



UNIVERSITY OF CALIFORNIA
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Research Report

Informing the Future of WIC: Lessons Learned during COVID-19 from California Agency Directors

June 9, 2021

University of California, Nutrition Policy Institute

PHFE WIC, a program of Heluna Health

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Funders: The David and Lucile Packard Foundation supported the WIC agency director interviews and WIC participant interviews; California Department of Public Health WIC supported the WIC participant interviews

Date: June 9, 2021

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Executive Summary

Multiple Concurrent Changes to WIC

For nearly 50 years, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), a federal nutrition assistance program, has supported low-income, nutritionally at-risk pregnant and postpartum women, infants, and children up to age five years. Women and children in these circumstances are at higher than usual risk of nutritional inadequacy leading to a host of life-limiting diseases and conditions. WIC participation has proven health benefits that result in healthcare cost savings.

Participants in WIC typically visit a local WIC clinic at least quarterly to receive nutrition education, and/or breastfeeding support, referrals to other health and social services, and monthly benefits for healthy foods. Annually, all participants are required to be certified for eligibility based on income and nutrition risk. In 2020, WIC services were provided to nearly 6.3 million women and young children in the [United States](#). With over one million WIC participants, [California](#) serves more women, infants and children than any other state.

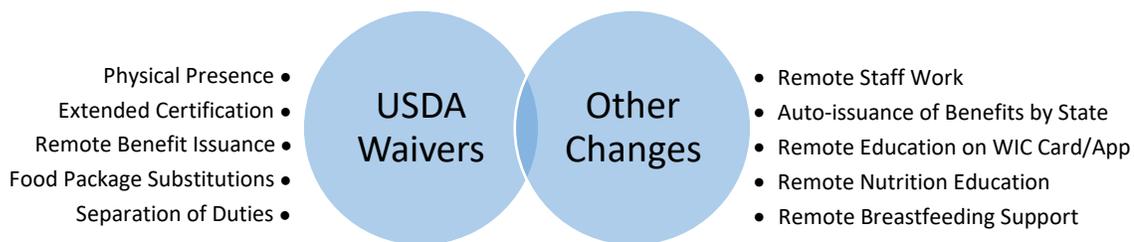
Beginning in June 2019 and continuing through the end of March 2020, [California WIC](#) began to issue WIC Cards in lieu of paper checks. Benefits are loaded online and participants can purchase prescribed WIC foods similar to using a debit card. Participants can also check their monthly food benefits using a newly created WIC App.

With the onset of the coronavirus pandemic, in March 2020 California's Governor issued an [order](#) requiring individuals to remain at home as much as possible. At the same time, the Families First Coronavirus Response Act gave the US Department of Agriculture (USDA) authority to grant states [waivers](#) allowing WIC operations to safely continue during the COVID-19 pandemic. As a result, local WIC clinics ceased most in-person visits and shifted to remote service delivery.

Identifying Lessons Learned during the Pandemic

In late 2020, structured interviews were conducted with 22 directors of local WIC agencies in California on simultaneous changes involved in remote delivery of WIC services (**Figure 1**). The **purpose** of this timely evaluation was to understand from local WIC agency directors what worked well and what was learned during this time of unprecedented change to inform improvements to WIC operations long after the pandemic is a concern. A separate [report](#) provides findings from interviews with WIC participants about their perspectives and concerns with remote WIC services and their preferences moving forward. A third [document](#) summarizes the key policy recommendations from the participants' and agency directors' interviews and from a convening of about twenty WIC observers, including local, state and federal administrators, researchers and advocates and WIC participants. The **ultimate goal** is to consider both WIC agency and participant input to inform lasting improvements to the WIC program to increase the participation and retention of eligible families to receive the proven health benefits and healthcare cost savings of the WIC program.

Figure 1. Structured Interview Topics



Multiple Challenges Experienced Especially Early on During COVID-19

In the face of simultaneously implementing new WIC benefit distribution procedures in California and rapid COVID-related changes granted by USDA WIC waivers, local WIC agency directors were challenged with ‘translating’ information from the state into operational guidance for frontline staff. This took time and effort on the part of all working at WIC to continue serving clients in the midst of multiple changes, including shifting many staff to working from home.

WIC Agencies Able to Successfully Pivot and Deliver WIC Services Remotely

Despite the challenges, WIC clinics successfully pivoted to largely remote operations. The waivers were indispensable, the state was proactive in providing support to agencies, and local agency staff stepped up to learn quickly how to deliver WIC services remotely.

"Getting those waivers ahead of time was a big, big boon for us, not just month by month...We schedule (participants) three months ahead of time,...so having notice is very important and having funding to implement some of these things is really important."

"The state has been phenomenal at providing guidance all along the way and really hearing concerns."

"It (remote services) has been challenging, but doable and it helped us push technology, because we have long-term seasoned staff that are not comfortable with technology and they've really learned a lot."

"The staff...are taking it very seriously in...continuing in providing the services to WIC participants."

All Waivers and Remote Operations Should Remain as Permanent Options Rather than Exemptions to Maximize Customer Service

All waivers and changes to WIC operations, particularly the physical presence, remote benefit issuance, and separation of duties waivers, and remote staff work and remote delivery of nutrition education, were largely viewed by WIC agency directors as options that should be continued post-pandemic. Given that agency staff have diverse skills and serve different numbers of participants with varied needs, local agency directors stressed the need for flexibility. Moving forward, agencies need to be attentive to how alternative methods work for various WIC participants and locations (e.g., diverse languages, technology access and capabilities, life stage and nutrition risk, and remote/rural participant populations). It was acknowledged that care is needed so as not to lose what makes WIC ‘special’ as WIC provides services to young families at a critical stage and is

foundational to their continued health. Considerations and future needs were identified that can be used to ensure that the advantages of each waiver and other changes implemented during the pandemic can be equitable and sustained moving forward as permanent options in WIC (**Table 1**).

Table 1. Agency Director Input on USDA Waivers and Other Remote Operation Changes.

Change	Advantages	Considerations	Future Needs if Continued
Federal Waivers			
Physical Presence for Enrollment/Recertification	<ul style="list-style-type: none"> Participant convenience Better access to some participants Operational efficiency 	<ul style="list-style-type: none"> Difficult to get height/weight, bloodwork 	<ul style="list-style-type: none"> Videoconferencing option added to phone and other remote and in-person methods Share data across social services
Extended Certification for Children	<ul style="list-style-type: none"> Flexibility in face of extenuating circumstances 	<ul style="list-style-type: none"> Participant confusion when family members on different schedules Additional staff tracking 	<ul style="list-style-type: none"> State guidance on when to use
Remote Benefit Issuance	<ul style="list-style-type: none"> Participant convenience and retention Frees staff time for other needs 	<ul style="list-style-type: none"> Postal delays in new WIC cards Benefit errors not noticed by participants Participants unaware of foods allowed and not yet purchased 	<ul style="list-style-type: none"> WIC App improvements for participant benefit tracking (Note: implemented by the state after this study was conducted)
Food Package Substitutions	<ul style="list-style-type: none"> Participant flexibility More cultural options 	<ul style="list-style-type: none"> Confusing to participants and vendors early on 	<ul style="list-style-type: none"> Clear communication to participants and vendors
Separation of Duties	<ul style="list-style-type: none"> Customer service, less participant wait times Operational efficiency 	<ul style="list-style-type: none"> Possibly less quality assurance 	<ul style="list-style-type: none"> Use of new WIC Management Information System reports for fraud monitoring
Other Remote Operational Changes			
Remote Staff Work	<ul style="list-style-type: none"> Staff flexibility, productivity, and job satisfaction Reduced space costs 	<ul style="list-style-type: none"> Supplies/equipment needed 	<ul style="list-style-type: none"> State guidance on how to operationalize remote staff work (e.g., when, who, how) Technology upgrades
State Auto-Issuance of Benefits	<ul style="list-style-type: none"> Ensures participants get benefits Frees staff time for other needs 	<ul style="list-style-type: none"> Package errors Less participant engagement Lower redemption by some participants 	<ul style="list-style-type: none"> WIC App notification when benefits issued More staff training and communication to participants Families issued together
Remote Education on use of WIC Card/App	<ul style="list-style-type: none"> Participant convenience 	<ul style="list-style-type: none"> Easier to demonstrate in-person to participants who are not as tech-savvy 	<ul style="list-style-type: none"> Videoconferencing option added to other methods Improved state phone center that participants can contact with issues
Remote Nutrition Education	<ul style="list-style-type: none"> More engagement of some participants Participant convenience Better access to educational materials 	<ul style="list-style-type: none"> Less engagement for some participants More staff time with loss of group classes 	<ul style="list-style-type: none"> Videoconferencing option added to other remote and in-person education
Remote Breastfeeding Support	<ul style="list-style-type: none"> Participant convenience, particularly for mothers of newborns 	<ul style="list-style-type: none"> Less suitable for some breastfeeding issues 	<ul style="list-style-type: none"> Videoconferencing option added to other remote and in-person individual and group support

A Silver-Lining: The Pandemic Resulted in Modernization and Greater Use of Technology

The state's transition to using WIC Cards and a WIC App in lieu of paper checks for issuing food benefits was a lifesaver while providing remote services due to COVID. WIC agencies learned how to engage participants remotely using various technologies (e.g., phone, text, online, email) to help participants learn about the new WIC Card and App, and to deliver education on a variety of nutrition topics.

"COVID has brought WIC into the modern era. WIC was this antiquated program that was so onerous about coming to the site and then they (participants) had to sit and wait....So just the flexibility and the ease of participating in WIC that has happened because of remote services is such a gift, and we should never give it up."

