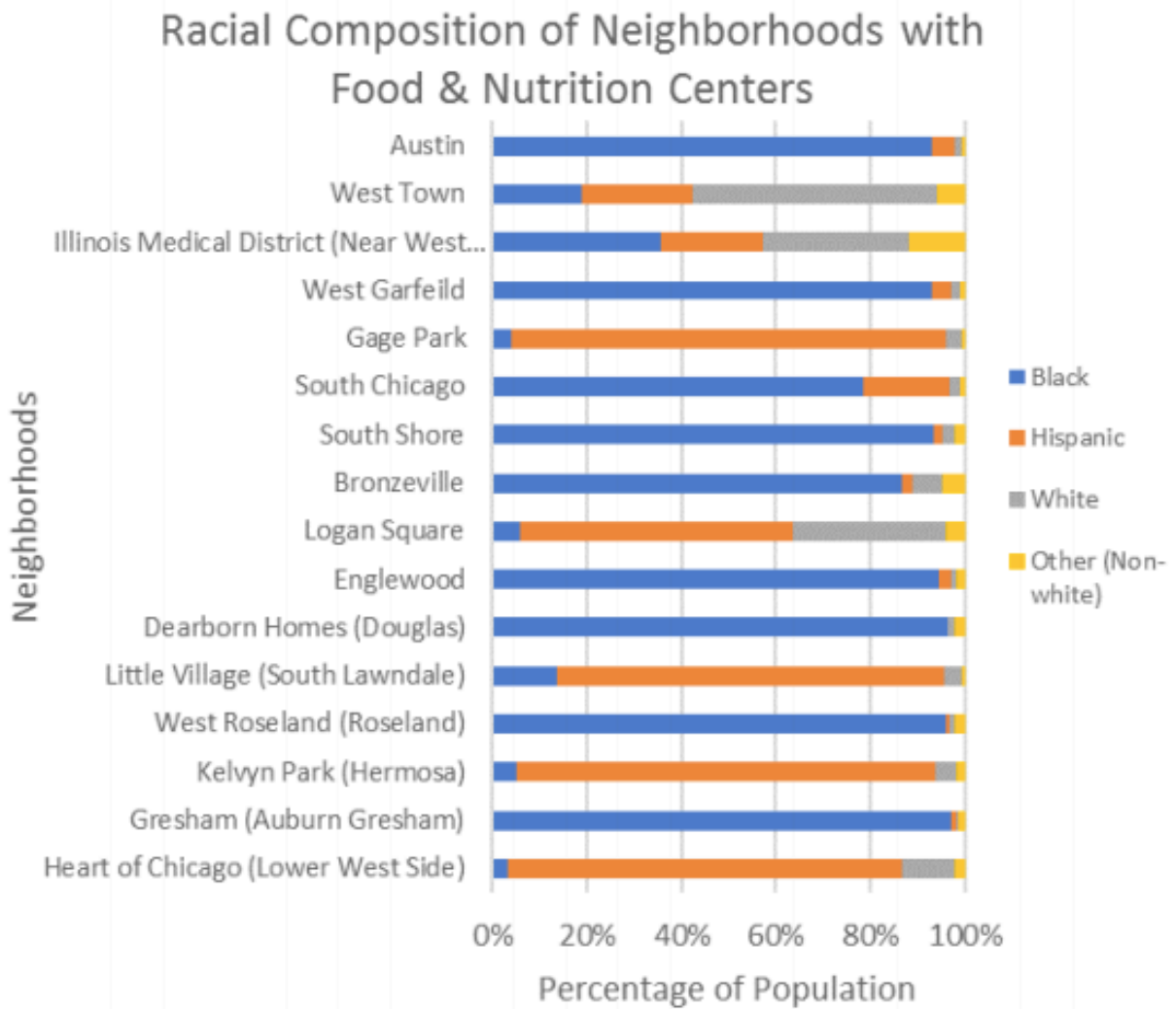


Chart taken from:

https://www.everthriveil.org/sites/default/files/docs/2019_MakingWICWork.pdf

LOCATIONS OF FNCS (Figure 3) AND HEAT MAP OF GROCERY STORE ACCESS (Figure 4)

