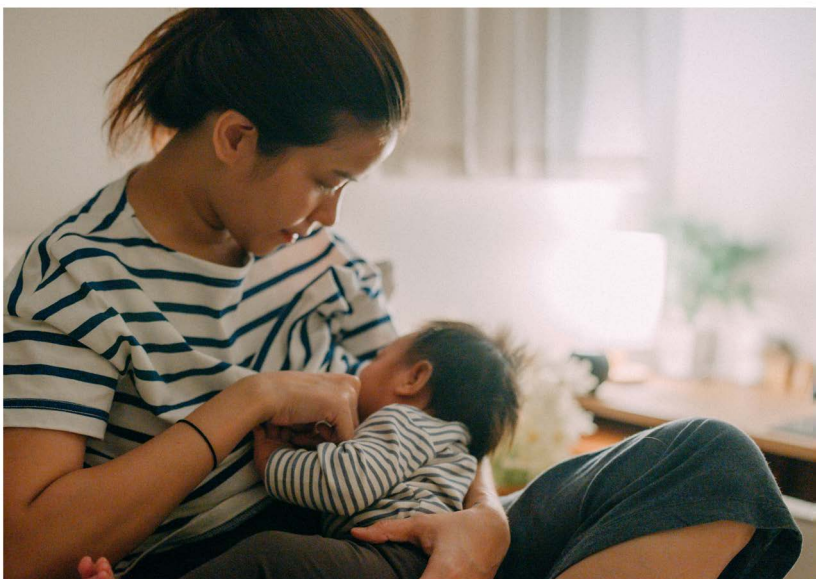




U.S. DEPARTMENT OF AGRICULTURE

Conducting Remote WIC Certification Appointments During the COVID-19 Pandemic: Findings From Surveys of WIC State and Local Agencies



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Chapter 1. Introduction and Methods

Under the Families First Coronavirus Response Act of 2020 (FFCRA, P.L. 116-127), the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) had the authority to grant certain programmatic waivers to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Waivers were issued to provide flexibilities to requirements that could not be met as a result of the Coronavirus Disease 2019 (COVID-19) pandemic and support continued access to WIC services. For example, State agencies could use the waivers to allow remote benefit issuance to eliminate the need for WIC participants to visit the clinic to receive benefits, conduct vendor preauthorization visits virtually, or allow additional food package substitutions in circumstances of food shortages. By the time FFCRA waiver authority ended September 30, 2021, FNS had approved 16 types of WIC waivers and 831 individual waiver requests across the 89 WIC State agencies (see appendix table A.1 for a full list of the waivers). In a memo issued September 20, 2021, FNS extended most of the FFCRA WIC waivers until 90 days after the end of the nationally declared public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d).¹

This report summarizes the use of the physical presence waiver among State and local agencies and agencies' reports of the waiver's impact on participants. A summary of the reported use and impact of all WIC waivers issued under FFCRA will be released separately.



¹ WIC Policy Memorandum #2021-10: Updated expiration schedule for existing FNS-approved WIC COVID-19 waivers. <https://www.fns.usda.gov/wic/policy-memorandum-2021-10>

Introduction

The FFCRA was passed in March 2020 and amended by the Continuing Appropriations Act 2021 and Other Extensions Act (P.L. 116–159). Under the FFCRA—

- FNS was authorized to grant waivers to State agencies to conduct certification and recertification appointments without the need for participants to be physically present at a WIC clinic. The waiver also allowed State agencies to defer the anthropometric (e.g., height, weight) and bloodwork requirements necessary to determine nutritional risk.²
- FNS received authority to waive qualified administrative requirements (e.g., separation of duties, vendor monitoring). To grant these administrative waivers, FNS had to determine whether (1) State agencies could not meet the requirement because of COVID-19 and (2) the waiver was necessary for State agencies to provide WIC benefits to participants.³

The FFCRA also stipulated reporting requirements for the waivers. Within 12 months of receiving a waiver, State agencies were required to summarize their use of each implemented waiver and provide a description of whether the waiver helped improve services for WIC participants.⁴ The physical presence waiver had additional reporting requirements for local agencies.⁵

To streamline the reporting process, FNS developed surveys to collect information on the use of each waiver and its impact on WIC services from State and local agencies. A team of researchers at Insight Policy Research (the “study team”) administered the surveys to all WIC State and local agencies, compiled and analyzed the survey data, and summarized the findings.

Methods

Data collection included a survey of State and local agencies. FNS developed the surveys to capture the information needed to fulfill FFCRA waiver reporting requirements for WIC State and local agencies and received Office of Management and Budget (OMB) approval⁶ prior to data collection. The study team conducted quantitative and qualitative analyses of the survey results.

² Families First Coronavirus Response Act, Section 2203, H.R. 6201, 116th Cong. (2019–2020)

³ Families First Coronavirus Response Act, Section 2204, H.R. 6201, 116th Cong. (2019–2020)

⁴ Families First Coronavirus Response Act, Section 2204(b), H.R. 6201, 116th Cong. (2019–2020)

⁵ Ibid.

⁶ OMB control number 0584-0654, expiration date 01/31/2022

Data Collection

In March and April 2021, the study team fielded the State and local agency surveys. The surveys asked about the 797 waivers issued before March 1, 2021; findings reflect the use of the waivers at the time of data collection. Each self-administered web-based survey was programmed in Qualtrics.

- **State agency survey:** To fulfill the State agency reporting requirements, the study team administered the State agency survey to all 89 WIC State agencies. The survey gathered information about the use and impact of the 16 WIC waivers (see appendix table A.1) issued by FNS under the FFCRA. For each waiver, State agencies were asked about (1) waiver use and reach; (2) challenges associated with waiver use; (3) their perceptions of the importance of the waiver in ensuring participants received quality WIC services during the pandemic; and (4) how the waiver improved services for WIC participants. Using extant data from FNS, the study team programmed the survey to ensure State agencies were only asked about the waivers issued to them. All 89 State agencies completed the survey, yielding a 100 percent response rate.
- **Local agency survey:** To fulfill the local agency reporting requirements, the study team administered the local agency survey to a census of WIC local agencies. The survey gathered information on the use and impact of the physical presence waiver. Local agencies were asked about (1) waiver use and reach; (2) challenges associated with waiver use; (3) how participants submitted required documentation (e.g., proof of income); (4) how the local agency conducted remote certification appointments; (5) how the waiver improved services for WIC participants; and (6) how the local agency conducted remote nutrition education and provided breastfeeding counseling services while using the waiver. Almost all local agencies across the 89 State agencies (1,833 of 1,891) completed the survey, yielding a 96.9 percent response rate.

Analysis

Upon completion of data collection, the study team prepared the final survey files for analysis. To develop the final datafiles, the study team imported the survey data to SAS, added variable labels, and performed minor data cleaning (e.g., removing invalid responses). The study team also added an urbanicity indicator⁷ to the local agency survey datafile. The study team conducted quality assurance checks (i.e., to ensure the survey data followed the skip pattern logic of the survey).

Data from closed-ended survey questions were tabulated and presented as descriptive statistics. The study team also produced cross-tabulations by type of State agency (i.e., States and District of Columbia, U.S. territories, and Indian tribal organizations) and, where applicable, type of electronic benefit transfer (EBT) processor (i.e., online EBT, offline EBT, and non-EBT⁸). Local agency survey responses were also tabulated by urbanicity (i.e., metropolitan, micropolitan, rural).

⁷ The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>.

⁸ State agencies with online EBT systems can reload WIC benefits onto participants' EBT cards remotely, while offline EBT systems require benefits to be loaded onto EBT cards in person at a local WIC clinic. Non-EBT State agencies issued benefits through paper checks or vouchers at the time of the survey.

The study team conducted a qualitative analysis of responses to the open-ended survey questions to gain a deeper understanding of how State and local agencies used the waivers and whether the waivers improved WIC program services. The study team reviewed the responses to identify key themes and describe similarities and differences in waiver use among the State and local agencies.

Contents of the Report

The remainder of this report summarizes the reported use and impact of the physical presence waiver. Chapter 2 describes the reported use of the waiver among State and local agencies, chapter 3 presents findings related to the reported impact of the waiver, and chapter 4 describes reported challenges to waiver use. Chapter 5 provides a summary of key findings. Appendix A includes a table describing all 16 FFCRA WIC waivers; appendix B provides supplemental survey response data tables.

Chapter 2. Use of the Physical Presence Waiver

Key Takeaways

- In response to the COVID-19 pandemic, almost all (99 percent) local agencies offered remote certification appointments to participants; before the pandemic, only 12 percent of local agencies did so.
- Almost all local agencies (99 percent) used telephone calls to conduct WIC certification appointments remotely.
- Local agencies used a variety of means to collect required documentation at certification, including using verification systems such as State Supplemental Nutrition Assistance Program (SNAP) or Medicaid databases and accepting documentation by email, text message, and in-person dropoff; anthropometric and bloodwork measurements were mostly deferred.
- The percentage of local agencies using remote methods to conduct nutrition education and provide breastfeeding support increased during the COVID-19 pandemic.



In accordance with the Child Nutrition Act,⁹ WIC participants typically must be physically present at each certification and recertification appointment to confirm program eligibility. The physical presence waiver allowed State and local agencies to remotely certify WIC participants without requiring the participant's

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State agencies

The physical presence waiver was used by 88 of the 89 WIC State agencies. One State agency did not use the waiver because all its clinic sites remained open for in-person services. The majority of the State agencies (74 of 88) began using the waiver in March 2020, and all 88 State agencies were still using the waiver in March 2021 (see figure 2.1). Most State agencies (88.6 percent; see appendix table B.1) did not have to obtain additional State- or Tribal-level authorization before using the waiver.

⁹ 42 U.S.C. 1786(d)(3)(C)(i)

Figure 2.1. Timeline of Physical Presence Waiver Use Among State Agencies

Number of State Agencies	2020											2021	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
74 State agencies													
11 State agencies													
2 State agencies													
1 State agency													
Total number of State agencies using waiver	74	85	87	88	88	88	88	88	88	88	88	88	88

N = 88

Note: Bars represent the length of time State agencies reported using the waiver. State agencies with an end date of March 2021 were still using the waiver at the time of the survey. One State agency reported it stopped using the waiver in April 2021, but this is not reflected in the timeline because most survey responses were received in March 2021.