"We've learned a lot and some good things come out of bad things. So, we learned that we can, actually conduct WIC business remotely. And I think overall, we've just learned that we could think out of the box and serve participants in a different way and still do it well. I think given more time we could get (even) better at it."

"This has just really changed how we can do things and it's opened my eyes to just help how we can do things differently and make it easier on the participants."

Breastfeeding support, counseling of high-risk participants, and obtaining participant heights and weights were services typically preferred in-person.

Improving the Benefits of WIC for the Future: A Hybrid Model

In summary, many lessons were learned during the COVID-19 pandemic by WIC agencies and WIC participants that California WIC agency directors would like to see permanently incorporated into regular WIC operations. These modern changes would improve WIC moving forward, ensuring greater access and retention so that more women, infants and young children receive the proven health benefits of the WIC program. Agency directors were universally in favor of a hybrid model in which the waivers become permanently allowed and greater utilization of remote services continued as options to optimize customer service and equity and best meet the health and nutrition needs of modern-day WIC participants. Overall, WIC agency directors felt strongly that permanent adoption of flexibilities will provide "more tools in the WIC toolkit," thus allowing WIC to serve participants more effectively and efficiently.

"We would still like to give people the opportunity to receive our services remotely. Just give them options...for us to "meet them where they are at" and not have it be so difficult to get our benefits."

"We know WIC is a great service - the people that work in WIC and the support that we provide to new mothers and infants is really quite remarkable. And so this (multiple changes during COVID) has been energizing....(WIC) didn't all go down the tubes. Look at us...here we are. And we need to learn from this and take from it what we can and modernize the program and make it better."

Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious food, health care and social service referrals, breastfeeding support, and nutrition education to low-income pregnant and postpartum women, infants, and children up to age five who are at nutritional risk. In February 2020, 6.11 million women, infants and children participated in WIC nationally. In March of 2020, the COVID-19 pandemic was declared a national emergency. In response, WIC operations across the country quickly transitioned to provide remote services. The number of participants increased to 6.26 million by April 2020 due to the economic impacts of the pandemic. With authorization from Congress, the USDA granted states multiple operational waivers. States variously adapted WIC services by not requiring participants to be physically present at WIC clinics to enroll and re-certify and by implementing flexible options for obtaining food benefits and nutrition education. For example, states offered telephone appointments and developed mechanisms to transmit eligibility documents electronically. Some states extended the length of certification periods and expanded WIC-eligible food options. Implementation of these changes provided a unique window of opportunity to gather information from WIC agencies and participants to inform innovations to improve the WIC program and participant experience long after the pandemic is over and to ensure generations to come receive the proven health benefits of WIC.

Simultaneously, from June 2019 and continuing through the end of March 2020, WIC agencies across California began to roll out WIC Cards in lieu of paper checks, enabling participants to have monthly food benefits loaded online and to redeem prescribed WIC foods similar to using a debit card. The state also released a WIC App enabling participants to check their monthly food benefits.

In 2020-2021, we conducted interviews with WIC agency directors and WIC participants. The **purpose** of this timely evaluation was to understand what worked well and what was learned during this time of unprecedented change in California. This brief reports on the perspectives of local WIC agency directors in California. A separate [report](#) provides the perspectives of California WIC participants. A third [document](#) summarizes the key policy recommendations from the participants' and agency directors' interviews and from a convening of about twenty WIC observers, including local, state and federal administrators, researchers and advocates and WIC participants. The **ultimate goal** is to inform lasting improvements to the WIC program to increase the participation and retention of eligible families to receive the proven health benefits and healthcare cost savings of the WIC program.

Methods

Structured Interviews

Interview questions were developed by a team of researchers to assess challenges operating WIC during the COVID-19 pandemic, what was done to overcome those challenges, and which waivers and other adaptations agency directors would like to see continued post-pandemic. The structured interview included a combination of multiple-choice and open-ended questions. The instrument was programmed into Qualtrics (Qualtrics, 2020) and tested for accuracy and then pilot-tested with one WIC agency director and refined prior to use (**Appendix**). One researcher conducted all interviews by videoconference. Each interview took 1 – 1.5 hours to complete and was recorded using Zoom. Responses to open-ended questions were transcribed (except one that was captured by interviewer notes and a back-up recording due to a technical difficulty with Zoom).

Agency Director Recruitment

In October 2020, invitations were emailed to all WIC agency directors (n = 83) with the goal of interviewing approximately 25%, based on the assumption that a sample size of 20 would be needed to reach saturation. Of the 29 directors who volunteered, 22 completed interviews in November – December 2020. The agency directors interviewed had worked at WIC for an average of 18 years. Agency sizes ranged from small (serving under 500 WIC participants per month) to very large (over 60,000 per month) mirroring the distribution of agency caseloads statewide.

Data Analysis

Responses to questions were downloaded into an electronic database (Excel, Microsoft Office 2019) and descriptive statistics were generated for close-ended questions (SAS, version 9.4). An integrated approach was used with open-ended questions, involving a deductive framework for organizing interview responses based on the interview guide and an inductive identification of themes and illustrative quotes. One researcher, who was not involved in conducting the interviews, reviewed the written transcripts to initially identify themes within each topic area (**Figure 1**) and then identify quotes to illustrate each theme. After finalizing the preliminary coding, quotes within the same segment of dialogue were moved to another topic section when relevant. A second researcher, who conducted the interviews, then reviewed the themes and quotes and the two researchers reached consensus on any discrepancies in coding and quote selection. In May 2021, a draft report was shared with agency directors at a 2-hour virtual meeting to discuss any revisions before finalizing the executive summary.

Findings on USDA Waivers to WIC

Physical Presence Waiver to Allow Remote Certification and Recertification

What Was Evaluated?

Prior to the COVID-19 pandemic, to enroll in WIC, women, infants and children were required to visit a WIC clinic in-person to certify eligibility (e.g., present identification, proof of address and income) and determine nutrition risk (e.g., provide bloodwork and weight and height/length values or have the latter measured, and complete a dietary assessment). Annually, participants would have their eligibility re-evaluated (i.e., be recertified) to continue on the program. To reduce spread of COVID-19, in March 2020, California implemented the USDA's *Physical Presence Waiver* to allow remote certification of new and continuing WIC participants and to defer anthropometric and bloodwork requirements.

During the pandemic, WIC participants in California were primarily certified or recertified over the phone. Agencies mainly used email with participants to send or sign documents; other electronic methods included text and fax. About half the agencies also had participants come in-person to WIC clinics for certification and half allowed participants to drop off documents curbside. While most (n=17) agencies used the same methods to certify new and returning participants, several agencies used additional options for new enrollees, including coming in-person to the WIC clinic or applying online.

Was It Hard to Implement?

Compared to the 8 other WIC operations we asked agency directors to rate, **remote certification was viewed as among the harder to implement** (mean rating = 2.50 on a 5-point scale where 1 is very easy and 5 is very hard; standard deviation (SD) = 0.86). Only 1 director said that nothing was hard about remote certification. Getting bloodwork and height and weight information from participants was especially difficult.

"That's probably our hardest issue...not getting weights for infants....In the beginning (of the pandemic) nobody wanted to go to the doctor."

While pivoting to remote certifications, **agencies were concurrently learning to use the state's new WIC data system (WIC WISE)** to facilitate electronic issuance of food benefits via a permanent WIC Card instead of distributing paper coupons for monthly use by participants. **Keeping staff abreast of the quickly changing remote procedures** added an additional challenge. However, many directors acknowledged that with state support remote certification became easier over time as they developed new protocols and trained staff.

"We were on WIC WISE for one week before everything shut down. It was just a matter of, "Get everybody a (WIC) Card, get everybody a Card."...The transition (to WIC Cards)...we already knew...was going to be a challenge. And then to throw this (COVID) on top of it."

"The state has done a good job at helping us make these changes and adapt and they've given us scripts to use over the phone. The hardest part is communicating with our staff and letting them know it's okay, because we have people that have been here for longer than 20 years and it's, "I have to see them. I cannot enroll them...." And I'm like, "We have permission, right now, not to see them in person."

What Was Suggested for WIC Moving Forward?

Despite the initial challenges of remote certification, all but 1 agency director **wanted to continue to have the option to certify participants remotely**, even after it is safe to reopen WIC clinics fully. Directors cited the convenience for WIC participants and ability to reach some of them more easily as the main reasons, as well as increased efficiency for WIC staff.

"It's more convenient for the participants. They seem happier when they can do it (certify/recertify) at home. They don't have to grab the kids, travel down to the office, sit in the waiting room. It can be very hectic for them. And we don't really have their attention when we're trying to counsel them. But when it's at home, they're more relaxed and they're just happier."

"The no show rate is definitely lower, doing it remotely. When we had appointments in the clinic every day the no show rate was so high for certification appointments, mid certification appointments, and now when we're doing services remotely we're able to get a hold of probably 90% of our appointments."

"It's more efficient from a staffing point of view...You don't have to go out to the lobby and call them. The mom comes in with her kids and all of a sudden Little Johnny has to go to the bathroom and then you have to wait. All of this takes time. Whereas on the phone, we can spend 20-25 minutes, however long it takes, and be done."