Figure

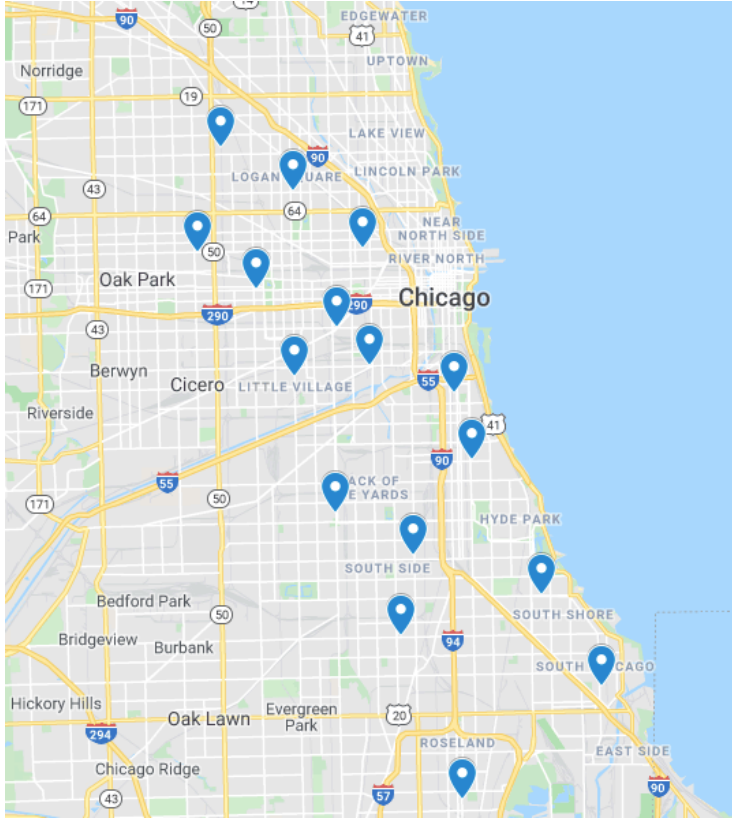


Figure 4

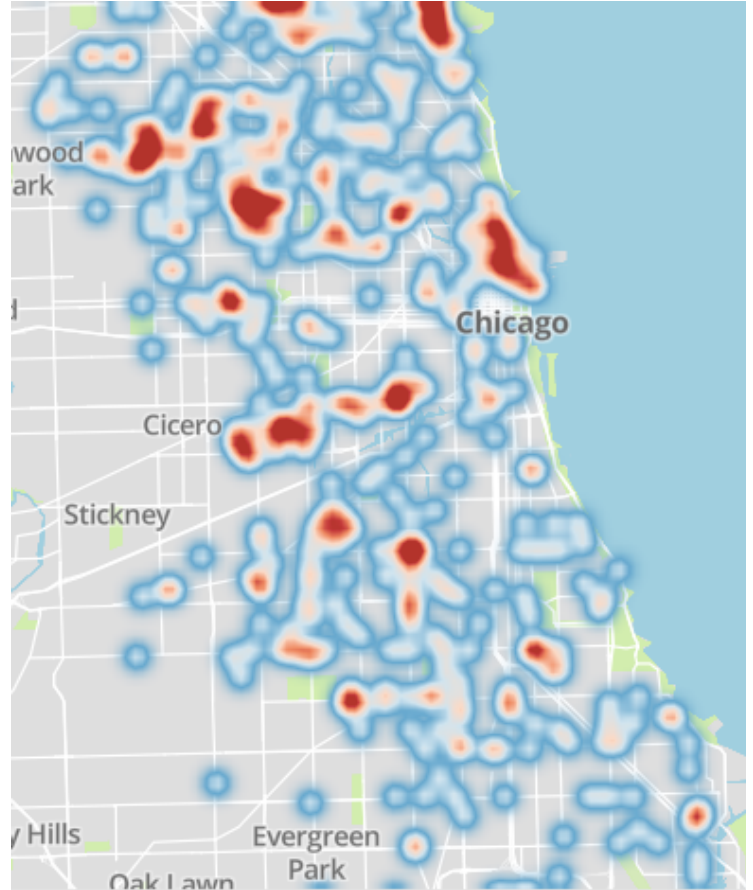


Figure 1 data taken from:

https://www.catholiccharities.net/Portals/0/Programs%20and%20Services/Nutrition/Documents/WIC_FS_100616.pdf?ver=2017-01-25-162813-233

Figure 2 data taken from: <https://data.cityofchicago.org/Community-Economic-Development/Grocery-Stores-2013/53t8-wyrc>

C: Codes used in Dedoose



I used the following codes to categorize my results in Dedoose. Each related concept in an interview transcript was tagged with one of the following codes and organized into the framework below. This framework was then organized to contribute to the structure of the qualitative write-up of my results.

