



WIC Family HWIC/SNAP/Medicaid Alignment Project Team Meeting 'The WIC Family Journey'

On July 15, 2020, the Colorado Blueprint to End Hunger's "Cross Program Alignment Project Team" convened a group of community members, advocates, and state staff to discuss the 'family journey' a household enrolled in Medicaid undertakes to subsequently enroll in WIC. The Blueprint asked the group what was working, and what needed improvement, in regards to a number of scenarios that a household on Medicaid who is interested in WIC may experience such as : "How do they become aware of the WIC program"; "How do they use their WIC benefits?"; and "How do they stay on the WIC program when they need to recertify?"

WIC Works

- The WIC program literally pays for itself over the course of each fiscal year by providing substantial federal and state savings in the form of Medicaid expenditures.¹ For example, in 1990, prenatal WIC benefits cost \$296 million but offset an estimated \$472 million in public health care costs
- WIC has a significant effect on improving birth weight by as much as 25 percent and increases general positive health outcomes for babies²
- Babies on WIC are one third less likely to die during their first year of life compared to those not on the program³

Medicaid to WIC Strengths in Colorado

- The program is accessible to families that may not be eligible for other programs for reasons such as immigration status
- The breastfeeding supports WIC provides are invaluable and help remove some of the perceived complexity or misinformation associated with breastfeeding
- WIC provides a number of foods that are highly sought after or may otherwise be inaccessible to families with low-incomes
- Some existing services for families with low-incomes have a strong referral network to WIC, and the WIC in-county referral system generally functions well
- The additional flexibilities provided to the WIC program in the recent "The Families First Coronavirus Response Act" have ensured powerful provisions that allow families to use the program safely in regards to social distancing (until these provisions expire at the end of September)

¹ <https://www.gao.gov/assets/160/151746.pdf>

² <https://www.nokidhungry.org/sites/default/files/child-economy-study.pdf>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6902759/>

Opportunities for Cross-Program Improvement

1

Create additional cross-linkages to familial supports that can help drive more eligible families to WIC

- Every healthcare provider in the state should be educating families about WIC at their obstetrician appointments
- Childcare providers (licensed and unlicensed) should have educational materials and outreach connections necessary to help promote the WIC program to families
- WIC should be integrated into the Colorado Benefits Management System (CBMS) so that technicians who use CBMS for programs such as Medicaid and SNAP can cross-enroll families into WIC more easily

2

Cross-linking existing medical appointments or programs to WIC can also help reduce some burdens to maintain program eligibility

- Use program flexibilities to leverage data from obstetrician and pediatric appointments that are necessary to report for ongoing WIC participation, or even complete WIC recertifications
- Utilize program information from recertifications in Medicaid, SNAP and other programs to complete WIC recertifications

3

Address historical misinformation that persists and may discourage eligible families in Medicaid from applying for WIC

- Reframe WIC as a modernized program that leverages technology and electronic cards that make enrollment and benefits easy and accessible
- Create a better understanding of what the WIC referral accomplishes so that families are aware of what additional steps to enrollment must be completed following a referral
- Make WIC food labeling even more intuitive and visible to reduce frustration when shopping for WIC foods

4

Understand and confront the innate barriers to enrollment and recertification for families in rural areas

- The WIC program may be more stigmatized that Medicaid in rural counties, and a different marketing approach may be necessary to address program perception
- Rural families have greater language, technology, and transportation barriers in rural Colorado which makes the all support programs less accessible than in the front range
- Limited opportunities to spend WIC at stores, as well as the perception that benefits are low, discourage rural families from applying, and so opportunities to leverage WIC benefits against other supports (such as CSA boxes) should be expanded and explained to Medicaid households



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