Two things emerged as helpful should remote certification be continued: the **ability to conduct appointments by videoconference to augment other virtual methods such as telephone, and more seamless connections with social services so that participants complete a single application verifying eligibility.**

"The one piece that's really missing, that we need, is something, they refer to this concept as horizontal integration. For example, we're not able to get into medical records or share information with other community health centers in their area, which is crazy. We make it so hard for people that need social services to get them. The one wonderful thing about WIC is that adjunctive eligibility, that if you're on Medi-Cal (Medicaid) you're adjunctively eligible for the WIC program. But those streamlining things aren't necessarily true in healthcare, and it's very laborious...One institution goes through all the difficulty to get income and all that, why can't other programs just use it and give the people the service. But no, we make them do it all over again."

Extended Certification Waiver for Children

What Was Evaluated?

Children have to be recertified yearly in order to continue to participate in WIC. Prior to the COVID-19 pandemic, a 30-day grace period was allowed in the event that a parent had difficulty getting to the WIC clinic or providing eligibility documentation before the 1-year anniversary expired. For April and May 2020, the USDA granted California WIC an extended certification waiver so that parents could have up to 90 days to recertify children without losing WIC benefits.

Less than half of the WIC agencies interviewed (n=10) took advantage of this waiver. Many commented that there were so many changes at the start of the pandemic and the waiver was in place for such a short time, that they chose not to use it.

"They (USDA/state) only offered us the option one time. And we chose at that time, "No," because at the time when they offered it, we didn't know how long this (COVID-19) would be going on, or how long we would have the waivers extended. So, in retrospect, if they would have offered to do that (extended certification waiver) more frequently, we probably eventually the second time they offered...we would have probably opted in, because it would have bought us some time."

Was It Hard to Implement?

Extending the certification period for children was considered relatively easy by the 10 agency directors who implemented it (mean rating = 1.60 on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.07), and 6 of the 10 directors stated that they would not do anything differently if they could implement extended certification periods in the future. The challenges that were reported centered on confusion for staff when so many things were simultaneously changing in the early months of the pandemic, and confusion for participants when different members of the family ended up with different certification schedules.

"Because it was only on a case by case that we did it, (the hard part was) having to figure out if it's really our only option, and having to think through what our other options could be."

"We just found that when we do too many remote things, they (participants) just continue to expect it. And so then we were afraid that when we got (to) that third month (after certification was due), they wouldn't call us and we would just lose them completely."

"I think a benefit of keeping how it is where it's your 12 month cert(ification) period, a lot of the program is all built around these 12 months. So it starts to get funky when you have multiple participants in one family and someone's on a 15 months cert and someone's on a 12."

What Was Suggested for WIC Moving Forward?

Six of the 10 agencies that implemented the extended certification waiver said that they would like to continue to have it as an option, particularly for children who were not at high risk.

"[It] would be really great to have that tool (extended certification) in our back pocket and if it comes to we either recertify in three months, or we lose this client, I would like to have the option to bump it and recertify in three months."

Remote Issuance of Food Benefits

What Was Evaluated?

Prior to the pandemic, states were transitioning how WIC food benefits were issued. The long-time model involved WIC clinics physically issuing to each WIC participant paper checks that listed the WIC foods and amounts eligible for purchase. Multiple WIC foods were included on each check and once a store cashier took the check, any foods not redeemed were no longer available. The new model involves providing each WIC family with a single WIC Card that can be used like a debit card to redeem foods for all family members on the program throughout a given month. Each state could choose the option of loading benefits on WIC Cards online (i.e., a process conducted remotely) or offline (i.e., requiring participants to physically visit a WIC clinic with their WIC Card). [California](#) implemented the online option beginning in June 2019 with a staged roll out by region. California's Department of Public Health also released a WIC App so that participants could electronically track when and what benefits were uploaded each month and how much they had not yet redeemed. The last regions completed the transition from WIC checks to WIC Cards and a WIC App in March 2020, simultaneously with the state issuing a shelter-in-place order due to COVID-19. Because the process was relatively new in California, we took the opportunity to ask WIC agency directors about the use of WIC Cards and a WIC App.

The Families First Coronavirus Response Act also gave the USDA the authority to grant state waivers that remove barriers for remote issuance of WIC benefits, such that new WIC participants did not have to come into the clinic to pick up their WIC Card (or paper checks if still in use). California implemented this waiver, allowing agencies to mail WIC Cards to new participants.

Agencies (n=20) primarily notified WIC participants about remote issuance of food benefits to WIC Cards by phone call. Many also sent text messages (n=16) or used social media (n=15). Most agencies distributed new or replacement WIC Cards by mail (n=20) but also offered the option of participants to come to the WIC clinic, for example using curbside pick-up (n=21).

Was It Hard to Implement?

Compared to the 8 other WIC operations we asked agency directors to rate, remote certification was viewed as among the easier ones to implement (mean rating = 1.73 on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.08). Over a third of directors said that nothing was hard about remotely issuing food benefits and over half said that they would not do anything differently from what they had done.

Seven agency directors reported difficulties getting WIC Cards to participants, primarily due to issues with the US postal service.

"Sometimes (the WIC Cards) don't show up in the mail. We're not having difficulty, like on our part, but we have a lot of participants that end up not receiving the Card via mail, so we've had to replace a lot of Cards."

"We are having difficulty in terms of there was a time where the mail was taking a really extended amount of time...especially in the summer with the fires that were going on....And so we had a real delay in mail service here and so that that was a real barrier to mailing out the (WIC) Cards."

"Those who are unable to find transportation or such, when they do say they're going to come at a certain day or time (to pick up the WIC Card), we do find a few that aren't able to come at those times. So (mailing the WIC Card)...prolongs the wait for the WIC (benefits) to be redistributed."

For WIC participants, the most common challenges reported by agency directors involved **not understanding the new process and dealing with food benefit errors** that went unnoticed when not having access to information printed on the physical checks. Several directors wished they had provided better messaging to participants (e.g., by texting and email).

"First of all, we have to be thankful that the state provided these means of how to issue because it has been a great help for all the agencies across the state of California. However, when it comes to delivering that message, I believe that we were not prepared to provide that information to the participants."

"One of the things that we noticed is that participants probably get too comfortable receiving the benefits, and probably they don't check their balances and one participant might be not included in the auto-issue (states automated loading of food benefits) because he's having a hole or is having something pending, and that creates a little bit of inconsistency in the process."

For WIC staff, challenges involved **learning the new system** (WIC WISE) used for online addition of benefits to WIC Cards and **reduced job satisfaction** with less interaction with participants. Several directors mentioned more training for staff would have been helpful.

"There were challenges with training staff to make sure that we got everybody's food package and everybody was getting the benefits that they needed."

"What has been hard about remotely issuing benefits is that...you just feel like you're kind of just pushing buttons and you're not connecting with people in the same way. And so there's definitely a workplace satisfaction element that makes remote issuance difficult."

What Was Suggested for WIC Moving Forward?

Despite the initial challenges, **all 22 agency directors wanted to continue to have the option of issuing food benefits remotely**. Directors cited the convenience of the process for both WIC participants and WIC staff.

"We love options, so participants can either come in and get it (WIC Card) in person if they want to, or they can get it mailed to them."

"It's just unnecessary at times to have a person come in physically, when we can deliver the benefits electronically....What a waste of time to have them walk into an old-fashioned building so that we can say, "I'm going to press a button. I did it. Okay, now leave." And when you really think of all the things that a participant, at times, must do to walk into that building, that's a big deal. It's a lot of barriers."

"When people have limited resources, you want to make it as easy and as efficient as possible."

"We live in a...county that's geographically large and people have real challenges with transportation...and so being able to better accommodate them, getting them their benefits...the more we can do that remotely, the better. Our participants have expressed multiple times to me how much they're enjoying this."

"I think we've gotten some people back that way (with remote issuance)...It was just one more thing to do and they just couldn't handle it. But now that we're going to them, meeting them where they need, they're coming back to WIC because we certainly made it very, very easy now, where they don't even have to leave their house."

"I think it's better for our participants and for our staff to be able to issue the benefits. A good example is the old days when they got the wrong formula, or they got the wrong milk and they needed lactose free milk, they had to come in, bring the checks, void them, and then re-issue. So now I can remote issue."

"Participants are liking the fact that they are receiving the benefits and they can check in the App, their benefits....And for our staff, because once they're auto-issued, there might be other things that they can do."

Food Package Substitutions Waiver

What Was Evaluated?

Early in the pandemic, there were shortages in stores of certain food items as supply chains were disrupted and people stocked up on provisions. Due to California's adoption of the USDA waiver allowing for food package substitutions, if WIC foods were not available, California WIC participants were able to substitute milk or yogurt of any fat content, 24 oz. whole grain/whole wheat bread instead of 16 oz., and baked beans for dried or plain canned legumes. Most agencies communicated this change to WIC participants by phone (n=16) or text (n=12) immediately after the waiver was adopted. A handful of agencies also did follow-up communications about the food package substitutions to participants and to vendors.

Was It Hard to Implement?

Among the 9 WIC operations, the food package substitution waiver received a mean rating of 2.25 (on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.41). **Fourteen agencies reported implementation challenges.** One challenge involved participants and vendors not understanding the change.

"It was a disaster. We got so many calls from participants. If they go to the store and the cashiers were not informed of what the expanded food list was. They call and say, it says it's okay on the WIC App but the cashier says I can't get it. I just felt really bad for the participants, because it was it was uncomfortable for them."

For WIC staff, it was hard to take on the additional work at a time of multiple other transitions.

"The way that the information rolled out from the state was very difficult to understand at first. And I understand why it was difficult because this is such a brand new thing and it was so crazy...earlier in the pandemic. So I'm not blaming anybody. I'm just saying that whole piece was very difficult to understand."

What Was Suggested for WIC Moving Forward?