D: Recruitment materials

RECRUITMENT FLYER (posted in online Facebook groups)

Looking For Participants

INTERESTED IN WIC?

Want to share your experience with the
program?

This study is intended to help understand the state of WIC in Chicago and how families across the city are accessing groceries.

- Participants will be asked to participate in an interview lasting between 30-60 minutes in which they will describe their experience being enrolled in WIC, or their thoughts on the program if they are not enrolled
- Interviews will take place at a location of the participant's choice within Chicago, and can also be held over the phone
- Any woman is eligible to participate in this study (looking for parents or pregnant mothers age 18 or older)
- All participants will be compensated \$10 for their time

Contact Ashvini Kartik-Narayan at (331) 575-9517 or at ashvini137@uchicago.edu if interested & for more information.

Ashvini Kartik-Narayan is a senior at the University of Chicago and is conducting a study about WIC for her undergraduate thesis project in public policy. WIC IN CHICAGO: IRB19-1741

RECRUITMENT ANNOUNCEMENT TEXT (posted in online Facebook groups)

“Hi all, I am a college student doing a call for interviews for a project I'm doing for school (I'm a student at the University of Chicago)! This is a PAID opportunity to share your thoughts about the WIC program. Please note that if you would prefer to do an interview in Spanish, I have a translator available to help.

WHAT: My BA thesis project about the WIC (Women, Infants, and Children) food assistance program. Looking to gather interviews (30-60 minutes) about people's experience with the program!

WHY: I want to interview people about their experience with WIC/the WIC offices to get a better understanding of the state of WIC in Chicago and how families across the city are accessing their benefits. All information will be kept **completely confidential** and will only be used for the purposes of my school project.

WHO: Any woman is eligible to participate in this study (looking for parents and pregnant mothers age 18 or older). If you are enrolled in WIC/have ever been enrolled in WIC in the past, or if you have ever tried to enroll in WIC or wondered whether you are eligible, I would love to speak with you!

HOW: Interviews will be approximately 30-60 minutes long and can be conducted at a location of your choice. I'm also happy to do interviews over the phone!

All participants will be compensated with \$10 for their time. Can send money through mail, Cashapp, Venmo, Paypal, etc.

I've included a flyer below, but feel free to DM me/comment below with any questions!

Additionally, if you know of another Facebook group that might be good to post in, please let me know!”

E: List of interview questions asked to WIC-eligible and enrolled individuals, IRB consent forms provided to interviewees

QUESTIONS (ENGLISH)

1. What neighborhood do you live in/what neighborhood did you live in when you were enrolled in WIC?
2. How long have you been/were you enrolled in WIC (include all instances that you were enrolled in WIC)? If you are currently enrolled in WIC, how long do plan to stay enrolled in WIC?
3. How many kids do you have/for how many of these kids were you enrolled in WIC?
4. Can you talk about how you enrolled for WIC benefits? Where did you go to enroll? Did you encounter any obstacles in enrolling?
5. What color coupon do/did you receive? Orange/pink-ish, or blue?
6. Where are/were you able to use your coupons? Can you describe the process of receiving your benefits each month and where you shop/shopped for groceries regularly?
7. If you shop/shopped for groceries at the WIC clinics/Food & Nutrition Centers, what has been your experience? How is/was the quality of groceries that you are able to purchase at the WIC office/Food & Nutrition Center?
8. Is it convenient for you to shop at the WIC clinic/Food & Nutrition Centers, as opposed to regular grocery stores? Do the hours that the centers are open work with your schedule?
9. Can you describe your commute to get groceries? Is it convenient? Are there places closer to you that you would like to redeem your WIC benefits at but cannot (your coupon is not redeemable)?
10. Do you have access to groceries at any other place in your neighborhood? Can you describe the grocery stores that are closest to you?
11. Can you describe your satisfaction with your WIC groceries? Is there anything you wish you could buy but cannot/any regulations that you wish were not there?
12. What information and resources do you have access to at WIC clinics? (nutrition classes, breastfeeding support, etc)
13. Can you describe your commute to the WIC offices to obtain your WIC coupons each month? Is it convenient?
14. Have you encountered any obstacles in maintaining access to your WIC benefits? Do you feel that your benefits are sufficient?
15. Have you heard about the EBT system coming in 2020 (instead of paper vouchers, your WIC benefits will be transferred using an electronic account/card, similar to a LINK card)? Do you anticipate this change making it easier for you/others to access benefits at grocery stores across the city?
16. What would you like to see improve in WIC?