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, questions F2, F3, F4

Local agencies

In total, 98.6 percent (1,807 of 1,833) of local agency survey respondents used the physical presence waiver to provide remote certification appointments (see appendix table B.4). Most local agencies began using the waiver in March 2020, and almost all were still using the waiver in March 2021.

Of the 26 local agencies that did not use the waiver, the most common reason was that WIC clinic sites remained open for in-person services (73.1 percent; see appendix table B.7). Only 41 local agencies reported they stopped using the waiver before March 2021. Of these 41 agencies, about three-quarters were in small town/rural locations, and almost all indicated they stopped using the waiver because their clinic sites reopened for in-person services (see appendix table B.11).

Waiver coverage

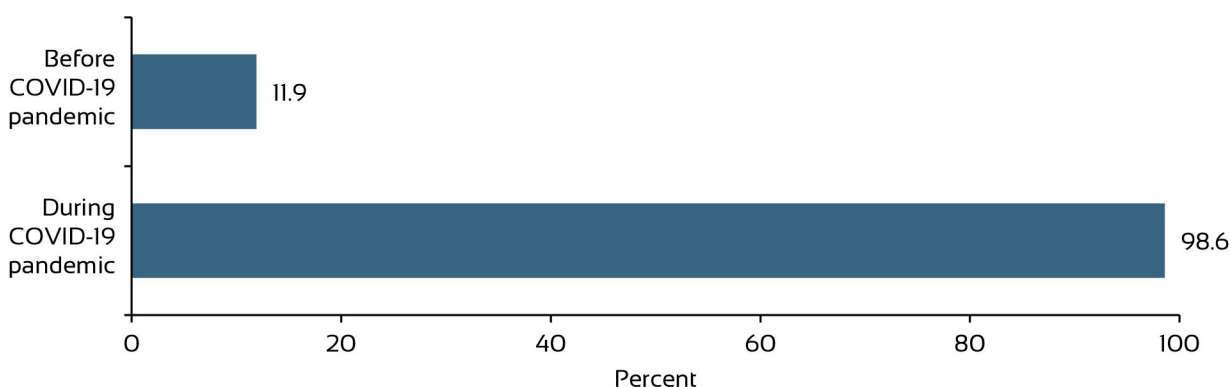
Overall, the physical presence waiver covered most WIC clinics. According to local agency responses, 95.8 percent of WIC clinics offered remote certification appointments during the COVID-19 pandemic (see appendix table B.5).

WIC Certifications Before COVID-19 and Waiver Implementation

During the certification appointment, WIC staff collect necessary documentation to verify eligibility. If the participant is deemed eligible, WIC staff complete a nutrition risk assessment and a breastfeeding assessment, conduct nutrition education and breastfeeding counseling, assign a food package, and issue food benefits through an EBT card or paper voucher. Clinic staff also collect height and weight measurements and complete bloodwork to inform the nutrition risk assessment.

Before the COVID-19 pandemic and the use of the physical presence waiver, WIC certification and recertification appointments were typically conducted in person at WIC clinic sites. The Child Nutrition Act stipulates a limited number of exceptions to the physical presence requirement. A local agency can waive the physical presence requirement if (1) it presents an unreasonable barrier to participation and (2) the participant meets other requirements as listed in the Act. However, only 219 local agencies (11.9 percent; see figure 2.2 and appendix table B.4) reported offering remote certifications before March 2020.

Figure 2.2. Local Agencies Offering Remote Certifications Before and During the COVID-19 Pandemic



N = 1,833

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 1, 2

Remote Appointments During the COVID-19 Pandemic

Methods for Conducting Appointments

Almost all local agencies used telephone calls to conduct WIC certification appointments remotely (98.5 percent; see figure 2.3 and appendix table B.5); only about one-tenth (11.1 percent) used video calls (e.g., Skype, Zoom). Methods for conducting remote certification appointments did not vary by local agency urbanicity (see appendix table B.5).

About one-fifth of local agencies (22.0 percent; see figure 2.3 and appendix table B.5) continued to provide in-person appointments in addition to remote appointments. Although some local agencies noted they were beginning to offer limited in-person appointments at the time of the data collection in March 2021, they indicated most participants still preferred to conduct certification appointments over the phone.

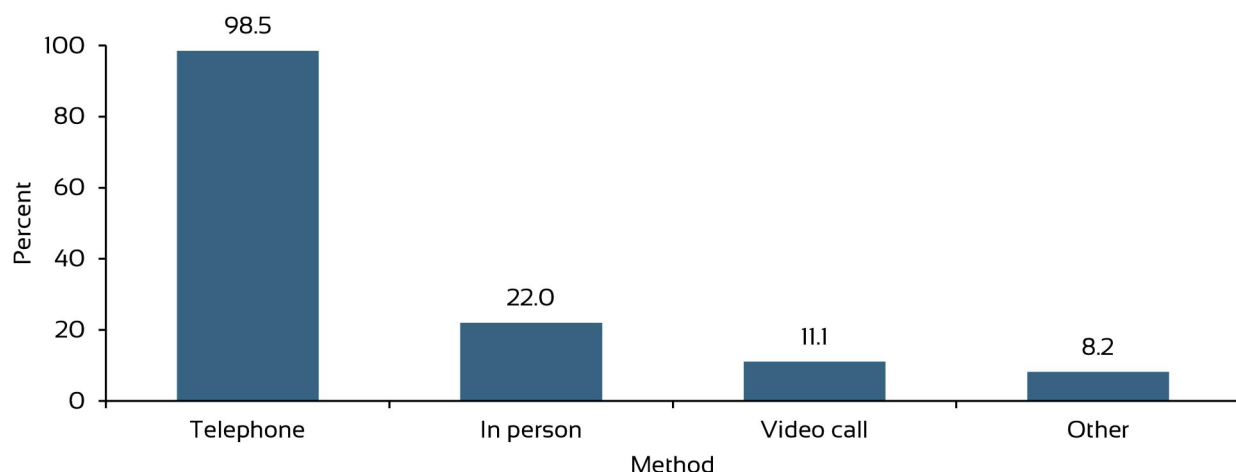
Use of Physical Presence Waiver

“The physical presence waiver allows [local] agencies the flexibility to adapt service-delivery models based on their local administering agency policies—implementing remote appointments, curbside/lobby clinic service, and other innovative models to reduce in-person contact and assure the safety of WIC participants, clinic staff, and their families.”

—State agency staff

Of the local agencies that used video calls, 62.2 percent used Zoom and 13.9 percent used Microsoft Teams (see figure 2.4 and appendix table B.12). Over 41 percent of local agencies that used video calls reported using other video call services not listed in the survey, such as WhatsApp, Facetime, and GoToMeeting or telemedicine portals such as Doxy.me and Vidyo.

Figure 2.3. Methods Used by Local Agencies to Conduct Certification Appointments During COVID-19

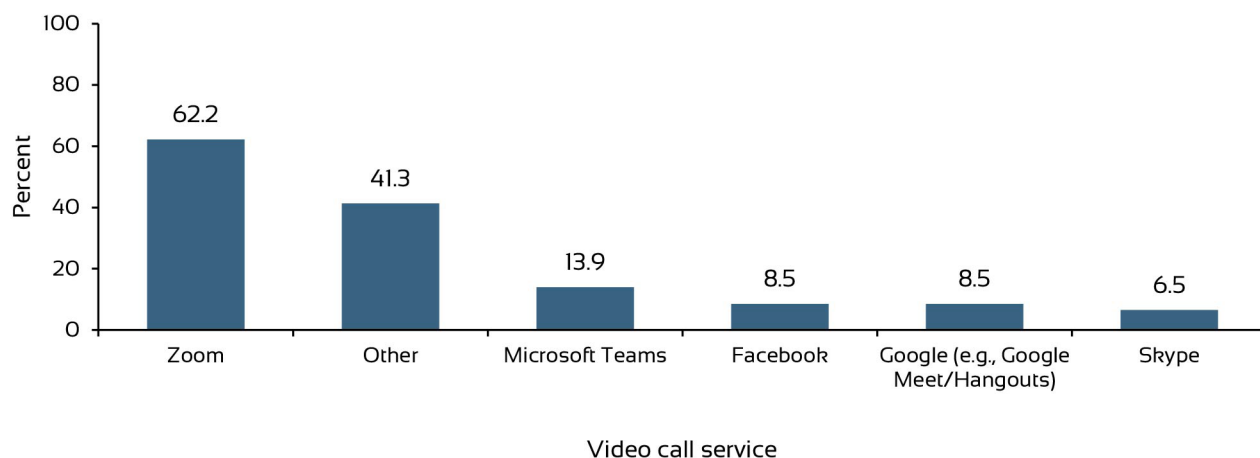


N = 1,807

Note: Local agencies could select multiple response options. Responses reflect local agency operations as of March 2021. "Other" includes curbside, email, online portal, text messaging, and Dropbox.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 13

Figure 2.4. Video Call Services Used by Local Agencies for Remote Certification Appointments



N = 201

Note: Local agencies could select multiple response options. The sample size only includes local agencies that reported using video calls in question 13. Eleven local agencies did not respond to this question. Other responses included WhatsApp, Facetime, GoToMeeting, Vidyo, and Doxy.me.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 14

Description of remote certification appointment

When asked to explain how they conducted remote certification appointments, most local agencies described the following process:

1. A WIC clerk or other paraprofessional called the client to verify eligibility, including address and income; discuss rights and responsibilities; and enter demographic information in the management information system (MIS).
2. The client was then transferred directly to or received a call from a competent professional authority (CPA), who completed the nutrition assessment and issued benefits. Some local agencies had to add a reason code (e.g., disaster, COVID-19) into their eligibility system at this point if anthropometric and bloodwork measurements were deferred.
3. In State agencies with offline EBT systems, the participant went to the clinic to have benefits loaded onto their EBT card.¹⁰ In State agencies with online EBT systems, staff typically mailed EBT cards to new participants or loaded benefits remotely for existing participants.

In some local agencies, the above-described process was completed by one person (i.e., a CPA).¹¹ Some local agencies noted a clerk called or emailed clients to request required documentation in advance of their appointment to help facilitate the certification process.