In the future, agency directors recommended better communication to participants, including a WIC App alert. For staff, more support from the state was requested and more work with vendors.

"I would send out a mass communication (to participants) explaining the differences...I would do a text message with a link to where they can find out the different information and then put a post on our social media."

"We would hope to receive support in some way...from the state, from the folks who deal with the vendor issues at the state, and we would really hope to have the information presented to us in a more concise form that we could understand the way that it rolled out. It just came in in these bits and pieces, and whenever things are rolled out and bits and pieces, it's so hard to train staff on and for me to understand it."

Of the 22 directors interviewed, 18 said that they would like to continue the food package substitution to give participants more flexibility and potentially greater program participation.

"Increased participant choice with the food package is something I've always been a huge advocate for and something that I think will increase participation in the program and increase customer satisfaction with the program. Shopping in this rural pocket of California can be very difficult sometimes in terms of the supply chain and so having the additional options just fits better with the kind of food desert that we're in."

"I feel like the more options were able to give our participants, the better. Especially there was a lot of organic foods on there that we usually don't have. We have a certain population that really might like the idea of the organics."

However, other agency directors thought the expanded food options were more trouble than they were worth and only useful early on in the pandemic.

"Before state WIC came up with the exemptions or the expanded list it was really hard, and we were getting a lot of feedback from participants that, like, "we can't find any beans" or "we can't find any peanut butter, eggs," all those kinds of, milk. But then it got better after the first month or so, or six weeks...Then state WIC came out with the expanded food list, but by then, it wasn't really an issue."

"Very few families...even took advantage of the expanded (food options) at all because they can only purchase those additional foods if their regular WIC foods are not on the shelf."

"It doesn't seem worth the cost to me. I'm making an assumption that there's an increased cost to this expanded (food) list."

One suggestion for future emergencies was to make use of WIC vendor networks, collaborating with them to help ensure that WIC participants have access to WIC-eligible items such as infant formula.

"So with the formula crisis when people were running out of formulas at the store...we partnered with our stores to make sure that they put signs up that, if you didn't have WIC you couldn't take more than two cans. They worked really well with us in that aspect. I think that allowed us to mitigate some of the issues that happened with the other agencies. There was a while where we had a staff every day who was calling all the stores to ask them how much formula they had and so we could tell them (WIC participants), "Okay, that store is low, but you can go to this store and they're holding more for you."

Separation of Duties Waiver

What Was Evaluated?

To reduce the potential for fraud, WIC employs a system of checks and balances. For example, one staff member certifies a participant's eligibility, while another issues the food benefits. As of April 2020, California was allowed to waive this requirement, allowing a single staff person to both certify and issue benefits. All 22 agencies in the sample utilized this waiver.

Was It Hard to Implement?

Among the 9 WIC operations that we asked agency directors to rate, **the separation of duties waiver was rated the easiest to implement** (mean rating = 1.27 on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.08). Fifteen in the sample said that nothing was hard about implementation and no one offered changes from what they had done to implement this waiver. The only barrier mentioned was training staff on the new procedure.

What Was Suggested for WIC Moving Forward?

Of the 22 directors interviewed, 20 said that they would like to continue allowing one staff member to both certify and issue benefits. Benefits cited included better customer service for participants and a streamlined process for WIC staff. Many questioned the value of separation of duties in preventing fraud.

"It's easier for the staff and for the client; they don't have to talk to two different people...The (staff) person that's asking a question are (sic) getting more information when they're going through the whole thing. And I think the clients are more comfortable just talking to whoever [is] the one person they started with rather than getting passed along. And so I think, again, that one person having that knowledge is really useful for both staff and the clients."

"Separation of duty...creates a burden for a lot of our participants, especially when 90 something percent of them are qualified through Medicare for both address and income. So I'm not really worried about our staff committing fraud when they have Medicare or CalFresh....It takes an appointment longer, to just move people through the different people, so it's a burden on the participants....And I don't think that participants understand why we do it."

"Our managers and the staff love it....With COVID and phone calls, if you have to keep separation of duties, or if you have staff that don't know how to do beginning to end, you may have to call that person four times to get it together and it really messes things up."

"WIC has a very, very, very low fraud issue. And if somebody wants to perpetuate fraud, separation of duties doesn't stop it."

"I think we would want to look at other checks and balances that we could do the same thing (preventing fraud) that separation of duties does."

The two agency directors who expressed that they would not want this waiver to continue post-pandemic cited the need to examine whether separation of duties influences fraud.

"So I guess my question is, did separation of duties really have an impact on eliminating or reducing the amount of potential fraud? As an operations person, if it doesn't make a difference, I say continue with it (the separation of duties waiver). But again, as a quality assurance person, you really would want to put those things in place."

Findings on Other Changes to WIC

Auto-Issuance of WIC Benefits

What Was Evaluated?

The state provided several operational options during COVID-19 that did not require USDA approval. To ensure all WIC participants could access WIC food benefits while agencies were initially transitioning to remote services, in March and April 2020 CDPH assisted by taking over the process of updating WIC Cards with monthly food benefits and by auto-issuing benefits without an in-person or remote WIC participant visit. Beginning in May, agencies had the option to continue to have the state auto-issue benefits. Most (n=16) of the agencies interviewed chose to opt-in to the state's auto-issuance. The primary methods agencies used to communicate to participants about auto-issuance were by phone call (n=14) or text (n=11). A few agencies (≤ 4) also used email, postal mail, a website, social media, or a WIC App.

Was It Hard to Implement?

Many directors acknowledged that the state's auto-issuance was advantageous to WIC participants by enabling them to receive food benefits conveniently when needed most, and to WIC clinics, so that staff had more time to focus attention on other pressing needs during the initial crisis.

"Initially in those first couple of months, we were certainly hearing just a franticness from participants about getting food and benefits and families that had lost their job, or were fearful of becoming unemployed."

"If it's over the weekend or a holiday, then we don't have to be worried that somebody will be food insecure over the weekend because we're not here until Monday (to have staff issue benefits)."

"Because we're short staffed, auto-issuance has helped us help our families. For unforeseen events like COVID exposure, it allowed us to go ahead and quarantine and close down without interfering with our families' ability to get their benefits for the month."

"Auto-issuance helped us tremendously because it has freed up my staff time...to reach out and spend quality time with those families that need to be certified, that need to be enrolled, because there was a huge need, and they didn't have to deal with just the remote issuance of monthly benefits to a vast majority of the participants. So the quantity was dealt with, but the quality was preserved and there was time created for that."

"It doesn't make sense, for people who have already been deemed eligible for WIC to have to actually talk to us in order for the benefits to get issued. It's not my understanding of how other programs operate, like CalFresh so...participants can be confused. So it (auto-issuance) would just be less confusing to participants and it would just be more effective."

However, among the 9 WIC operations that we asked agency directors to rate, **auto-issuance was rated the hardest to implement** (mean rating = 2.79 on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.13), and all but 6 directors reported challenges. The most common challenges involved errors in package issuance, different issuance dates for different members of the same family (which created problems later on in terms of scheduling a future appointment for another of multiple children on WIC, for example), and communication with participants so that they were aware that they had been issued benefits and reduced redemption rates were not the result.

"It was hard to keep track of appointments and of our participants (when auto-issued) and especially...some of our higher risk participants that I check in with monthly. They just got kind of lost."

"It [auto-issuance] created a lot of problems. And we lost some control and being able to keep contact and tracking with our participants, as well as...we started having some clients think that they would just automatically always get benefits without doing appointments. And so (the challenges were) the issues that created within WIC WISE in terms of benefit periods within a family, or wrong benefits being issued, as well as setting an expectation or precedent for participants about how they receive their benefits."

"Too bad there's no way that the California WIC App could ping them (participants) when benefits are loaded. They could miss out on a whole month's worth of benefits because they weren't aware of what was available to them. There were some families that lost out."

Another concern was less engagement with WIC participants should auto-issue be routinely used.

"I've heard and get the impression that some agencies have loved auto-issuance. I don't know what the benefit has been; we only felt negative effects of it. I do worry about...the integrity of the program and the relationship and the nutrition education and imparting information to clients seems like it's at risk of being lost if people get kind of stuck in an auto-issuance loop."

"It's one of these double edged swords. So yes, it should continue because WIC agencies that have staffing issues are not going to be able to issue the benefits if it wasn't for auto-issuance. But the problem with auto-issuance is that you're issuing benefits to people who are not going to use them in some cases, and that's what the stats have shown around here....So, that's my only concern with auto-issuance in terms of why I would not want us (my agency) to do it; I'd rather speak to everybody and make sure that they're able to utilize their benefits and by automating people you're not able to have those conversations."

What Was Suggested for WIC Moving Forward?

Of the 22 directors interviewed, 18 agreed they would participate in auto-issuance in the future if there were a need and it remained optional.

"Some of the agencies really appreciate it (auto-issuance) and I could understand it with some of their caseload....So, I don't have a problem with continuing to do it as long as we can opt out."

"Because if you ever run into an issue where you're short on staff, it's a necessity to be able to have that option (during COVID). Post-COVID, no, there's no need for auto-issuance."

If auto-issuance was to be implemented in the future, the most common recommendations from directors was for the state to provide more guidance for staff training and participant communication. It also was suggested that, if possible, all WIC participants in a family be auto-issued.

"One of the things is the way they are right now, it's auto-issued by each individual and we would probably, maybe, look at whether or not we could auto-issue by the family....The whole family is sort of separated when you're looking at food benefits and so the staff have to go in and look at every file that's auto-issued to see did the whole family get auto-issued or whether somebody was left out. So maybe the parameters of who's eligible for auto-issue is that the whole family has to be eligible for auto-issue."