QUESTIONS (SPANISH)

1. ¿En qué vecindario vive o vivió mientras recibe o recibía WIC?
2. ¿Cuánto tiempo ha estado inscrito en WIC/cuánto tiempo planea mantenerse inscrito?
3. ¿Qué años ha estado inscrito en WIC?
4. ¿Qué color de cupón utiliza?
5. ¿Puede elaborar cómo primero escuchaste sobre WIC? ¿De dónde lo escuchó? ¿Algunos de sus familiares y/o amigos están inscritos en WIC y se lo mencionaron a usted?
6. ¿Puede elaborar sobre dónde se inscribió para los beneficios de WIC y su experiencia inscribiéndose? ¿Se enfrentó a algún obstáculo cuando se inscribió?
 - a. ¿Se recuerda qué documentos tuvo que proveer? ¿Había alguno que fue difícil para usted proveer?
7. ¿Alguna vez titubeó sobre inscribirse o mantenerse inscrito? (¿Alguna vez tuvo miedo de que no calificaría para los beneficios?)
8. ¿Son los empleados de WIC, en clínicas o supermercados, serviciales y/o accesibles?
9. ¿Dónde puede usted utilizar sus cupones? ¿Puede describir la experiencia de recoger sus beneficios cada mes y dónde normalmente hace la compra?
10. ¿Cómo ha encontrado la calidad de la compra a la que usted tiene acceso? ¿Está satisfecho/satisfecha con la variedad/cantidad/calidad de sus beneficios? ¿Hay alguna cosa que ustedes desearía poder comprar, pero no puede? ¿Hay algún lugar donde desearía poder comprar, pero no puede?
11. ¿Puede describir su viaje para obtener sus beneficios/ir a citas/hacer la compra? ¿Es conveniente? ¿Son las horas convenientes/cómo se acomodan a su itinerario?
12. ¿Alguna vez usted se ha enfrentado con obstáculos en mantener sus beneficios? ¿Cuáles son los requerimientos de tiempo/recursos del programa para usted?
13. ¿Ha escuchado sobre el sistema EBT que viene en 2020 (en vez de cupones de papel sus beneficios de WIC sería transferidos mediante una cuenta o tarjeta electrónica)? ¿Anticipa que este cambio le haría más fácil para usted acceder sus beneficios en los supermercados alrededor de la ciudad?
14. ¿Qué le gustaría mejorar de WIC sobretodo? ¿Si pudiese, cambiaría algo?
¿Conoce de alguien que pudiese estar interesado en este estudio? ¿Pudiera darle mi número de celular?

IRB CONSENT FORM (ENGLISH)

**VERBAL RECRUITMENT CONSENT FORM FOR STUDY
PARTICIPANT (WIC ENROLLEE)**

Study Title: WIC in Chicago

Protocol Number: IRB19-1741

Principle Investigator:

I am a student at the University of Chicago, completing my thesis project in the Department of Public Policy Studies. I am inviting you to take part in my study about the nature of WIC in Chicago. This form has important information about the reason for doing this study, what I will ask you to do if you decide to be in this study, and the way I would like to use information about you if you choose to be in this study.

What is the purpose of this study?

The purpose of this study is to better understand how WIC enrollees in Chicago are affected by the city's paper voucher/coupon system, which provides a different colored coupon to enrollees on the North side versus the South side. I am interested in learning about how the paper voucher/coupon system has impacted your ability to obtain and maintain access to WIC benefits, whether you find the quality and quantity of benefits you are receiving to be satisfactory or unsatisfactory, and what you would want the WIC program to improve on in the future.