Eligibility Verification and Anthropometric and Bloodwork Documentation

The local agency survey asked respondents to report how participants submitted proof of income, identity, address, and pregnancy and documentation for anthropometric and bloodwork for remote certifications.

Eligibility verification documentation

Over three-quarters of local agencies verified income and/or adjunctive eligibility on behalf of participants using verification systems such as State SNAP or Medicaid databases (78.0 and 87.2 percent, respectively; see table 2.1). Most local agencies also reported that participants submitted proof of income via email or in-person dropoff (71.0 and 61.9 percent, respectively), and about half indicated participants submitted proof of income via text message (48.1 percent). Among local agencies that selected “other,” some reported asking participants to complete an affidavit.

The majority of local agencies reported that participants submitted proof of identity and address/residency via email (65.7 and 67.1 percent, respectively). Among local agencies that reported participants used other methods to verify identity or address/residency, some indicated that participants showed their photo ID during the certification appointment video call; other local agencies shared that participants provided the necessary identity and residency documentation during curbside appointments.

¹⁰ For example, local agencies in one State described completing the phone appointment curbside to facilitate the benefit-loading process.

¹¹ FNS issued the separation of duties waiver to some State agencies, where requested, which allowed one employee to determine eligibility and issue benefits for the same participant.

State agencies have the option to require proof of pregnancy at certification but are not required to do so under WIC regulations to determine eligibility. Over half of local agencies (55.1 percent) reported participants were not required to submit proof of pregnancy. Approximately one-third of local agencies indicated participants emailed or dropped off their proof of pregnancy in person (32.6 and 31.0 percent, respectively).

Table 2.1. Methods Used by Local Agencies to Receive Participant Documentation Needed to Verify Eligibility (Percent)

Method	Income	Adjunctive/ Automatic Eligibility	Identity	Address/ Residency	Pregnancy
Verification systems (e.g., SNAP, Medicaid enrollment database)	78.0	87.2	52.6	56.4	NA
Email	71.0	49.7	65.7	67.1	32.6
In-person dropoff	61.9	41.4	59.9	59.7	31.0
Text message (e.g., sending pictures of documents)	48.1	36.0	46.8	47.8	23.4
Fax	28.7	16.7	22.4	22.9	23.7
Online portal (e.g., secure file transfer website)	14.8	15.3	15.1	15.3	7.6
Postal mail	12.0	7.1	9.3	12.0	6.8
Other	7.7	3.9	9.1	8.1	6.5
Not provided	1.1	0.2	2.9	3.1	3.5
Not required ^a	NA	NA	NA	NA	55.1

N = 1,807

Note: Local agencies could select multiple response options. One State agency did not provide a response for how it received documentation related to adjunctive/automatic eligibility; two State agencies did not provide a response for how they received documentation for proof of identity; three State agencies did not provide a response for how they received documentation for proof of address/residency; one State agency did not provide a response for how it received documentation for proof of pregnancy.

NA = not applicable; SNAP = Supplemental Nutrition Assistance Program

^a "Not required" was a response option only for proof of pregnancy.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 15a, 15b, 15c, 15d

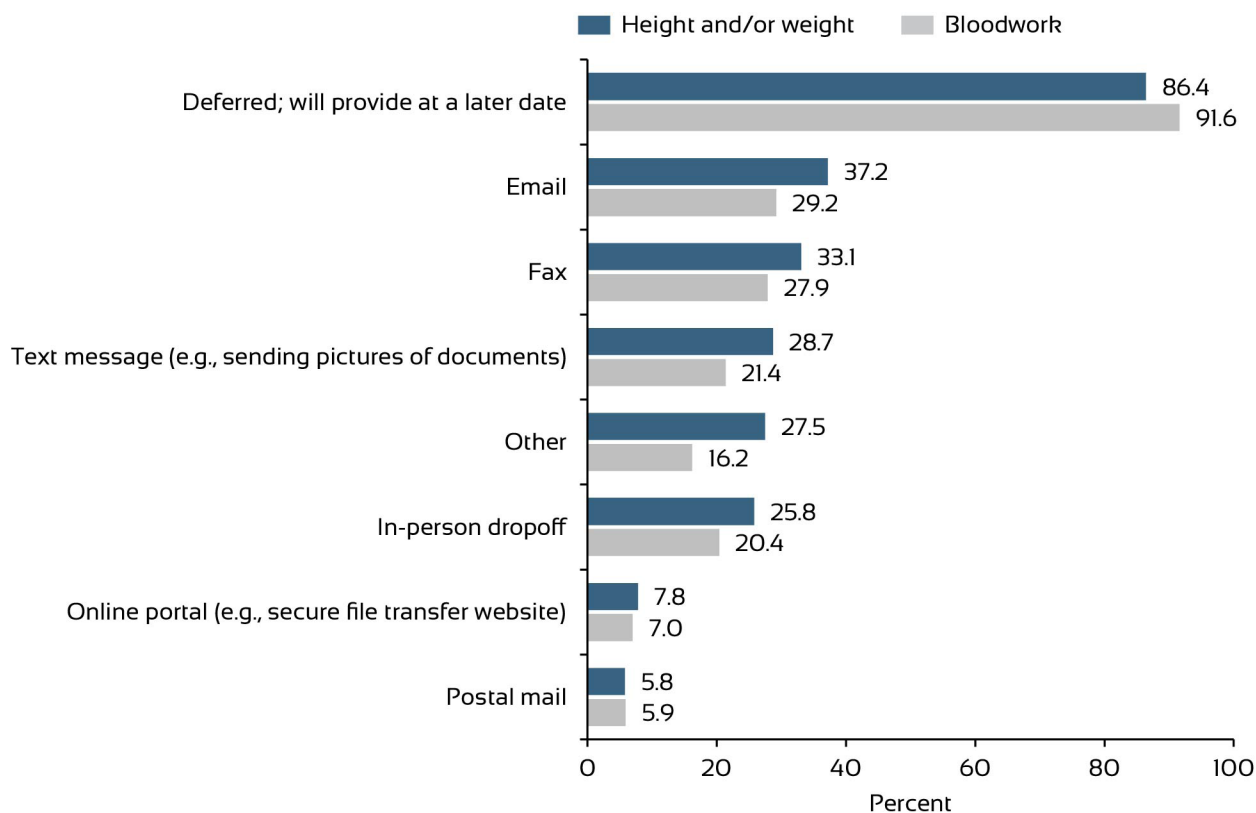
Anthropometric and bloodwork documentation

The physical presence waiver also allowed WIC staff to defer typical anthropometric and bloodwork requirements used to inform the nutrition risk determination. Most local agencies indicated participants could provide documentation related to height/weight and bloodwork at a later date (86.4 and 91.6 percent, respectively; see figure 2.5 and appendix table B.13). Local agencies reported a smaller percentage of participants also used the following methods to submit anthropometric and bloodwork documentation: email (37.2 and 29.2 percent, respectively), fax (33.1 and 27.9 percent, respectively), and text message (28.7 and 21.4 percent, respectively).

Over one-quarter of local agencies (27.5 percent) provided another response when asked how participants submitted height and/or weight documentation. Most of these local agencies reported participants provided height and/or weight verbally over the phone during their certification appointment. A smaller percentage of local agencies (16.2 percent) indicated participants used other methods to submit bloodwork documentation.

These local agencies reported they received the information directly from the participant's doctor or verbally over the phone from the participant.

Figure 2.5. Methods Used by Local Agencies to Receive Anthropometric and Bloodwork Documentation



N = 1,807

Note: Local agencies could select multiple response options. Two local agencies did not provide responses related to height/weight, and 20 local agencies did not provide responses related to bloodwork.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 16a, 16b

Nutrition Education and Breastfeeding Counseling

Though the physical presence waiver was not required for local agencies to provide remote nutrition education and breastfeeding counseling, the survey asked local agencies to indicate how they provided these services remotely before and in response to or during the COVID-19 pandemic.

Nutrition education

Approximately 84.4 percent of local agencies (located across 78 State agencies) offered remote nutrition education before the COVID-19 pandemic (results not shown). Before the COVID-19 pandemic, the most common methods local agencies offered to conduct nutrition education remotely were interactive online education platforms (50.2 percent), online reading materials (43.1 percent), and mailed hardcopy reading materials (39.7 percent; see table 2.2).

In response to the COVID-19 pandemic, live one-on-one education sessions conducted by telephone became the most commonly used method of providing remote nutrition education (89.8 percent). Similar to before the COVID-19 pandemic, a large proportion of local agencies also used mailed hardcopy reading materials and online reading materials to provide nutrition education remotely to participants (69.0 and 52.5 percent, respectively).

Overall, the percentage of local agencies offering remote methods to conduct nutrition education during the COVID-19 pandemic increased by 12.4 percentage points to 96.8 percent (located across 84 State agencies; results not shown). The use of all remote methods increased, except for interactive online education platforms, which decreased slightly. The percentage of local agencies offering live one-on-one nutrition education sessions by telephone nearly tripled from 33.3 percent to 89.8 percent, and the use of mailed hardcopy reading materials nearly doubled from 39.7 percent to 69.0 percent.

“

Nutrition Education

“Participants were less distracted during remote appointments and more engaged and open in discussions with nutritionists. Participants weren’t worried about their children running around, having to take them out of school, or having to take time off of work. Many stressors were removed, which increased accessibility and use of program services.”

—State agency staff

”

Table 2.2. Methods Used by Local Agencies to Conduct Nutrition Education Remotely

Method	During COVID-19 Pandemic	Before COVID-19 Pandemic
Live one-on-one education sessions by telephone	89.8	33.3
Mailed hardcopy reading materials	69.0	39.7
Online reading materials	52.5	43.1
Interactive online education platform (website)	46.8	50.2
Text messaging	41.9	30.7
Social media	34.8	34.3
Prerecorded education videos	21.3	18.9
Live one-on-one education sessions by video call (e.g., Zoom, Skype)	19.3	2.8
Live group education sessions by video call (e.g., Zoom, Skype)	12.3	1.2
Live group education sessions by telephone	9.1	1.6

N = 1,807

Note: Local agencies could select multiple methods. Two local agencies did not respond to this question.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 23

Breastfeeding counseling

Almost all local agencies offered some form of remote breastfeeding counseling before the COVID-19 pandemic (86.0 percent of local agencies across 80 State agencies; results not shown). Both before and during the COVID-19 pandemic, the most common methods local agencies used to conduct breastfeeding counseling remotely were live one-on-one sessions by telephone (63.0 and 85.6 percent, respectively; see table 2.3), online reading materials (52.5 and 59.5 percent, respectively), and mailed hardcopy reading materials (51.0 and 67.7 percent, respectively).