"I'm thinking about the state, CDPH, providing different means of communications....'These are the things that you can do on Teletask (automated texting system), these are the things that you can do on a website'...providing us that means of communication, already prepared. Otherwise we have to be inventing or looking for ways to streamline that process."

WIC Staff Working Remotely

What Was Evaluated?

In March 2020, California's Governor issued a stay at home order. As a result, local WIC clinics were closed to most in-person visits. **Many WIC agencies (n=13) responded by offering only virtual services.** Of the 9 agencies that continued some in-person visits, most were for an occasional 'walk-in' visit (a participant presenting unscheduled with a question or problem), breast pump pick up (WIC provides electronic pumps to breastfeeding women), or breastfeeding support for new mothers (see section below for details). **In terms of staffing, many agencies (n=12) used a hybrid model** where some WIC staff worked on-site, while other worked remotely, which allowed staff more flexibility in caring for their children while schools and childcare were closed. Six agencies continued to have all staff work on-site while 4 agencies transitioned to having all staff work at home.

Was It Hard to Implement?

Regardless of the work model, **all agencies reported needing to invest in new equipment.** Purchases included personal protective equipment (n=21 agencies), Plexiglas for on-site workspace safety (n=18), headsets (n=17) and phones (n=8) for increased phone communications, computers/laptops for staff working at home (n=15), and web cameras (n=14) for videoconference meetings. The most common ongoing costs were for PPE (n=9), cell phones (n=7), Wi-Fi hotspots (n=6), and enhanced internet (n=6). Only one agency reported inadequate funding for ongoing expenses. However, 9 agency directors said that they could not afford to purchase all the equipment that they would have liked for on-site staff safety and/or working remotely.

A challenge for many agencies (n=15) was short staffing related to COVID-related circumstances. Most (n=17) reported that some staff voluntarily reduced work to take care of children or sick family, or to quarantine after exposure to COVID-19; several agencies (n=6) also furloughed staff whose jobs could not be done remotely. Several agencies reported staffing issues due to increased workload or COVID-related tasks, particularly for WIC agency staff that were also part of public health departments.

"Due to the short staff (from) various...factors, children, personal, illnesses, there has been a few times where we had to completely shut down one site or the other, which has resulted in having some participants going unattended or phone calls going unanswered."

"It's been an all hands on deck type of situation....There hasn't been a break. And we've had to deny some people's request for vacations or leaving early....So I don't like to use the term, short staffed, but...everybody's been maxed out and really pushing it to make sure we can see everybody (WIC participants)."

"Being a parent agency of the public health department, we are disaster workers and so a lot of our staff were pulled in the beginning months to work on specific COVID related functions. Like I was doing 12 hours a day for seven days a week in our command center."

Despite the challenges, the ability to complete tasks online and the state's auto-issuance of benefits for several months (see section above for details) helped agencies meet the demands.

"Because we've been able to do things online and they (the state) has been auto-issuing, not so much (staffing issues). We've been able to make it work because of the automation."

Finally, a common sentiment was that staff rose admirably to ensure that WIC participants' needs were met during the COVID-19 crisis.

"The staff...are taking it very seriously in...continuing in providing the services to WIC participants. If they missed the call, or if they left a message, they provide comments so that we can check if it was (a) contact and then they go over again and make sure that they see the participants. So I'm very grateful for the staff that we have."

"Our staff have been wonderful and...have come to work every day. We've hired the right staff...people that are caring about our community. And I think that a lot of our WIC staff throughout the state are the same, trying to help people....That's one of the great things about the agency and working for WIC."

What Was Suggested for WIC Moving Forward?

All agency directors expressed concerns about reopening clinics, foremost about ensuring the safety of both WIC participants and staff, particularly as WIC clinics are often small and crowded.

"The first thing is that WIC clinics are relatively small. We don't have the funding to have large waiting rooms....In terms of socially distancing, essentially, I would have to have participants wait outside or wait in the hallway before they could come in. Second, all my staff are in cubicles....If participants were to come into a cubicle, they would be literally face to face....And while I can ensure my staff would be wearing a mask, there is no guarantee that the participant would be wearing a mask. So the workaround...is the staff wouldn't be able to see clients in their cubicles, we would have to do it socially distanced in a classroom...we could only serve maybe two families at a time."

"I don't ever want to go back to a full lobby like we used to have in the olden days. A lot of my staff used to get sick all the time because (of) the amount of people, the germs....And also the price of PPE, the cost of PPE, is really high....Effective staffing is a big concern because we're envisioning that it is going to take additional staff when we open...to make sure that we can maintain social distancing and we don't have too many people in the waiting room."

Agency directors recommended having the option to continue remote services in order to ensure safety. Specific requests from the state were for: 1) guidance on how to prioritize WIC participants when clinics reopen as well as on COVID-related safety protocols, and 2) technology upgrades to have the ability to videoconference with WIC participants and for upgrades to WIC WISE.

"I think continuing waivers so that we could somehow ease back into things. Maybe limit some of the things that we have to do in person so we can gradually get more comfortable with doing that again."

"We're hoping it's not going to be open the doors for business as usual....(Once) we have to see people in person maybe have it just enrollments, at first, or just enrollment and re-cert(ification)s, so that would only be once a year needing to come in versus quarterly or more."

"We're still waiting for the virtual platform that would be helpful....so we can conduct our appointments by video chat or videoconference."

"So if they (the state) could consider some kind of scheduling model within WIC WISE that could be a prototype or something for that (scheduling of in-person appointment). That would be really helpful."

Finally, working remotely was considered a bonus for staff job satisfaction and could reduce space costs.

"Also, there's quality of life for WIC staff. It cuts down on commute time and people just have more time to exercise and eat dinner at a decent time and be healthier overall. Now, as far as would I have them 100% at home, probably not. We have to play around with it and see how that works. So that would be a hybrid model; I don't need everybody to be in the office all the time."

"We have a lot of sites that we have leased....Should we be thinking about consolidation? Should we be thinking about downsizing (space)? Because space costs are massive in our budgets."

Remote Education about How to Use the WIC Card and App

What Was Evaluated?

Between June 2019 and March 2020, regions of [California](#) began issuing each WIC family a WIC Card instead of paper checks and provided access to WIC App with info on the WIC foods for all members of the family on the program. During COVID-19, all agencies provided communication on how to use the WIC Card and App. All agencies used phone contacts; many also used mail (n=19), an online training (n=14), email (n=13), text messages (n=11) or a website (n=10).

Was It Hard to Implement?

Remote education for participants about how to use the WIC Card and App received a mean rating of 2.09 (on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.06). **Most agencies (n=17) reported implementation challenges.**

Approximately half (n=12) said that some of their participants were having difficulty using the new WIC Card. Participant difficulties included setting up and using a Personal Identification Number (PIN) and finding the information on what remains to be purchased on the WIC App. This was particularly true for participants who were not accustomed to using technology. Another challenge involved card reader errors in stores and WIC Cards that mistakenly indicated no benefits. The concurrence of the new WIC Card and App with the onset of the pandemic was a source of difficulty for WIC staff as it took additional time to replace lost cards and it took additional time during appointments to explain the change to new users. Education about the new WIC Card and App took extra time particularly when working with participants speaking languages other than English or Spanish as the state's online training on how to use the WIC Card and App – although highly valued – was available only in English and Spanish.

"They (participants) cannot register for the App, unless they have their (WIC) Card with them. And so when we...first enroll them into WIC, we're going through the whole spiel...and all of its not real because they don't have anything in front of them....It's just having to explain things over and over again over the phone."

"It's been pretty difficult, especially because you are on the phone with them. They're using the phone to download the App, and some of our participants are not very tech savvy and in person, we were able to do the process for them. But because a lot of it falls under their own hands in their home, they don't have the ability to have someone who is a little more tech savvy than them help them with our process."

"One thing when we went to the WIC Card that we did not anticipate was that a lot of our community doesn't have a debit card. So when you say, "just do it like your debit card," that's a whole concept that they don't have. So it's not easy for a lot of them to just remember their four digit PIN. They don't know what a PIN means. They don't really know about the balance."

"I would say probably the most challenging thing for clients with the (WIC) Card is not being able to see visually what food balance they have. So the Card alone, you can't see that; you have to figure it out some other way, by the App or getting a receipt or some other way."

"One of the things that I have noticed with the WIC Card is that participants lose the WIC Card so often, that I don't know how we can stress so much the importance that the WIC Card is like a credit card."

"(The WIC App) doesn't work all the time. Sometimes you have to delete it and then reinstall it. They (participants) forget their passwords and we can't reset their password for them. They don't always remember their email address or they don't know their ID numbers that they have for WIC, so they can't get into it. So, it's been really challenging to get people to use the App. And then they tell us that they use the App, and then they go to store and scan something and the barcode works, but then they can't buy it at the store because the store

tells them no. So those were challenges before COVID,...but now during COVID because our phone center is more impacted taking those calls as well as calls for people that need benefits and need services is now double-impacting our phone center."

"The problem is, is that they call us for help because they know us,...but now with the (WIC) Card and the App, we have no control over it. So all we do is just refer them to another phone number and then they call that phone number and they say they can't get through, so then they call us again. So it's taking a lot of time to help them."

What Was Suggested for WIC Moving Forward?

The primary request was the capability to do **videoconferencing** to facilitate training on use of the WIC Card and App.

"Utilizing website links more effectively and then having a videoconference option, I think would be what we would do differently."