What will you do if you choose to be in this study?

If you choose to be in this study, we will begin with an interview. You are not obligated to answer any questions, and can stop the interview at any time.

Study time: Interviews will last between 30 and 90 minutes.

Study location: All study procedures will take place at a location of your choice. I would prefer to take an audio recording of this interview in order to make sure that I remember all of the information you provide. I will keep these audio records, my notes regarding the interview and my transcriptions of the interviews in a secure

file on UChicago Box that will only be accessed by me and is password protected. If you are uncomfortable with an audio recording, I can take hand-written notes or type notes in a Word document on my laptop that I will later transcribe and store in a secure file on UChicago Box.

What are the possible risks or discomforts?

There are no serious risks anticipated to be involved in this study. Your participation in this study does not involve any risk to you beyond that of everyday life.

What are the possible benefits for you or others?

You will have the opportunity to share your opinions on the WIC program and ways that you would like to see it improve to better help you and others in the future.

How will I protect the information I collect about you, and how will that information be shared?

Results of the study will be used in my thesis project and may be used in any presentations associated with it.

If given permission, I will record the interviews using the voice memos app on my iPhone, and will transcribe the interviews into Word documents on my laptop. Audio files and Word documents will be transferred to a secure, password protected file on UChicago Box and will be removed from my computer. If not given permission to record, I will either take handwritten notes or take notes using Word on my laptop. Having transferred them UChicago Box, I will remove them from my computer. Any handwritten notes will be immediately scanned and transferred into UChicago Box and the papers will be destroyed.

When I correspond by email or by phone with you, I will encrypt the emails and phone conversations.

Finally, you may state at any time whether you would like me to use a pseudonym for your name or not. If you would like to me to use a pseudonym, I will use a pseudonym for your name even as I am originally recording and transcribing the interviews. The key revealing your true name will be stored in UChicago Box (in a

separate password protected document from the data).

During the interview, if it seems that you are beginning to reveal information about yourself or others that could have legal importance, I will remind you that you should not reveal anything that has not yet been prosecuted.

Identifiable information will never be shared outside the research team. De-identified information from this study may be used for future research studies or shared with other researchers for future research without your additional informed consent.

In the case that this interview is taking place with more than one participant at a time: Although we ask everyone in the group to respect the privacy and confidentiality of participants, and to keep the discussion in the group confidential, we cannot guarantee this. Please keep this in mind when choosing what to share in a group setting.

Please let me know now if you would like me to use a pseudonym for your name or not.

Financial Information

Participation in this study will involve no cost to you. You will be compensated monetarily with \$10. If you would like the interview to take place at a café or restaurant, I will offer to buy your meal.

What are your rights as a research participant?

Participation in this study is voluntary. If, at any time, and for any reason, you would prefer not to participate in this study, please feel free not to. We can take a break, continue at a later date, or stop altogether. You may withdraw from this study at any time, and you will not be penalized in any way for deciding to stop participation. If you decide to withdraw from this study, I will ask you if the information already collected from you can be used.

Who can you contact if you have questions or concerns about this research study?

If you have questions or concerns, you are free to ask them now. If you have

questions later, you may contact me at (331) 575-9517, email me at ashvini137@uchicago.edu, or write me at 5300 South Greenwood Ave. Apt. 2, Chicago, IL 60615.

If you have any questions about your rights as a participant in this research, you can contact the following office at the University of Chicago:

Social and Behavioral Sciences Institutional Review Board University of Chicago 1155 E. 60th St, Room 414 Chicago, IL 60637

Phone: (773) 834-7835 Email: sbs-irb@uchicago.edu

If you agree to participate, please say so.

Again, participation is voluntary. Refusal to participate or withdrawing from the research will involve no penalty or loss of benefits to which you might otherwise be entitled. You will be provided a copy of this form. By signing below, you agree to participate in the research.