Overall, the percentage of local agencies using remote methods to conduct breastfeeding counseling during the COVID-19 pandemic increased by 8.6 percentage points to 94.6 percent (located across 84 State agencies; results not shown). Use of live one-on-one counseling sessions by video call (e.g., Zoom, Skype) increased approximately fivefold (from 5.8 to 29.9 percent; see table 2.3); use of live one-on-one counseling sessions by telephone and mailed hardcopy reading materials saw smaller but notable increases of approximately 30 percent (from 63.0 to 85.6 percent and 51.0 to 67.7 percent of local agencies, respectively).

Table 2.3. Methods Used by Local Agencies to Conduct Breastfeeding Counseling Remotely

Method	During COVID-19 Pandemic	Before COVID-19 Pandemic
Live one-on-one counseling sessions by telephone	85.6	63.0
Mailed hardcopy reading materials	67.7	51.0
Online reading materials	59.5	52.5
Text messaging	51.7	48.4
Social media	36.6	36.4
Interactive online counseling platform (website)	33.3	30.9
Live one-on-one counseling sessions by video call (e.g., Zoom, Skype)	29.9	5.8
Prerecorded counseling videos	24.3	20.1
Live group counseling sessions by video call (e.g., Zoom, Skype)	19.1	2.0
Live group counseling sessions by telephone	8.7	3.0

N = 1,807

Note: Local agencies could select multiple methods. Two local agencies did not respond to this question.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 24



Chapter 3. Impact of the Physical Presence Waiver

Key Takeaways

- Almost all State (94 percent) and local (88 percent) agencies reported the physical presence waiver was extremely important to ensuring participants received quality WIC services during the pandemic.
- All State and almost all local agencies reported the waiver kept WIC participants and staff safe by promoting social distancing and made WIC more accessible when being physically present was difficult.
- Over 90 percent of State and local agencies reported the waiver made WIC more convenient for participants' schedules; respondents also noted the waiver helped alleviate other barriers such as transportation, childcare, and scheduling restrictions for working parents.

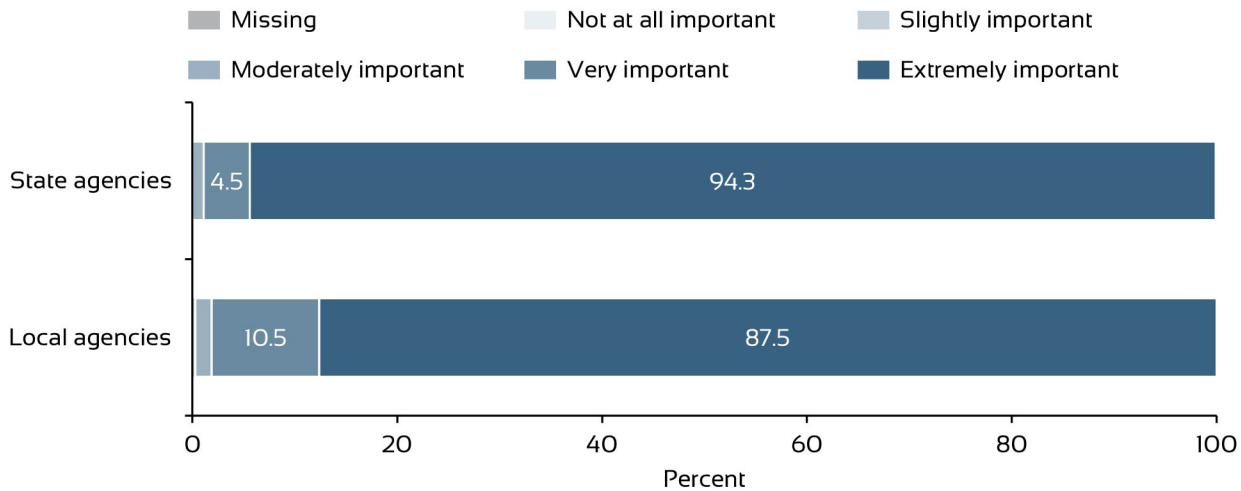


The surveys asked State and local agency respondents to report on the importance of the waiver and the ways the waiver helped improve services for WIC participants. State agencies also reported their perceptions of the effects of the waiver on certain program outcomes.

Waiver Importance

Almost all State agencies and local agencies (94.3 and 87.5 percent, respectively; see figure 3.1 and appendix tables B.1 and B.5) reported the physical presence waiver was extremely important to ensure participants received quality services during the COVID-19 pandemic.

Figure 3.1. Importance of the Physical Presence Waiver to Ensuring Quality Services During the COVID-19 Pandemic



N State agencies = 88; N local agencies = 1,807

Note: No State agencies reported "slightly important." No State or local agencies reported "not at all important." Three local agencies did not provide a response to this question.

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, question F12, and WIC FFCRA Local Agency Waiver Use Survey, question 19

Improvements to WIC Services

State and local agencies found that using the physical presence waiver improved WIC services for women, infants, and children in the following ways (agencies could select all that applied):



100 percent of State agencies and 99.6 percent of local agencies found the waiver **kept WIC participants and staff safe by promoting social distancing**



100 percent of State agencies and 98.1 percent of local agencies found the waiver **made WIC more accessible when being physically present was difficult**



96.6 percent of State agencies and 95.2 percent of local agencies found the waiver **made WIC more convenient for WIC participants' schedules**



87.5 percent of State agencies and 92.3 percent of local agencies found the waiver **improved access to food for WIC participants during the pandemic**



84.1 percent of State agencies and 91.6 percent of local agencies found the waiver decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic



64.8 percent of State agencies and 69.7 percent of local agencies found the waiver enabled WIC clinics to serve more WIC participants in less time



60.2 percent of State agencies and 57.1 percent of local agencies found the waiver enabled WIC clinics to serve more WIC participants with fewer staff

N State agencies = 88; N local agencies = 1,807

Note: For breakdowns by type of State agency and urbanicity of local agency, see appendix tables B.1 and B.5. One local agency did not provide a response to this question.

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, question F17, and WIC FFCRA Local Agency Waiver Use Survey, question 20

In an open-ended response field, the survey asked State and local agencies to describe how the physical presence waiver improved services for WIC participants. Many State and local agencies noted the waiver helped keep participants safe and alleviated participants' worries about bringing their children into the clinic during the COVID-19 pandemic. Several local agencies noted that participants would not have come to the clinic for their appointments during the pandemic, potentially leading to attrition.



Impact of Waiver

"Our clients love it! They can receive excellent nutritional education and support without leaving the safety of their home. It is quicker and requires less time. They don't have to be as concerned with transportation, childcare, altering schedules, or missing work or school if applicable. Some clients have expressed how it has helped ease their anxiety regarding exposing themselves and families to others during this pandemic."

—Local agency staff



A common theme reflected in the responses to the open-ended questions was the waiver's help in alleviating some barriers to WIC participation, including transportation, childcare, and scheduling restrictions for working parents. Other benefits reported by some local agencies were more efficient remote appointments compared with in-person appointments and decreased no-show rates. Because participants often have their child in the room during in-person appointments, local agencies reported that remote appointments were less stressful and allowed for more meaningful conversations because the parent was not distracted by their child.

Some local agencies also shared that the waiver helped with staffing. One local agency noted it serves a large rural area, and before the COVID-19 pandemic, WIC staff were only present at a clinic on certain days of the week. However, when conducting remote certifications, staff were able to assist participants from across the area on any day, not just the "clinic day." Some local agencies noted that allowing remote work was

critical for WIC staff retention during the COVID-19 pandemic, while others shared the waiver made it easier to offer appointments during nonbusiness hours (e.g., later in the evening) because staff were working from home.

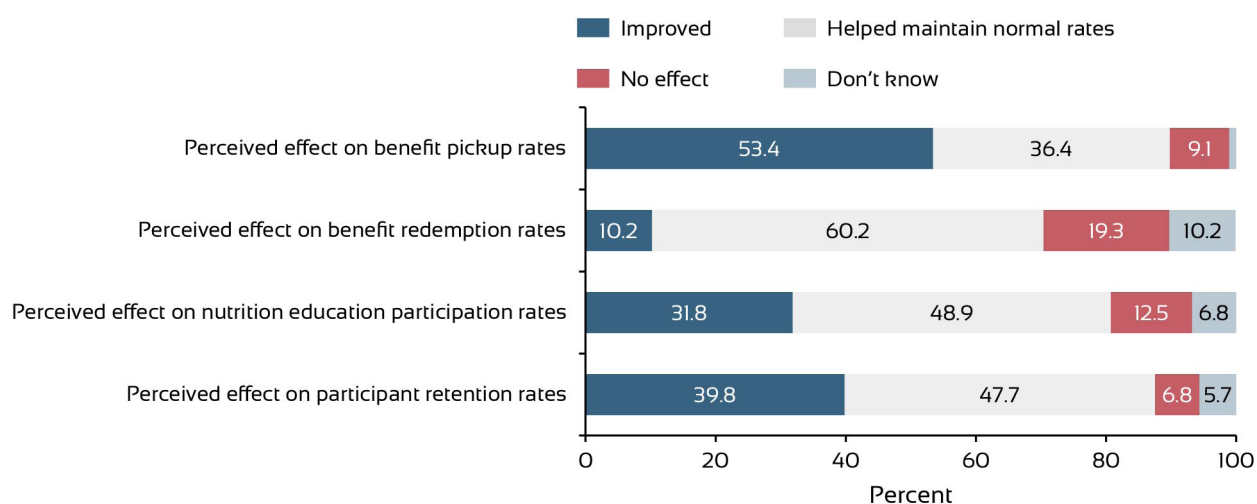
Only a small number of local agencies reported the physical presence waiver did not improve services but rather allowed them to continue offering services during the public health emergency. One respondent said the waiver “was [not] an improvement but a necessity.”