"Having that face to face video type interaction, we could point things out there....And you say, "Okay, look at this form and see this," and they don't get it right away."

As issues have resolved with remote learning, most directors were interested in continuing to have the option to teach new participants how to use the WIC Card and App remotely, especially those comfortable using technology (n=12 for the WIC Card, n=20 for the WIC App).

"Between the handout about how to download and set up the App, and the video segment about using the App, I think they're both pretty good and covering as well as or better than what we would try to do in person."

"We've pretty much exclusively been using the online training (to teach how to use the WIC Card), which has been fantastic. I think this way of teaching them has been much preferred over our old method of bringing them into the WIC clinic and having them there for two hours and sit through a group class."

"The participants that we are serving, the majority of them are tech savvy, they are with their phone, their smartphones, most of the time, so it is very useful for them to have that information in the App and they can check their benefits. Also with the WIC Card we are demystifying the fact when they go to the vendors, to the stores, they are using it as a credit card, so the eyes are not on them."

Remote Nutrition Education and Counseling

What Was Evaluated?

Prior to the COVID-19 pandemic, most WIC nutrition education and counseling was delivered in-person either through individualized counseling or in group classes at larger agencies. Online nutrition classes were also an option (e.g., through WICHealth.org). During the pandemic, all agencies continued to provide nutrition education, despite the added challenge of remote administration.

"(Education) is something that our agency did above and beyond.....If you don't provide the education or if you don't ask the nutrition questions, it's okay to place comments for COVID 19 (in the participant's record). We opted out of that because we wanted to make sure that even though the participants were being served remotely, we were making sure that we're addressing their needs....We've really taken into consideration what the participants say....So as soon as April hit we made sure that we developed a class that was about everything related to COVID and how to keep your immune system strong. And, so we're making sure that as this is transitioning,...the participants feel that we are a valued source of education to them, where they're not only receiving their foods, but they're also receiving nutrition education firsthand versus reading something online that might not be true."

Most agencies delivered individual nutrition education by phone (n=22), online (n=21), mail (n=16), email (n=12), and text (n=3). Only 3 agencies had used videoconferencing with individuals. Only 2 agencies were doing any group education; both were beginning to use videoconferencing to convene breastfeeding support groups (see separate section on breastfeeding support).

Was It Hard to Implement?

All but 4 agency directors reported some challenges providing nutrition education solely by remote methods, with a mean rating of 2.23 (on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.02). **The most common challenge reported was less engagement with participants when providing education by phone compared to in-person. Additional staff time was also required for a larger number of one-on-one appointments with the loss of group classes.**

"The phone was our only way to communicate and it's really difficult to educate people over the phone, just trying to keep their attention. So the education had to be very short."

"There's lots of distractions. When our staff call participants, they are sometimes at work. Sometimes they're driving, sometimes they're dealing with their children and the...home schooling that they're doing online. They don't have a lot of time. I think the staff feel pressure to get through it and they can sense when people are not engaged....And the families not having the equipment or sharing one piece of equipment and all, this time is this child's turn to use it. Now it's this other child's chance to use it, then it will finally be me."

"It has felt awkward for staff to give a class over the phone when they don't have materials that they can show the participant to help guide their conversation. And they're not seeing their body language and their responses back and forth....From my end, for the people that I speak with, because my appointments are usually more of the high risk participants, it's been fine for me because there's always something for us to talk about and I'm honing in on whatever nutrition issue that they have...because it's an individualized thing. But I think as a group or general nutrition education,...I think that's been harder because it's not as individualized."

However, others expressed the opposite view, that participants were more engaged and relaxed with phone appointments than when they had to come to the WIC clinic, and that remote options were easier for working families and participants with transportation or childcare challenges.

"On the telephone, it seems like we just have more their attention. I think they get more out of (the education)."

"(Virtual education) provides more flexibility and respects what participants need."

"It's easier for the clients and for the staff. It's hard for people to come into the office and so being able to have the phone conversation, have the videoconference conversation. This has really allowed us to get people going in the WICHealth.org and now they're more comfortable with this than they were before."

Directors were thankful for and complimented an online nutrition education training service used by WIC participants (WICHealth.org).

"I would utilize a lot more of the WICHealth.org, because that's more engaging than the phone, just because you have to do the answers and go through the lesson plans at the pace of the lesson plan, than having the risk of participants not being engaged while we're giving our spiel via the phone."

"We're finding that a lot of participants are just done with group class education. This is a new generation. And so being able to go online with WICHealth.org, we find that they click on the classes that they're interested in. And in many times they do a bunch of classes, even though they're only required to do one. So they're learning at their own pace, and like adult learning theory, they're learning what they have an interest in."

Moreover, with time and staff training, remote nutrition education became easier.

"It's more about distributing the handouts and getting the point across, through all these wonderful handouts that we have....Even though the state came up with a mobile version for some of them, it's still has been a bit of a challenge to use them....In the beginning, we thought we could send a link - and the link would make them put in a password and they weren't authorized to get into that. So one of the things we did do is making sure whatever class we're doing on Monday, we put in all the information on social media. So, I would say in the beginning it was really hard and it was super expensive to mail a whole pamphlet like we were. It's gotten easier and better as the months went by."

What Was Suggested for WIC Moving Forward?

The most common request was for videoconferencing capabilities - when possible for the client - to facilitate demonstrating materials and greater engagement.

"If we could do more videoconferencing, if that was an option, not only for us in terms of having the technology, but also for clients....They still don't have a lot of time, they may have technology issues, bandwidth issues, internet connectivity issues. We don't know what's on the other end there. But if it's possible, I think we would be moving in that direction because it's certainly a better method for connecting with people and communicating with people."

"Because we did a pilot project,...we have learned that videoconferencing is the "must" to be implemented. Participants like the dialogue. The dialogue is more like a dialogue than having a class before in the past....(Videoconferencing) is so informal, so comfortable. They (participants) just log in with their phone or their cell phone or their computers."

All but 1 agency director was interested in continuing to offer remote nutrition education as an **option for participants who cannot come to WIC clinics in person**. To meet the needs of diverse participants, being able to offer more remote education was viewed as an important lesson learned during the pandemic.

"Even with the challenges that we have had, I see a lot of benefit for our participants....There's an advantage to a phone appointment, or it could be a video appointment in the future, where you can find that perfect quiet time.... Whereas when they're in the office, with all of the family members, they might not have all of their attention....I think that's another benefit too, is that everyone is on their phone nowadays and relies heavily on the information being there. So actually, it's a benefit that we can email them things and then they have it. Whereas if they came into the office and they maybe received a piece of paper, they looked at it, and then it's gone."

"We (would like to) have a system in place where clients can at their current appointment choose the method of education for their future appointment....So they can have the option of a video class or a one-on-one phone call...or to come in for an in-person group. So it would be about the client's choice."

Remote Breastfeeding Support

What Was Evaluated?

Breastfeeding support, a critical component of WIC services, has contributed to increasing breastfeeding rates across the country. WIC staff prepare women for breastfeeding while pregnant and then guide new mothers through the process, often beginning in the hospital after delivery, a critical period for long-term success. Prior to COVID-19, most WIC breastfeeding counseling after birth was done in person. Fortunately, all 22 agencies interviewed were able to continue providing breastfeeding support post-COVID, 14 remotely only and 8 also in person especially to mothers experiencing breastfeeding issues. The primary remote methods used were similar to other forms of WIC nutrition education and included: phone (n=22), text (n=17), online training (n=16), email (n=12), mail (n=8), and videoconferencing (n=8).

Was It Hard to Implement?

Among the 9 WIC operations during COVID that we asked agency directors to rate, **breastfeeding support was rated among the hardest to implement** (mean rating = 2.55 on a 5-point scale where 1 is very easy and 5 is very hard; SD = 1.10). All but 1 agency director reported challenges. While agency directors recognized the advantage of remote guidance instead of requiring mothers to come to a WIC clinic with a newborn during the COVID pandemic, being unable to see the baby nursing and provide hands-on help was the primary issue reported.

"That's probably been our biggest challenge. We are offering some support, and unfortunately most of our support is giving them a hand pump or if they needed a regular pump and then getting a hold of them by phone on how to use it."

"Some questions you can handle remotely or over the phone, but there's a lot of things you cannot....So if you have a mother with a baby coming in and she's complaining that she's got pain or this or that, you have to examine the baby, examine the breast, the suck, analyze the anatomy of the child. There's things that you have to ...do a visual exam and assessment."

"The assessment has been hard because now you're relying on the mother to describe everything to you, in terms of how she's latching the baby....Not being able to visually inspect the baby and the newborn weight assessment, we've really lost that particular piece. That we regret."

Others also raised concerns about reduced breastfeeding rates as hospitals implemented COVID safety precautions and doctor referrals of new moms to WIC were impacted, particularly early on in the pandemic.

"First of all mothers are incredibly anxious about it (COVID), especially early on in the pandemic. There was a lot of communication...about could you breastfeed a baby if you had COVID or should you....And then at the hospitals,...they have to mitigate the risk and so sometimes early on the mothers were being separated from their infants...if they were (COVID) positive. And the staffing at the hospital at times was limited....They furloughed a lot of the lactation consultants at the hospital. So we (WIC) were really filling a gap there. We know from our statistics with our breastfeeding peer counseling program...how much formula is being given during the hospital stay. It has absolutely been increasing since the COVID pandemic has started, which is sad because...the hospitals can screw up everything in a mere 48 hours. All the work you put into this mom...and then you have to start over."

"We have a couple of sites that do a lot of - the doctors actually walk them (WIC participants) over and refer them (to WIC)....Not having that warm handoff from the nurse or the doctor to our (lactation consultants) has...been a big adjustment for us."