Participant's Name (Print)

Participant's Signature

Date

IRB CONSENT FORM (SPANISH)

FORMULARIO DE RECLUTAMIENTO ORAL PARA PARTICIPANTES EN EL ESTUDIO (WIC ENROLLEE)

Título del estudio: WIC en Chicago

Numero de protocolo: IRB19-1741

Investigadora Principal:

Yo soy estudiante de la Universidad de Chicago, y trabajo en mi tesis para la facultad de las políticas públicas. Le invito a participar en mi estudio sobre la natura de WIC —el programa especial de nutrición suplementaria para mujeres, infantes y niños— en Chicago. Este formulario contiene información pertinente e importante sobre la motivación de este estudio, y lo que le pido y la manera en que quiero utilizar su información si decide que quiere participar.

El Propósito del Estudio

El propósito de este estudio es mejorar la comprensión de la manera en que el sistema WIC de “vouchers”/cupones en Chicago se afecta los usuarios de WIC. El sistema en Chicago se proporciona dos distintos colores de cupones, uno en la parte norte (“North side,” en inglés) de la ciudad y otro en la parte sur (“South side”). Me interesa cómo el sistema de los cupones en papel ha afectado su capacidad de obtener y mantener acceso de los beneficios WIC, de qué piensa de la calidad y la cantidad de los beneficios (¿Son suficientes/satisfactorios?), y cuáles aspectos del programa WIC quiere que sean mejorados en el futuro.

Qué hace si elige participar?

Si elige participar en este estudio, empezamos con una entrevista. No hay ninguna obligación de contestar cada pregunta, y puede terminar la entrevista en cualquier momento.

La duración del estudio:

Las entrevistas duran entre 30 y 90 minutos.

La ubicación del estudio:

Todos los procesos del estudio tienen lugar en el sitio que de su propia elección. Prefiero grabar una grabación de esta entrevista para que yo recuerde toda la información que me cuenta. Yo guardaría estas grabaciones, sus transcripciones, y mis apuntes sobre la entrevista en un archivo seguro en UChicago Box. Yo y solo

yo accedería este archivo, y además el archivo es protegido por contraseña. Si una grabación auditiva hiciera que se sienta incómodo, yo podría tomar apuntes escritos o apuntes en un archivo de Microsoft Word que, más tarde, transcribiría en un archivo seguro en UChicago Box.

Riesgos e incomodidades posibles

No hay ningunos riesgos anticipados de participar en el estudio. Su participación en este estudio no pone ningún riesgo fuera de los riesgos de la vida cotidiana.

Beneficios para sí mismo y otras personas

Tiene la oportunidad de compartir sus opiniones sobre el programa WIC y las maneras en que se puede mejorarlo para ayudar y servir a usted y otros en el futuro.

¿Cómo protejo su información y cómo comparto esta información?

Utilizaré los resultados del estudio en mi tesis y las presentaciones afines.

Si me permite, grabaré las entrevistas con la aplicación “Voice Memos” en mi iPhone. Entonces, transcribiré estas grabaciones en documentos de Word en mi computadora. Transferiré los archivos (grabaciones y transcripciones) a un lugar seguro y protegido por contraseña en UChicago Box (luego, borraré las copias locales). Si no me permite, tomaré apuntes escritos o apuntes en un archivo de Microsoft Word que, más tarde, transcribiré en un archivo seguro en UChicago Box. De nuevo, destruiré las copias escritas y borraré los archivos locales.

Cuando yo corresponda por correo electrónico o teléfono, cifraré los correos electrónicos y las conversaciones telefónicas.

Finalmente, en cualquier momento, puede decirme que prefiere utilizar un seudónimo. Si prefiere, utilizaré el seudónimo desde el inicio de las entrevistas. Guardaré la clave que contiene su nombre verdadero en UChicago Box (en un archivo distinto de los resultados pero todavía seguro y protegido por contraseña).

Durante la entrevista, si parece que usted empezar a revelar información sobre usted o otros que puede tener consecuencias jurídicas, le recuerdo que no debe revelar ninguna cosa que ya no ha sido procesado/enjuiciado.

Información identificable nunca será compartido fuera del grupo de investigación. Información disociada de este estudio puede ser utilizado por investigaciones escolares y compartido con otros investigadores escolares en el futuro sin su consentimiento con conocimiento adicional.