Perceived Effects of Waiver Use

The survey asked State agencies whether their use of the physical presence waiver affected four WIC program outcomes: benefit pickup rates, benefit redemption rates, nutrition education participation rates, and participant retention rates. Respondent answers reflect only their perceptions and are not a quantitative assessment.

Over half of State agencies (53.4 percent; see figure 3.2 and appendix table B.2) believed the physical presence waiver helped improve benefit pickup rates during the COVID-19 pandemic. About half of State agencies reported the waiver helped maintain normal benefit redemption rates, nutrition education participation rates, and participant retention rates during the pandemic (60.2, 48.9, and 47.7 percent, respectively).

Figure 3.2. Perceived Effects of Physical Presence Waiver Use Reported by State Agencies



N = 88

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, questions FI3, FI4, FI5, FI6

Promising Practices

The survey asked State agencies to share promising practices regarding their use of the physical presence waiver. Several State agencies noted FNS should consider providing increased flexibilities to the physical presence requirement after the public health emergency ends. For example, per State agency staff, FNS could consider allowing telemedicine appointments as a way for State and local agencies to meet the physical presence requirement without an in-person appointment.

Telemedicine could help alleviate several barriers related to WIC participation, including transportation, childcare, and scheduling. Many respondents, at both the State and the local agency levels, shared participants greatly preferred phone appointments to in-person appointments because of the convenience. Increased use of phone or video appointments, when feasible, may improve WIC participant satisfaction and lower barriers to program participation and retention.

Although participants generally preferred the convenience of remote appointments, not all participants had access to the necessary technology (e.g., reliable internet/data plan, computers, smartphones). Should FNS decide to relax physical presence requirements, State agencies will need to ensure participants still have access to in-person visits so as not to create or exacerbate disparities in access. State agencies with offline EBT systems will need to consider the benefit of moving to telemedicine appointments because participants will still need to pick up their EBT cards and have benefits reloaded in person.

Some local agencies lacked the technology to provide remote video appointments (e.g., computer video cameras, high-speed internet, approved telemedicine platforms). Should FNS decide video appointments meet physical presence requirements, some local agencies may face barriers providing participants with this convenience without further investment in technology.

“

Continuing Remote Appointments After the Pandemic

“Using a telehealth platform should be allowed moving forward and counted as physical presence. Seeing participants on camera is just as sufficient as seeing them in person. ... It also reduces barriers such as transportation, time off of work, and bringing children with them to the appointment. I’m afraid enrollment and retention will drop when participants are required to be physically in the clinic again, even though the services are needed.”

—Local agency staff

”

“

Participant Feedback

“Seventy-nine percent of surveyed participants stated that they were more likely to continue participating in WIC because of the ability to complete appointments by phone.”

—Local agency staff

”

Some State agencies indicated they were considering or planning to continue offering phone appointments when anthropometric or bloodwork measurements are not required. One State agency shared that it initiated a data-sharing agreement with a statewide health information network to give CPAs access to medical records for anthropometric data. State agencies could consider such agreements as a means of capturing length or height, weight, and bloodwork data without a participant being physically present. Similar data-sharing agreements could also facilitate broader implementation of telemedicine appointments, though health privacy laws may be a barrier.

Chapter 4. Challenges to Physical Presence Waiver Use

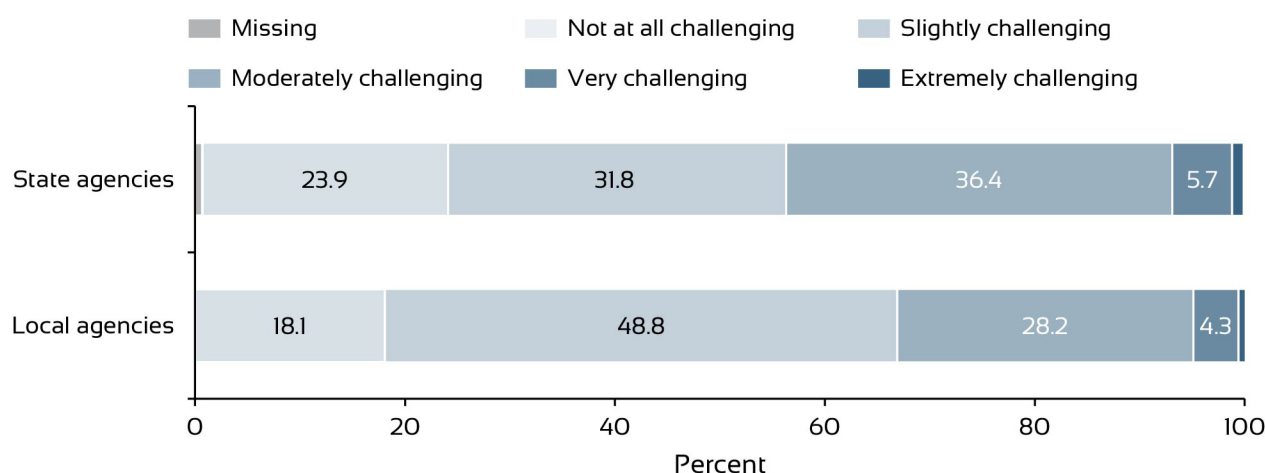
Key Takeaways

- About four-fifths of local agencies and three-quarters of State agencies found the waiver to be at least slightly challenging to use; few respondents found it to be very or extremely challenging.
- State agencies most commonly reported it was challenging to communicate the changes to WIC participants, communicate changes to WIC local agencies/clinics, and train WIC local agency/clinic staff on new procedures.
- Local agencies most commonly reported it was challenging to get in touch with participants remotely and communicate changes to participants.



The surveys asked State and local agencies to rank how challenging it was to use the physical presence waiver to conduct certification appointments remotely. Approximately 82 percent of local agencies and 75 percent of State agencies found the waiver to be at least slightly challenging to use (see figure 4.1 and appendix tables B.1 and B.5). However, only 5 percent of local agencies and about 7 percent of State agencies found the waiver to be very or extremely challenging to use. The remainder of this chapter presents findings related to the specific challenges State and local agencies faced.

Figure 4.1. How Challenging State and Local Agencies Reported It Was to Use the Physical Presence Waiver



N State agencies = 88; N local agencies = 1,807

Note: One State agency did not provide a response to this question.

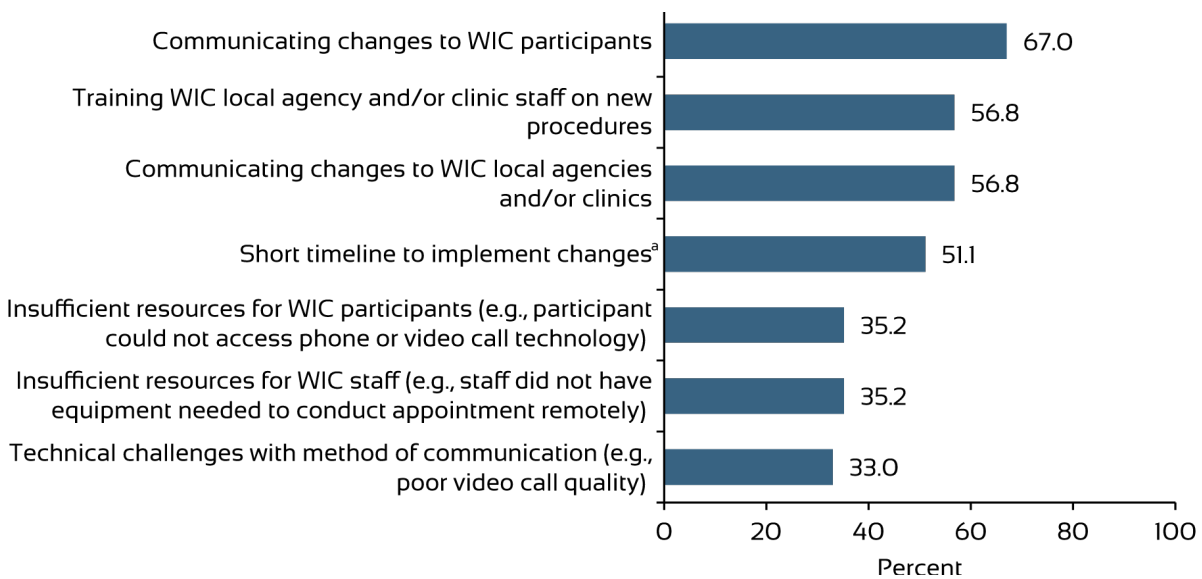
Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, question F9, and WIC FFCRA Local Agency Waiver Use Survey, question 9

Challenges Faced by State Agencies

The State agency survey included a list of 13 potential challenges State agencies might face when using the physical presence waiver (see appendix table B.3). The most commonly reported challenge by State agencies was communicating the changes to WIC participants (67.0 percent; see figure 4.2).

State agencies noted other challenges they faced in open-ended responses. Reported challenges included increased costs associated with mailing EBT cards to participants, obtaining signatures from participants, and issuing EBT cards (particularly if the State agency used an offline EBT processor).

Figure 4.2. Most Common Challenges State Agencies Reported With Using the Physical Presence Waiver



N = 88

Note: State agencies could select multiple challenges. Only the top seven most commonly selected challenges are presented; see appendix table B.3 for the full list of challenges.

^a FNS did not require State agencies to implement the waiver by a certain timeline. The response option "short timeline to implement changes" reflects a State agency's perceived need to implement the waiver quickly based on the impact of the COVID-19 pandemic.