What Was Suggested for WIC Moving Forward?

Agency directors expressed that breastfeeding was best supported in person. However, given the challenges some participants experience getting to WIC clinics (e.g., transportation issues, long distances to travel in rural and remote regions), most directors endorsed continuing remote breastfeeding support as an option for participants once COVID is resolved, especially if **videoconferencing were a viable option** (assuming privacy concerns are addressed). Virtual support groups for new moms was also suggested as an option when coming to the WIC clinic was a barrier.

"I don't know what the solutions are because staff are hesitant to use videoconferencing like this. And so I think just time and experience will help them with that. It's also a barrier on the clients and then there's other issues with safety. Women feeling safe exposing their breasts on a video and who's around on the other end. And so it actually brings a new layer of concerns and shyness really."

"I'd be very curious to see if we'd get better participation from the participants if they knew that they could have their counseling sessions done remotely, rather than being required to come into a WIC site. So we're actually trying to do a model right now where we are case managing. So once we identify a client that is willing to participate in a breastfeeding intervention remotely, we basically case manage and call them every month, according to the plan. And it's this particular group that we would want to push forward with videoconferencing."

"If you have the video capability, if mom is saying, 'I'm having problems with latch, I'm having this issue,' if mom can show you, then you could say, 'Okay, do this or do that,'...because now you're seeing it. I also think another piece that has to happen is that we need to be able to have a way to do moms' groups. I think that the whole virtual piece, even if COVID didn't exist, I think we need to be able for a working mom, different moms that can't leave home, could join a support group virtually."

Several agencies that started using videoconferencing for group breastfeeding support during the pandemic reported positive outcomes.

"We already had an in person support group for breastfeeding and included pregnant women and postpartum women. So we just made it virtual and the person that runs it, the facilitator, calls them in advance to invite them and see if they are willing to participate. And if they are, then she sends them a link."

"We got a lot of help from the state on this (group breastfeeding support) so full kudos to them, including the training and everything....Getting a handle on how to get invitations out to families, how to set up the different groups; it's the logistics of the planning that have been really hard, not the training. And when they happen they're dynamite, so staff is doing well and the participants love it."

Appendix: WIC Agency Interview Guide

Introduction

*Hi, my name is [insert name] and I'm calling from the University of California Nutrition Policy Institute. Thank you for agreeing to participate in this interview today about how your agency has implemented the WIC waivers and adjusted operations during the COVID-19 pandemic. You received some information in the email you received from Shannon Whaley so you are probably familiar that we are calling to hear more about how the COVID-19 pandemic has affected your agency and what has worked well and not so well. This study is being conducted by the University of California, in partnership with CDPH WIC and PHFE WIC. There are **no right or wrong answers**. We're just interested in your **opinions** in order to help improve the WIC program. **What you say will be confidential**, meaning we will not be sharing any information that identifies you or your agency with anyone. If we share any quotes, we will only identify the general size of your agency and geographical region.*

Please know that your participation is entirely voluntary. If there are any questions that you do not want to answer or have no opinion about, please let me know and we will go to the next question. If you choose to end the interview before it is done, or if you choose not to participate, there will be no penalties. The interview should take about 45 minutes to an hour.

If you have any questions, you may contact Dr. Shannon Whaley at 626 856-6650 x309 or Dr. Lorrene Ritchie, the co-principal investigator at (510) 384-4282. For study purposes, the conversation will be recorded. This will help us ensure that we do not miss any important information you share with us.

Do you have any questions before we get started? (Answer questions; if says now not a good time, ask for date and time to reschedule interview; if no longer interested or does not want to be recorded, thank for time and do not continue with the interview.)

Q0	Do you agree to participate in this interview today?	No (Record if reason given why not; End call) Yes (Continue) Did not pick up (add how many times you have tried to contact)
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Thank you for agreeing to participate. Please note that all the questions throughout the interview refer to the time that COVID-related waivers and other adjustments to WIC operations have been in place. (Remind the interviewee as needed that questions refer to the time during COVID-19.)

Question	Responses
Topic A: The first few questions are related to remote working conditions.	
1. First, are any of your clinics seeing WIC participants in person ?	<ul style="list-style-type: none"> No Yes. Please describe which types of participants are being seen in person, under what conditions and how you have worked out how to do this safely (e.g., PPE for staff, masks for clients). DK/Ref

Question	Responses
2. Some agencies have shifted to all staff teleworking, some have all staff working in sites, and some have a hybrid of some staff teleworking and some staff working in sites. At your agency, where are staff located ?	<ul style="list-style-type: none"> • In the WIC site • Teleworking • Other (describe):
3. What equipment or services , if any, were purchased for staff to continue working during the pandemic (in addition to the equipment or services you normally use)? I will list several options, please tell me if you have purchased any of these.	<ul style="list-style-type: none"> • Cell phones or soft phones • Computer/laptop/tablet • Web camera • Headset • Wi-Fi hotspot • Enhanced internet service • Plexiglas • PPE (masks, wipes, hand sanitizer) • Software licenses for home use • Modular units for additional units in the office • Other (describe): • None (Skip to Q5)
4. Of these things that you have had to purchase to work during the pandemic, was this a one-time cost or do you anticipate ongoing costs in order to maintain this equipment or service? (If yes, do you have the funds to continue this indefinitely?)	<ul style="list-style-type: none"> • Cell phone or soft phones. One-time costs Ongoing costs Don't know (If Ongoing, do you have the funds to support these additional costs Yes No Don't know) • Wi-Fi hotspot. One-time costs Ongoing costs Don't know (If Ongoing, do you have the funds to support these additional costs Yes No Don't know) • Enhanced internet service. One-time costs Ongoing costs Don't know (If Ongoing, do you have the funds to support these additional costs Yes No Don't know) • Other (describe): One-time costs Ongoing costs Don't know (If Ongoing, do you have the funds to support these additional costs Yes No Don't know)
5. Was there equipment that you needed but could not afford to purchase?	<ul style="list-style-type: none"> • No • Yes. Describe:
6. a) Have you had to furlough any staff or shift full-time staff to part-time during COVID? b) Have staff voluntarily reduced their hours?	<ul style="list-style-type: none"> • No • Yes. Describe: • No • Yes. Describe:
7. Have you been short-staffed during COVID?	<ul style="list-style-type: none"> • No • Yes. (PROBE: Has being short staffed made it difficult to serve all of your participants?---trying to get at scope of problem) Describe:
8. What concerns do you have about reopening to in-person visits with WIC participants in the future?	<ul style="list-style-type: none"> • None • Describe:
9. In addition to the reopening guidance, is there any additional support from the state that would be helpful as you return to work as usual?	<ul style="list-style-type: none"> • None • Describe:

Question	Responses
<p>Topic B: As we move through the interview, sections will be organized by waiver. This first section refers to the physical presence waiver, which waived the requirement that WIC participants enroll or re-certify in person.</p>	
<p>10. What methods has your agency used to conduct certification (that is, enrollment and recertification) appointments? [Note: CA WIC does not have an approved videoconference platform; several agencies may be using a platform approved for mini-grants]</p>	<ul style="list-style-type: none"> • Telephone • Videoconference such as Zoom, Teams, FaceTime etc. (specify platform) • Online application to collect demographic and eligibility information (specify platform) • Electronic method(s) for participants to send eligibility or certification documents (Specify: document upload, email, text, fax) • Curbside • Modifications to appointments conducted in-person at the clinic to allow for social distancing • Other (describe):
<p>11. For certifications, which of these methods are you using the most? The second most and why?</p>	<ul style="list-style-type: none"> • Most common (describe) • Second most common (describe)
<p>12. We're interested in learning about which methods your agency used for participants to send eligibility documents or sign documents for certification. I will list several methods of communication, please tell me if your agency has used any of these.</p>	<ul style="list-style-type: none"> • Mail • Email • Fax • Text message • Online application • WIC app • Services/tools that allow documents to be uploaded or signed electronically, such as DocuSign (Specify services/tools) • Drop off at clinic • WIC WISE (Note: this would be if clinic is seeing staff in person) • Other (describe):
<p>13. Are there differences in certification methods used for new applicants versus for participants being recertified?</p>	<ul style="list-style-type: none"> • No • Yes. Please describe any differences for new applicants vs re-certifications:
<p>14. How has your agency continued to receive bloodwork and height and weight information from participants?</p>	<ul style="list-style-type: none"> • Please describe how you are getting this information and if that has changed since the pandemic began.
<p>15. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to implement remote certification?</p>	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
<p>16. What, if anything, has been hard about implementing the remote certification?</p>	<ul style="list-style-type: none"> • Nothing hard • Describe:
<p>17. Given your experiences during COVID, if your agency had to rely solely on remote certification in the future, what would you do differently?</p>	<ul style="list-style-type: none"> • Nothing differently • Describe:

Question	Responses
18. If your agency could continue to certify remotely after the waiver ends, would you want to?	Why or why not? If yes, describe which methods you would want to continue:
Topic C: The next set of questions are about the extended certification waiver, which allows WIC clinics to extend certifications to 90 days for children. Please answer for the period when the state was using this waiver.	
19. Did your agency utilize the extended certification period for children (1-5 years old) to 90 days?	<ul style="list-style-type: none"> • No (If no, skip to next topic) • Yes. Describe:
20. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to extend the certification period for children?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
21. What, if anything, has been hard about extending the certification period for children?	<ul style="list-style-type: none"> • Nothing hard • Describe:
22. Given your experiences during COVID, if your agency had to extend the certification period for children in the future, what would you do differently?	<ul style="list-style-type: none"> • Nothing different • Describe:
23. If your agency could continue to extend the certification period for children after the waiver ends, would you want to?	Why or why not?
Topic D: Now let's talk about the separation of duties waiver, which allows a single WIC staff person to determine eligibility for certification and issue food benefits.	
24. During COVID, did your agency waive separation of duties ?	<ul style="list-style-type: none"> • No (If no, skip to next topic) • Yes. Describe:
25. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your agency to waive separation of duties?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
26. What, if anything, has been hard about waiving separation of duties?	Describe:
27. Given your experiences during COVID, if your agency had to waive separation of duties in the future, what would you do differently?	Describe:
28. If your agency could continue to waive separation of duties after the waiver ends, would you want to?	Why or why not?
Topic E: The next questions are about remote issuance, which allows participants to get their WIC benefits without an in-person visit. Note that we will be asking questions about auto-issuance after this. These questions are specifically about the remote issuance process that enables states to load WIC benefits remotely.	