En el caso de una entrevista con más de un participante a la vez: aunque pido que todos en el grupo respeten la privacidad y confianza de los participantes, y que mantengan la confianza de la discusión, no puedo asegurarlas. Por favor, recuerde esto cuando elija lo que quiere compartir en el contexto grupal.

Por favor, dígame ahora si prefiere la utilización de seudónimo.

Información financiera

Su participación en este estudio no tiene ningún coste. En unos momentos, le pago \$10 por participar. Si quiere que la entrevista tome lugar en una café o un restaurante, permítame pagar su cuenta.

What are your rights as a research participant?

Los derechos que tiene como participante

La participación en este estudio es voluntaria. Si, en cualquier momento, y por cualquier razón, prefiero no participar en este estudio, no dude en terminar su participación. Usted puede parar cuando quiera y seguir en otro momento, o terminar en total. También, usted puede retirar del estudio en cualquier momento sin pena. Si elige retirar, pediré si puedo usar la información ya recogida.

¿A quién puede contactar si tiene preguntas o dudas sobre esta investigación?

Si tiene preguntas o dudas, no dude en preguntarlas ahora. Si tiene preguntas en el futuro, usted puede contactarme a (331) 575-9517 por teléfono, ashvini137@uchicago.edu por correo electrónico, o 5300 South Greenwood Ave. Apt. 2, Chicago, IL 60615 por correo postal.

Si tiene preguntas sobre sus derechos como participante en este estudio, usted puede contactar la oficina siguiente de la universidad:

Social and Behavioral Sciences Institutional Review Board University of Chicago

1155 E. 60th St, Room 414

Chicago, IL 60637

Teléfono: (773) 834-7835 Correo Electrónico: sbs-irb@uchicago.edu

Si acepta participar, por favor dígalos.

De nuevo, la participación es voluntaria. El rechazo de participación o la retirada del estudio es sin pena y sin pérdida de los beneficios debidos que en otros casos. Se

le facilitará una copia de este formulario. Al firmar abajo, usted acepta participar en el estudio.

Firma del participante

Nombre del participante impreso (en mayúsculas)

Fecha

F: List of interview questions asked to WIC practitioners, experts, and food pantry volunteers

WIC EXPERTS QUESTIONS (varied with different individuals' expertise)

1. Can you talk about your expertise as someone who studies WIC?
2. Can you talk about the disparities you've noticed in WIC coverage between different groups? Disparities in WIC experiences?
3. What were the motivations behind Chicago's colored coupon system, if you know?
4. What do you think will be the impact of the EBT transition in terms of improving coverage rates? Do you think the paper voucher system is part of what has kept coverage rates low in Illinois/what keeps coverage rates low across the country?
5. How do eligibility criteria for WIC keep coverage rates low? How does the task of maintaining WIC benefits keep coverage rates low? How has bureaucracy and frustration contributed to low WIC coverage rates?
6. What do mothers find frustrating about the WIC program?
7. What causes dropoff rates in coverage after children turn 2?
8. What could be done at the state level to improve enrollment/eligibility/participation?
9. What could be learned from the failures of the paper voucher system to improve coverage rates for WIC? What role will EBT play?
10. Why has it taken so long to transition to EBT?

WIC PRACTITIONER QUESTIONS

1. Can you describe your role as a WIC practitioner? What are your daily responsibilities, and how do you help people navigate the WIC program?
2. Can you describe the eligibility requirements for WIC? Are mothers ever unsure of whether they will meet the eligibility requirements?
3. Do most mothers have significant knowledge about the program before enrolling? If so, how do you help to answer any questions you might have?
4. What might be some reasons that a mother could be denied for WIC? What are the required documents to enroll in WIC, and have you ever found that a mother was unable to provide all documentation?
5. Can you describe your understanding/thoughts on the orange and blue colored coupon system in Chicago? How do you think it affects mothers currently, and what do you think will change when the colored coupon system goes away during the EBT transition? Do you anticipate this change making it easier for mothers to navigate WIC?
6. How long do the mothers you work with typically stay enrolled in WIC?
7. What are some reasons that a mother might unenroll from WIC, or choose not to enroll in the first place?
8. Can you describe the benefits package that WIC offers? Have you noticed mothers wanting more of anything in particular from WIC?
9. How do you find that mothers are able to keep up with the appointment schedule for WIC? How often would you say a mother might miss appointments? What are some

barriers you have noticed to keeping up with WIC appointments, being able to retrieve/redeem coupons, etc.?