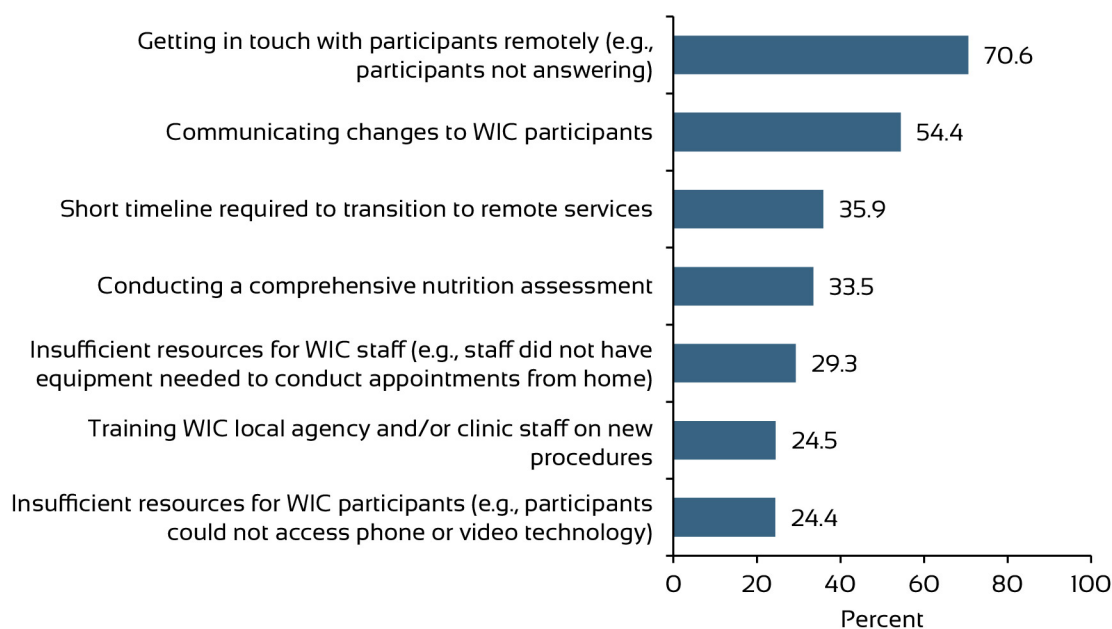
Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, question F10

Challenges Faced by Local Agencies

The local agency survey included a list of 16 potential challenges local agencies might face when using the physical presence waiver (see appendix table B.8). The most commonly reported challenges were getting in touch with participants remotely and communicating changes to WIC participants (70.6 and 54.4 percent, respectively; see figure 4.3). Reported challenges did not vary by local agency urbanicity (see appendix table B.8).

Local agencies also noted other challenges they faced in open-ended responses. Other challenges included issuance and loading of EBT cards (particularly in States with offline EBT processors), provision of training on the food list and EBT card use to new participants, lack of anthropometric and bloodwork data to conduct a complete nutrition assessment, and loss of personal connection that comes more naturally when conducting appointments in person.

Figure 4.3. Most Common Challenges Local Agencies Reported With Using the Physical Presence Waiver



N = 1,807

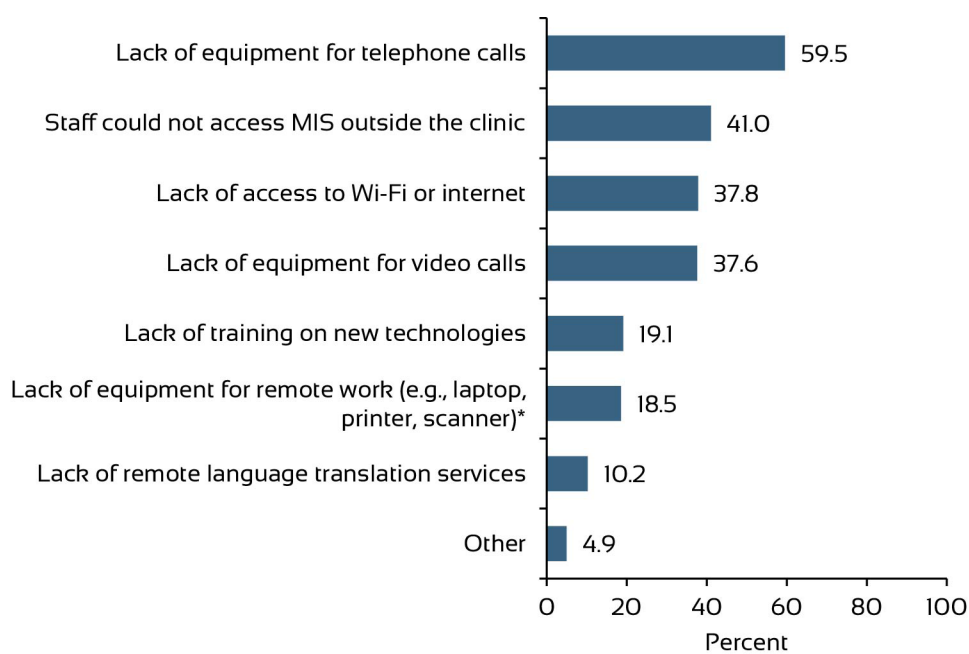
Note: Local agencies could select multiple challenges. Only the top seven most commonly selected challenges are presented; see appendix table B.8 for the full list of challenges. One local agency did not respond to this question.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 10

Challenges Related to Insufficient Resources for WIC Staff

For local agencies that indicated insufficient resources for WIC staff as a challenge, the survey asked what specific challenges they encountered. Local agencies most commonly cited challenges related to a lack of equipment for telephone calls and staff's inability to access the MIS outside the clinic (59.5 and 41.0 percent, respectively; see figure 4.4 and appendix table B.9).

Figure 4.4. Additional Challenges Reported by Local Agencies That Indicated Insufficient Resources for WIC Staff as a Challenge



N = 529; sample size only includes local agencies that indicated insufficient resources for WIC staff as a challenge in question 10.

Note: Local agencies could select multiple challenges. Twenty local agencies did not respond to this question.

MIS = management information system

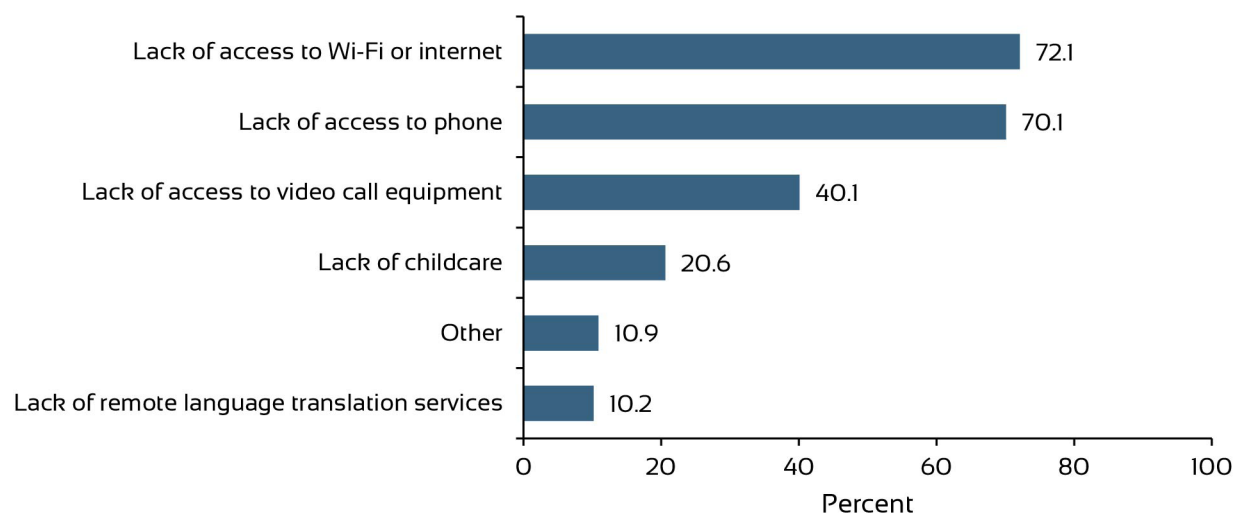
* Indicates a response option developed from an analysis of open-ended "other" text and not included in the original survey.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 11

Challenges Related to Insufficient Resources for WIC Participants

For local agencies that indicated insufficient resources for WIC participants as a challenge, the survey asked what specific challenges they encountered. Local agencies most commonly cited challenges related to participants' lack of access to Wi-Fi or internet and lack of access to phone (72.1 and 70.1 percent, respectively; see figure 4.5 and appendix table B.10).

Figure 4.5. Additional Challenges Reported by Local Agencies That Indicated Insufficient Resources for WIC Participants as a Challenge



N = 441; sample size only includes local agencies that indicated “insufficient resources for WIC participants” was a challenge in question 10.
Note: Local agencies could select multiple challenges. Twelve local agencies did not respond to this question.
Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 12



Chapter 5. Summary of Findings

Almost all State and local agencies reported using the physical presence waiver under the FFCRA. Regardless of local agency urbanicity, remote appointments were most commonly conducted via phone. Local agencies used a variety of means to collect required documentation at certification, including using verification systems such as State SNAP or Medicaid databases and accepting documentation by email, text message, and in-person dropoff. Anthropometric or bloodwork measurements were mostly deferred, though some local agencies accepted results via fax, email, or directly from the participant's medical provider.

State and local agencies believed the waiver was extremely important to ensure participants received quality WIC services during the pandemic. These findings did not vary by local agency urbanicity. Many local agencies noted the waiver helped ensure participants' safety during the COVID-19 pandemic. In open-ended responses, local agencies reflected that the waiver made WIC more convenient by alleviating several barriers to WIC participation, such as transportation, childcare, and restrictions for working parents. Most State and local agencies also reported the waiver improved participant access to food and alleviated participant concerns about feeding their families during the pandemic. While most local agencies found the transition to remote services to be at least slightly challenging, relatively few found it very challenging or extremely challenging. Nearly three-quarters of local agencies reported that getting in touch with WIC participants remotely was a challenge.

In open-ended responses, local agencies overwhelmingly shared participants' preference for completing WIC appointments by phone rather than in person. Several local agencies also reported a decrease in their appointment no-show rates after waiver implementation. Respondents recommended FNS continue to allow some flexibilities to the physical presence requirement, such as the use of telemedicine, after the national health emergency ends to promote increased participant satisfaction and retention.