Question	Responses
29. We're interested in learning about which methods your agency used to inform participants about the remote issuance I will list several methods of communication, please tell me if your agency has used any of these.	<ul style="list-style-type: none"> • Mail • Email • Phone call • Text message • Video conferencing • Website • WIC app • Social media or new media (specify format) • Other (describe):
30. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to remotely issue food benefits?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
31. What, if anything, has been hard about remotely issuing food benefits?	<ul style="list-style-type: none"> • Nothing hard • Describe:
32. Given your experiences during COVID, if your agency had to begin remote issuance in the future, what would you do differently?	<ul style="list-style-type: none"> • Nothing different • Describe:
33. If your agency could continue to remotely issue benefits, would you want to?	Why or why not?
Topic F: Now let's talk about auto-issuance of WIC benefits.	
<p>34. When the COVID-19 pandemic started, CDPH WIC began a monthly process of auto-issuing benefits for those agencies that opted in to allow auto-issuance. Did your agency opt-in to auto-issuance? [Note: agencies were able to opt in for the May auto-issuance; March and April all agencies were auto-issued]</p> <p><i>If yes, display logic will take you to 34a + 34b</i></p> <p>34a. How has auto issuance helped you? _____</p> <p>34b. What challenges have you experienced with auto issuance "No challenges" or _____</p>	<ul style="list-style-type: none"> • No Why did your agency decide not to opt-in? • Yes <ul style="list-style-type: none"> ○ How has auto-issuance helped you? (Please be as specific as possible.) <ul style="list-style-type: none"> ▪ Describe: ○ What challenges have you experienced with auto-issuance? <ul style="list-style-type: none"> ▪ No challenges ▪ Describe:
35. Has your agency used any of the following methods to inform participants about their auto-issued benefits?	<ul style="list-style-type: none"> • Mail • Email • Phone call • Text message • Website • WIC app • Other (describe): • None
36. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to auto-issue food benefits?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult

Question	Responses
37. What, if anything, has been hard about auto-issuing food benefits?	<ul style="list-style-type: none"> • Nothing hard • Describe:
38. Given your experiences during COVID, if your agency had to begin auto-issuing in the future, what would you do differently?	<ul style="list-style-type: none"> • Nothing different • Describe:
39. Do you think that auto-issuance should continue to be available for local agencies to opt in to?	Why or why not?
Topic G: This section is about the food package substitution waiver, which allows for changes to the WIC package if the usually approved items are not available.	
<p>40. We're interested in learning about the methods your agency used to inform participants about expanded WIC food options (e.g., package sizes, brands)? I will list several options, please tell me if you have used any of these.</p> <p><i>After all the methods have been checked, a display pattern will take you back to each method selected to capture 40_ "method" _text and 40_ "method" _freq:</i></p> <p>Text: When did you first use "method" to communicate with participants about this?</p> <p>Freq: Would you say the frequency of communication by "method" is...?</p>	<ul style="list-style-type: none"> • Mail • Email • Phone call (<i>Note: these are calls made by agency</i>) • Text message • Videoconferencing • Website • Online training • WIC app • Other (describe): • None <ul style="list-style-type: none"> ○ When did you first use "method"? <ul style="list-style-type: none"> ▪ Describe: ○ Frequency <ul style="list-style-type: none"> ▪ One time ever ▪ About once a month ▪ Multiple times a month ▪ Multiple times a week ▪ Other (describe)
41. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to communicate with participants about expanded WIC food options?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
42. What, if anything, has been hard about communicating to participants about the expanded food options?	<ul style="list-style-type: none"> • Nothing hard • Describe:
43. Given your experiences during COVID, if your agency had to communicate to participants about changes to food packages in the future, what would you do differently?	<ul style="list-style-type: none"> • Nothing different • Describe:
44. If the expanded food options could continue after the waiver ends, would you want them to?	Why or why not?
Topic H: Next let's talk about WIC services and nutrition education delivered remotely.	

Question	Responses
<p>45. Has your agency used any of the following methods to remotely teach participants how to use the WIC card and WIC app?</p>	<ul style="list-style-type: none"> • Mail • Email • Phone call • Text message • Video conferencing • Website • Online training • WIC app • Other (describe):
<p>46. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to remotely deliver information about the WIC card and WIC app to participants?</p>	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
<p>47. a) What, if anything, has been hard about remotely teaching participants how to use the WIC card?</p> <p>b) Given your experiences during COVID, if your agency had to continue to remotely teach participants how to use the WIC card what would you do differently?</p> <p>c) How are you distributing or replacing WIC cards?</p> <p>d) Are you having difficulty getting WIC cards to participants?</p> <p>e) Are WIC participants having difficulties with their WIC cards?</p>	<ul style="list-style-type: none"> • Nothing hard • Describe: • Nothing different • Describe: • Describe: • No • Yes, Describe: • No • Yes, Describe:
<p>48. a) What, if anything, has been hard about remotely teaching participants how to use the WIC app?</p> <p>b) Given your experiences during COVID, if your agency had to continue to remotely teach participants how to use the WIC app in the future, what would you do differently?</p>	<ul style="list-style-type: none"> • Nothing hard • Describe: • Nothing different • Describe:
<p>49. If your agency could continue remotely teaching participants how to use the WIC card and WIC app after COVID has resolved, would you want to?</p>	<ul style="list-style-type: none"> • No, why not? • Yes, why? Which methods would you want to continue?
<p>50. During remote delivery of nutrition education, did you offer education to individuals only, or to both individuals and groups?</p>	<ul style="list-style-type: none"> • Individuals only • Both groups and individuals (Specify approximate percentage delivered to groups vs to individuals:)

Question	Responses
51. Has your agency used any of the following methods to remotely deliver nutrition education to individuals?	<ul style="list-style-type: none"> • Mail • Email • Phone call • Text message • Videoconference • Online training • WIC app • Other (describe):
<p>52. a) Has your agency used any of the following methods to remotely deliver nutrition education to groups?</p> <p>b) How has your agency handled logistics for setting up group nutrition education?</p>	<ul style="list-style-type: none"> • Phone call • Text message • Video conference • Other (describe): <ul style="list-style-type: none"> • Describe:
53. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to remotely deliver nutrition education to participants?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult
54. What, if anything, has been hard about remotely delivering nutrition education?	<ul style="list-style-type: none"> • Nothing hard • Describe:
55. Given your experiences during COVID, if your agency had to continue to primarily deliver nutrition education remotely in the future, what would you do differently?	<ul style="list-style-type: none"> • Nothing different • Describe:
56. If your agency could continue delivering nutrition education remotely indefinitely, would you want to?	Why or why not? Which methods would you want to continue?
Topic I: The last thing we would like to ask you about is breastfeeding support.	
57. First, has your agency been able to provide breastfeeding support during COVID?	<ul style="list-style-type: none"> • Yes • No. If no, skip to Q53
58. Has all your breastfeeding support been provided through remote methods?	<ul style="list-style-type: none"> • Yes • No. If no, describe methods.
59. Has your agency used any of the following methods to remotely provide breastfeeding support?	<ul style="list-style-type: none"> • Mail • Email • Phone call • Text message • Video conferencing • Online training • WIC app • Other (describe):
60. On a scale of 1 (very easy) to 5 (very difficult), how easy or hard was it for your agency to modify or develop policies, protocols, and related information for your staff to remotely deliver breastfeeding support to participants?	<ul style="list-style-type: none"> • 1 - Very easy • 2 • 3 • 4 • 5 - Very difficult

Question	Responses
61. What, if anything, has been hard about remotely delivering breastfeeding support?	<ul style="list-style-type: none"> • Nothing hard • Describe:
62. Given your experiences during COVID, if your agency had to continue to primarily deliver breastfeeding support remotely in the future, what would you do differently?5	<ul style="list-style-type: none"> • Nothing different • Describe:
63. FINAL QUESTION: Is there anything else you would like to share with me about your agency during COVID?	
Closing: Background Information	
64. Record position or title at agency (from contact info provided)	
65. How long have you been in your current role at your agency ?	<ul style="list-style-type: none"> • <1 year • 1-<5 years • 5-<10 years • 10-<20 years • 20-<30 years • 30+ years
66. How long have you worked at WIC in total ? (only fill in months if given)	<ul style="list-style-type: none"> • <1 year • 1-<5 years • 5-<10 years • 10-<20 years • 20-<30 years • 30+ years

Notes: For most questions with multiple answer options, mark all that apply.

In Qualtrics, there is a “Don’t Know/Refused” option for every question, in case a participant chooses to skip a question.