10. What would you say are the main differences between WIC and SNAP in terms of how mothers navigate the program?
11. What are the main positives of WIC that you have heard from mothers? What are the main negatives?
12. What do you think should improve in WIC overall?

FOOD PANTRY VOLUNTEER QUESTIONS

1. Can you tell me about your role at the food pantry? And your other work?
2. Can you tell me about the population that the food pantry serves? Are there “regulars”? Do most people come frequently, are there often newcomers?
3. Are there a lot of women with children that come to the food pantry? Under what circumstances do people usually end up needing to come to the food pantry? Is it temporary food insecurity or more long term?
4. How many moms do you know who are on WIC? If not many, why do you think they are not enrolled?
5. For the moms that you know who are on WIC, how long do you tend to see them stay enrolled for, if you know that information?
6. What are some barriers that you notice moms having in maintaining their WIC benefits/accessing food in general? Transportation, availability of grocery stores, etc.?
7. What fears do you notice moms having about being enrolled in WIC or public benefits? Public charge rule?
8. What are others barriers to enrollment that you notice for moms who are on WIC?
9. What changes have you seen in food pantry patrons during your time working there?
10. What are some changes that you would like to see made to better ensure access to nutritious foods for moms/WIC moms? What do you think would make their ability to use their benefits/access food easier, from a public benefits standpoint? Either policies through the food pantry or through government acts?
11. If the food pantry closed tomorrow, what would happen to moms who frequent the pantry in terms of their access to food?

G: WIC-approved foods with sizes

| Foods | Children | Women | | |
|---------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|
| | Food Package IV: 1 through 4 years | Food Package V: Pregnant and Partially Breastfeeding (up to 1 year postpartum) | Food Package VI: Postpartum (up to 6 months postpartum) | Food Package VII: Fully Breastfeeding (up to 1 year postpartum) |
| Juice, single strength | 128 fl oz | 144 fl oz | 96 fl oz | 144 fl oz |
| Milk 2 | 16 qt | 22 qt | 16 qt | 24 qt |
| Breakfast cereal 3 | 36 oz | 36 oz | 36 oz | 36 oz |
| Cheese | N/A | N/A | N/A | 1 lb |
| Eggs | 1 dozen | 1 dozen | 1 dozen | 2 dozen |
| Fruits and vegetables | \$8.00 in cash value vouchers | \$11.00 in cash value vouchers | \$11.00 in cash value vouchers | \$11.00 in cash value vouchers |
| Whole wheat bread 4 | 2 lb | 1 lb | N/A | 1 lb |
| Fish (canned) 5 | N/A | N/A | N/A | 30 oz |
| Legumes, dry or canned and/or Peanut butter | 1 lb (64 oz canned) Or 18 oz | 1 lb (64 ounce canned) And 18 oz | 1 lb (64 ounce canned) Or 18 oz | 1 lb (64 ounce canned) And 18 oz |

| | Fully Formula Fed | | Partially Breastfed | | Fully Breastfed | |
|----------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------|--------------------------------|
| Foods | Food Packages I and III A: 0-3 months B: 4-5 months | Food Packages II and III 6-11 months | Food Packages I and III A: 0 to 1 month B: 1-3 months C: 4-5 months | Food Packages II and III 6-11 months | Food Package I 0-5 months | Food Package II 6-11 months |
| WIC Formula | A: 806 fl oz reconstituted liquid concentrate B: 884 fl oz reconstituted liquid concentrate | 624 fl. oz. reconstituted liquid concentrate | A: 1 can powder B: 364 fl oz reconstituted liquid concentrate C: 442 fl. oz. reconstituted liquid concentrate | 312 fl. oz. reconstituted liquid concentrate | | |
| Infant cereal | | 24 oz | | 24 oz | | 24 oz |
| Baby food fruits and vegetables | | 128 oz | | 128 oz | | 256 oz |
| Baby food meat | | | | | | 77.5 oz |

Chart data taken from: <https://www.fns.usda.gov/wic/wic-food-packages-maximum-monthly-allowances>

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