Appendix A. Approved WIC Waivers

Table A.1. Approved WIC Waivers as of February 28, 2021

Waiver Type	Description of Waiver	Number of State Agencies Issued Waiver	Number of State Agencies That Reported Using Waiver at Any Time
Extended Certification Periods	This waiver allows extending the certification period up to 90 days for a child receiving Food Package IV category only. This does not include the pregnant and infant categories or children receiving Food Package III. This waiver is only applicable to regulations at 7 C.F.R. 246.7(g)(3).	38	21
Food Package Substitutions ^a	Waiver of the select minimum requirements and specifications and/or the maximum monthly allowances as outlined at 7 C.F.R. 246.10(e)(9)-(12).	67	58
Four-Month Benefit Issuance	This waiver allows State agencies with offline electronic benefit transfer (EBT) systems to issue up to 4 months of WIC benefits on EBT cards at one time. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(5).	7	6
Local Agency Monitoring	Waiver of the requirement to conduct onsite monitoring reviews of local agencies. State agencies must still conduct monitoring reviews of each local agency at least biennially in accordance with section 17(f)(20) of the Child Nutrition Act, as amended (42 U.S.C. 1786(f)(20)), but this waiver allows State agencies to conduct local agency monitoring reviews virtually instead of onsite. This waiver is only applicable to regulations at 7 C.F.R. 246.19(b)(3).	53	49
Medical Documentation	This waiver allows extending existing benefits by no more than 2 months for participants with documented qualifying conditions as defined at 7 C.F.R. 246.10(e)(3)(i). This waiver is applicable to the regulation at 7 C.F.R. 246.10(d)(1).	45	42
Physical Presence	Waiver of the physical presence requirements set forth in 42 U.S.C. 1786(d)(3)(C)(i). The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect per section 2203(a)(1)(B) of H.R. 6201.	89	88
Remote Benefit Issuance	This waiver allows remote issuance of benefits to any participant (or parent/caretaker or proxy). Under such circumstances, the second nutrition education contact is not required prior to issuance of benefits. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(4).	87	81
Separation of Duties	Waiver of the requirement that prohibits a single employee from determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers, or supplemental food for the same participant. This waiver is only applicable to regulations at 246.4(a)(27)(iii).	60	50

Waiver Type	Description of Waiver	Number of State Agencies Issued Waiver	Number of State Agencies That Reported Using Waiver at Any Time
Transactions Without Presence of Cashier ^b	Waiver of the Federal requirement outlined in 7 C.F.R. 246.12(h)(3)(vi) that WIC transactions (including the signing of a paper food instrument or cash-value voucher, or the entering of a Personal Identification Number (PIN) in EBT systems) must occur in the presence of a cashier.	34	3
Two-Month Benefit	Waiver of the Federal requirement that the State agency must not issue more than one-month supply of supplemental foods through its home delivery and/or direct distribution system at any one time to any participant, parent/caretaker, or proxy. This waiver is only applicable to regulations at 7 C.F.R. 246.12(r)(5).	10	7
Vendor Agreement	This waiver allows WIC State agencies to postpone some vendor reauthorization actions by extending expiring vendor agreements by one year.	3	3
Vendor Compliance Investigations (annual and temporary) ^c	Waiver of Federal requirement that the State agency must conduct compliance investigations of a minimum of 5 percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(4)(i).	27	19
Vendor Minimum Stocking Requirements	Waiver of minimum stocking requirements for the purpose of vendor assessment and monitoring during the authorization period, as outlined at 7 C.F.R. 246.12(g)(3)(i).	26	14
Vendor Preauthorization Visits	Waiver of the Federal requirement that the State agency must conduct an onsite visit prior to or at the time of a vendor's initial authorization. This waiver is only applicable to regulations at 7 C.F.R. 246.12(g)(5).	31	23
Vendor Routine Monitoring (annual and temporary) ^c	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(2).	23	12
Vendor Routine Monitoring (on site)	Waiver of the Federal requirement that the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 C.F.R. 246.12(j)(2).	32	13

^a State agencies that received several Food Package Substitution waivers are only counted once.

^b As of March 2021, no State agency had used this waiver to operationalize online ordering or transactions of WIC foods.

^c State agencies that received both the temporary and annual waivers are only counted once.

Sources: U.S. Department of Agriculture, Food and Nutrition Service. (2020, September 21). WIC Policy Memorandum #2020-6: Extensions for Certain USDA FNS Approved COVID-19 Waivers and Insight tabulations of WIC FFCRA State Agency Waiver Use Survey.

Appendix B. Supplemental Data Tables

State Agency Survey

Table B.1. Percentage of State Agencies Reporting Physical Presence Waiver Use

Survey Questions	Response Options	All	50 States, District of Columbia	U.S. Territories	Indian Tribal Organizations
Approximate Clinics Covered	Few	1.1	0.0	0.0	3.0
	Slightly less than half	0.0	0.0	0.0	0.0
	Half	0.0	0.0	0.0	0.0
	Slightly more than half	0.0	0.0	0.0	0.0
	Most	8.0	13.7	0.0	0.0
	All	90.9	86.3	100.0	97.0
Approximate Participants Covered	Few	0.0	0.0	0.0	0.0
	Slightly less than half	0.0	0.0	0.0	0.0
	Half	0.0	0.0	0.0	0.0
	Slightly more than half	0.0	0.0	0.0	0.0
	Most	8.0	13.7	0.0	0.0
	All	92.0	86.3	100.0	100.0
Needed State- or Tribal- Level Authorization	Yes	10.2	9.8	0.0	12.1
	No	88.6	90.2	100.0	84.8
	Missing	1.1	0.0	0.0	3.0
Degree of Challenge to Using Waiver	Not at all challenging	23.9	11.8	25.0	42.4
	Slightly challenging	31.8	33.3	50.0	27.3
	Moderately challenging	36.4	47.1	0.0	24.2
	Very challenging	5.7	7.8	25.0	0.0
	Extremely challenging	1.1	0.0	0.0	3.0
	Missing	1.1	0.0	0.0	3.0
Waiver Importance for Ensuring Quality of WIC Service	Not at all important	0.0	0.0	0.0	0.0
	Slightly important	0.0	0.0	0.0	0.0
	Moderately important	1.1	0.0	0.0	3.0
	Very important	4.5	3.9	25.0	3.0
	Extremely important	94.3	96.1	75.0	93.9
Sample size (N)		88	51	4	33

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, questions F6, F7, F8, F9, F12

Table B.2. Percentage of State Agencies Reporting Physical Presence Waiver Perceived Effects

Survey Questions	Response Options	All	50 States, District of Columbia	U.S. Territories	Indian Tribal Organizations
Perceived Effect on Benefit Pickup Rates	Improved	53.4	54.9	50.0	51.5
	Maintained	36.4	37.3	50.0	33.3
	No effect	9.1	7.8	0.0	12.1
	Don't know	1.1	0.0	0.0	3.0
Perceived Effect on Benefit Redemption Rates	Improved	10.2	3.9	0.0	21.2
	Maintained	60.2	58.8	100.0	57.6
	No effect	19.3	27.5	0.0	9.1
	Don't know	10.2	9.8	0.0	12.1
Perceived Effect on Nutrition Education Participation Rates	Improved	31.8	41.2	25.0	18.2
	Maintained	48.9	43.1	75.0	54.5
	No effect	12.5	7.8	0.0	21.2
	Don't know	6.8	7.8	0.0	6.1
Perceived Effect on Participant Retention Rates	Improved	39.8	51.0	0.0	27.3
	Maintained	47.7	39.2	100.0	54.5
	No effect	6.8	3.9	0.0	12.1
	Don't know	5.7	5.9	0.0	6.1
Other Perceived Effects ^a	Kept WIC participants and staff safe by promoting social distancing	100.0	100.0	100.0	100.0
	Made WIC more accessible when being physically present was difficult	100.0	100.0	100.0	100.0
	Made WIC more convenient for WIC participants' schedules	96.6	94.1	100.0	100.0
	Improved access to food for WIC participants during pandemic	87.5	84.3	100.0	90.9
	Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	84.1	94.1	75.0	69.7
	Allowed WIC clinic to serve more WIC participants in less time	64.8	60.8	50.0	72.7
	Allowed WIC clinic to serve more WIC participants with fewer staff	60.2	58.8	50.0	63.6
	Other	5.7	5.9	0.0	6.1
Sample size (N)		88	51	4	33

^a State agencies could select multiple response options.

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, questions F13, F14, F15, F16, F17

Table B.3. Percentage of State Agencies Reporting Challenges With Physical Presence Waiver Use

Challenge	All	50 States, District of Columbia	U.S. Territories	Indian Tribal Organizations
Communicating changes to WIC participants	67.0	72.5	50.0	60.6
Communicating changes to WIC local agencies and/or clinics	56.8	72.5	50.0	33.3
Training WIC local agency and/or clinic staff on new procedures	56.8	76.5	25.0	30.3
Short timeline to implement changes	51.1	62.7	25.0	36.4
Insufficient resources for WIC staff (e.g., staff did not have equipment needed to conduct appointment remotely)	35.2	41.2	25.0	27.3
Insufficient resources for WIC participants (e.g., participant could not access phone or video call technology)	35.2	33.3	25.0	39.4
Technical challenges with method of communication (e.g., poor video call quality)	33.0	29.4	25.0	39.4
Monitoring staff in remote environment	27.3	27.5	25.0	27.3
Technical challenges related to MIS capability	26.1	33.3	0.0	18.2
Insufficient staffing	17.0	15.7	25.0	18.2
Not enough guidance from FNS	13.6	19.6	0.0	6.1
Insufficient financial resources	4.5	5.9	0.0	3.0
Obtaining additional State- or tribal-level authorization	3.4	3.9	0.0	3.0
Other	15.9	21.6	0.0	9.1
No challenges	5.7	0.0	25.0	12.1
Sample size (N)	88	51	4	33

Note: State agencies could select multiple challenges.

FNS = Food and Nutrition Service; MIS = management information system

Source: Insight tabulations of WIC FFCRA State Agency Waiver Use Survey, question F10

Local Agency Survey

Table B.4. Percentage of Local Agencies Using Physical Presence Waiver by Urbanicity

Waiver Use	All	Metropolitan	Micropolitan	Small Town/ Rural
Number of local agencies offering remote certifications prior to March 2020	11.9	10.5	13.2	13.3
Number of local agencies using waiver	98.6	99.2	98.5	97.7
Number still using waiver as of March 2021	96.3	98.8	96.7	92.3
Sample size (N) ^a	1,833	869	393	571

Note: The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

^a Of the 1,833 local agencies that responded to the survey, 0.6 percent did not provide a response about whether they offered remote certification prior to March 2020, and 1.4 percent did not provide a response about whether they were still using the waiver as of March 2021.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 1, 2, 4

Table B.5. Percentage of Local Agencies Reporting Physical Presence Waiver by Urbanicity

Survey Questions	Response Options	All	Metropolitan	Micropolitan	Small Town/ Rural
WIC Clinics Offering Remote Certifications	All	95.8	94.4	96.6	97.3
	Half or more than half	2.5	4.1	1.8	0.7
	Less than half	1.5	1.5	1.3	1.6
	None	0.2	0.0	0.3	0.4
Degree of Challenge to Using Waiver	Not at all challenging	18.1	15.2	23.3	19.0
	Slightly challenging	48.8	48.4	43.4	53.0
	Moderately challenging	28.2	30.4	29.5	23.8
	Very challenging	4.3	5.1	3.6	3.6
	Extremely challenging	0.7	0.9	0.3	0.5
Method for Conducting Certification Appointments ^a	Telephone	98.5	98.1	99.0	98.7
	In person	22.0	23.1	18.6	22.8
	Video call (e.g., Zoom, Skype)	11.1	12.5	12.1	8.2
	Curbside*	4.1	4.1	4.7	3.8
	Dropbox*	0.1	0.2	0.0	0.0
	Email*	1.5	1.5	1.6	1.4
	Online portal*	0.7	1.3	0.3	0.0
	Text messaging*	0.5	0.7	0.0	0.5
	Other	1.2	1.4	0.8	1.3
Video Call Services Used ^b	Zoom	6.9	7.4	8.5	5.0
	Microsoft Teams	1.5	2.2	1.0	0.9
	Facebook	0.9	0.5	1.6	1.3
	Google (e.g., Google Meet, Hangouts)	0.9	1.0	1.3	0.5
	Skype	0.7	0.5	0.8	1.1
	Other	4.6	5.9	4.7	2.5
	Missing	0.6	0.6	0.8	0.5
Importance of Providing Certification Appointments Remotely	Not at all important	0.0	0.0	0.0	0.0
	Slightly important	0.3	0.2	0.3	0.4
	Moderately important	1.6	0.3	1.3	3.8
	Very important	10.5	6.7	10.6	16.1
	Extremely important	87.5	92.3	87.9	79.7
	Missing	0.2	0.3	0.0	0.0
Sample size (N)		1,807	862	387	558

Note: The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

* Indicates a response option developed from an analysis of open-ended "other" text and not included in the original survey.

^a Local agencies could select multiple response options.

^b Only local agencies that indicated they conducted certification appointments via video call were asked about the services used.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 7, 8, 9, 13, 14, 19, 20

Table B.6. Percentage of Local Agencies Reporting Physical Presence Waiver Perceived Effects by Urbanicity

Perceived Effect	All	Metropolitan	Micropolitan	Small Town/ Rural
Kept WIC participants and staff safe by promoting social distancing	99.6	99.7	99.7	99.5
Made WIC more accessible when physical presence was difficult	98.1	98.7	96.9	97.8
Made WIC more convenient for WIC participants' schedules	95.2	96.4	94.6	93.7
Improved access to food for WIC participants during pandemic	92.3	92.6	92.0	91.9
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	91.6	93.3	90.7	89.6
Enabled WIC clinic to serve more WIC participants in less time	69.7	69.1	69.5	70.6
Enabled WIC clinic to serve more WIC participants with fewer staff	57.1	54.2	58.9	60.4
Other	12.0	14.7	9.8	9.3
Missing	0.1	0.0	0.0	0.2
Sample size (N)	1,807	862	387	558

Note: The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>. Local agencies could select multiple responses.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 7, 8, 9, 13, 14, 19, 20

Table B.7. Among Local Agencies Not Using Waiver, Percentage Reporting Reasons for Not Using Physical Presence Waiver by Urbanicity

Reason	All	Metropolitan	Micropolitan	Small Town/ Rural
WIC clinic sites remained open for in-person services	73.1	71.4	83.3	69.2
Could not operationalize due to of technological challenges (other than MIS issues)	11.5	14.3	0.0	15.4
WIC clinic sites/local agency closed entirely due to pandemic (i.e., no services were provided virtually or in person)	7.7	0.0	0.0	15.4
Could not operationalize due to MIS issues	7.7	14.3	0.0	7.7
Other	19.2	28.6	16.7	15.4
Sample size (N) ^a	26	7	6	13

Note: Local agencies could select multiple reasons. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>.

MIS = management information system

^a Sample size only includes local agencies that did not use the waiver.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 2a

**Table B.8. Percentage of Local Agencies Reporting Challenges
With Physical Presence Waiver Use by Urbanicity**

Challenge	All	Metropolitan	Micropolitan	Small Town/ Rural
Getting in touch with participants remotely	70.6	71.0	68.7	71.1
Communicating changes to WIC participants	54.4	58.2	52.2	50.0
Short timeline required to transition to remote services	35.9	43.4	34.6	25.1
Conducting a comprehensive nutrition assessment	33.5	33.8	34.4	32.6
Insufficient resources for WIC staff	29.3	37.4	26.4	18.8
Training WIC local agency and/or clinic staff on new procedures	24.5	32.6	20.9	14.3
Insufficient resources for WIC participants	24.4	24.7	22.0	25.6
Insufficient staffing	18.6	21.1	15.8	16.8
Monitoring staff in a remote environment	17.8	24.0	13.7	11.1
Technical challenges with method of communications (e.g., poor video call quality)	17.2	17.9	15.8	17.2
Communicating changes to WIC local agencies and/or clinics	11.3	14.2	6.2	10.6
Understanding if WIC participants should be referred to other services	10.8	7.9	15.2	12.4
Technical challenges related to MIS capability	10.6	14.0	8.5	6.8
Understanding WIC participant nutritional needs	10.5	8.0	11.6	13.4
Not enough guidance from the WIC State agency	7.7	9.9	5.7	5.9
Insufficient financial resources	5.4	6.8	3.9	4.3
Other	6.4	7.3	5.7	5.4
No challenges	4.2	3.6	4.4	4.8
Missing	0.1	0.1	0.0	0.0
Sample size (N)	1,807	862	387	558

Note: Local agencies could select multiple challenges. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

MIS = management information system

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 10

Table B.9. Among Local Agencies Reporting Challenges Related to Insufficient Resources for WIC Staff, Percentage Reporting Additional Challenges Urbanicity

Challenge	All	Metropolitan	Micropolitan	Small Town/ Rural
Lack of equipment for telephone calls	59.5	62.7	54.9	54.3
Staff could not access MIS outside the clinic	41.0	38.5	46.1	43.8
Lack of access to Wi-Fi or internet	37.8	36.0	37.3	43.8
Lack of equipment for video calls	37.6	40.7	32.4	33.3
Lack of training on new technologies	19.1	21.1	15.7	16.2
Lack of equipment for remote work (e.g., laptop, printer, scanner)*	18.5	21.7	17.6	9.5
Lack of remote language translation services	10.2	10.6	11.8	7.6
Other	4.9	5.0	6.9	2.9
Missing	3.8	3.4	2.9	5.7
Sample size ^a (N)	529	322	102	105

Note: Local agencies could select multiple challenges. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

MIS = management information system

* Indicates a response option developed from an analysis of open-ended "other" text and not included in the original survey.

^a Sample size only includes local agencies that indicated "insufficient resources for WIC staff" was a challenge in question 10.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 11

Table B.10. Among Local Agencies Reporting Challenges Related to Insufficient Resources for WIC Participants, Percentage Reporting Additional Challenges by Urbanicity

Challenge	All	Metropolitan	Micropolitan	Small Town/ Rural
Lack of access to Wi-Fi or internet	72.1	68.1	77.6	74.8
Lack of access to phone	70.1	66.7	64.7	78.3
Lack of access to video call equipment	40.1	41.3	42.4	37.1
Lack of childcare	20.6	24.4	22.4	14.0
Lack of remote language translation services	10.2	12.2	9.4	7.7
Other	10.9	17.8	7.1	2.8
Missing	2.7	2.8	3.5	2.1
Sample size ^a (N)	441	213	85	143

Note: Local agencies could select multiple challenges. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

^a Sample size only includes local agencies that indicated "insufficient resources for WIC participants" was a challenge in question 10.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 12

Table B.11. Among Local Agencies That Stopped Using the Waiver, Percentage Reporting Reasons for Stopping by Urbanicity

Challenge	All	Metropolitan	Micropolitan	Small Town/ Rural
Clinic sites reopened for in-person services	90.2	100.0	85.7	90.3
Waiver expired	0.0	0.0	0.0	0.0
Other	14.6	33.3	14.3	12.9
Sample size ^a (N)	41	3	7	31

Note: Local agencies could select multiple reasons. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

^a Sample size only includes local agencies that indicated they had stopped using the waiver in question 4.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 6

Table B.12. Among Local Agencies Using Video Calls, Percentage Reporting Type of Video Call Platform Used

Video Call Platform	All	Metropolitan	Micropolitan	Small Town/ Rural
Zoom	62.2	59.3	70.2	60.9
Microsoft Teams	13.9	17.6	8.5	10.9
Facebook	8.5	3.7	12.8	15.2
Google (e.g., Google Meet/Hangouts)	8.5	8.3	10.6	6.5
Skype	6.5	3.7	6.4	13.0
Other	41.3	47.2	38.3	30.4
Missing	5.5	4.6	6.4	6.5
Sample size ^a (N)	201	108	47	46

Note: Local agencies could select multiple response options. The study team appended Economic Research Service (ERS) 2010 Rural-Urban Commuting Area (RUCA) codes to the survey data using the ZIP Codes from the sample frame. The study team then used ERS's definitions to categorize the RUCA codes as metropolitan, micropolitan, or small town/rural. For further details, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

^a Sample size only includes local agencies that indicated they used video calls to conduct remote certification appointments in question 13.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, question 14

Table B.13 Percentage of Local Agencies Reporting How Participants Submitted Select Documentation

Method	Height and/or Weight	Bloodwork
Will provide at a later date	86.4	91.6
Email	37.2	29.2
Fax	33.1	27.9
Text message (e.g., sending pictures of documents)	28.7	21.4
In-person dropoff	25.8	20.4
Online portal (e.g., secure file transfer website)	7.8	7.0
Postal mail	5.8	5.9
Other	27.5	16.2
Missing	0.1	1.1
Sample size (N)	1,807	1,807

Note: Local agencies could select multiple response options.

Source: Insight tabulations of WIC FFCRA Local Agency Waiver Use Survey, questions 16a, 16b