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December 2, 2015

Developing A Toolkit for Educating Resettled Refugees about WIC in Baltimore, Maryland

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Abstract**Developing A Toolkit for Educating Resettled Refugees about WIC in Baltimore, Maryland**

By Ruth A. Geiger

Food insecurity in resettled refugee populations is a common problem in the United States. This population faces chronic food insecurity despite having access to federal programs, cash assistance from resettlement agencies and nutrition education programs. This project worked as a part of International Rescue Committee Baltimore. This project had three main objectives. First was to identify families that were food insecure. Second was to counsel and find resources for families suffering from chronic food insecurity. Third was to develop a tool to be used by Community Health Promoters and other organization members to further educate families who were chronically food insecure and were not using their WIC benefits. A survey that was created by the organization was used to identify these families and individuals. If the families or individuals were interested, one on one counseling was done to help with enrollment in services, menu planning and budgeting. Upon conversations with food insecure families and members of WIC staff, it became clear that there was an underutilization of WIC by resettled refugees. The knowledge gap that was preventing families who were eligible for WIC but not enrolled needed to be addressed. To do this, a toolkit was developed to educate both IRC staff and IRC clients about how WIC checks work.

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Chapter 1: Introduction

Food insecurity amongst resettled refugees is a problem that has been documented throughout the world.¹ Often times, these resettled refugees have suffered hunger, malnutrition and food scarcity to some degree in their home country and in the refugee camps where they were living.²

When food insecurity is present, it has an impact on individuals, households and communities.³ Refugees resettling in a new country should not have to worry about where their food will come from during the last few days of the month, nor should they have school meals be the only ones they can be sure their children will eat in a day. These situations should not happen when there are resources available to make food more available during resettlement. There are resources like SNAP, cash assistance, and Women, Infants and Children but they are either not getting to families or are not enough for families.¹ Many refugees arriving in the United States will face some degree of food insecurity.⁴

The purpose of this project was to see what could be done to help an organization to eliminate food insecurity in the population they served. This organization had Community Health Partners, offered cash assistance, health education programs but still had families that were unable to maintain food security. The specific goals for my time there were:

1. To identify families who were food insecure.
2. To counsel and find resources for families suffering from chronic food insecurity.
3. Develop a tool to be used by Community Health Promoters and other organization members to further educate families who were chronically food insecure and were not using their WIC benefits.

Identifying families would not be difficult due to the presence of Community Health Promoters and caseworkers. Counseling was possible given that there was now someone present to take it on and the some of the nutrition education tools were already in place. If a tool could be developed to help families facing food insecurity, these families could have a more successful resettlement.¹ If it was possible to create a protocol for helping food insecure families, caseworkers could spend less time trying to fix the immediate problem (usually solved by taking the family to a food bank). Ideally, the tool would be simple, easily used by all organization staff members and inexpensive to utilize.

Definition of Terms

Food Insecurity has many definitions but is defined by International Rescue Committee Baltimore as: “being without reliable access to a sufficient quantity of affordable, nutritious food.”⁵ It is measured in monitoring as: High food security, moderate food security, low food security, and very low food security. A portion of the USDA Household Food Security Survey is used to determine this status at International Rescue Committee Baltimore.

Resettled refugees are individuals and families that have been given a home in a third country; different from the one they originally fled and the one where they sought their initial safety.⁶

International Rescue Committee (IRC) is a refugee assistance organization that works globally on all levels of refugee issues. International Rescue Committee Baltimore operates under the umbrella organization of IRC, resettling refugees in and around Baltimore, Maryland.

Chapter 2: Literature Review

Before a program that could be used to teach resettled refugees about WIC, there was a need to look at the existing research to see if better access to WIC would actually contribute to solving the problem of food insecurity for families who were eligible. The research showed it was possible, but was not going to make all of the food related problems faced by resettled refugees disappear. In order to justify why food insecurity was important to address, I looked into the associations that have been made between health outcomes (on the individual and community level) and food insecurity. Additionally, the rates at which food insecurity has been documented among resettled refugee populations throughout the United States were examined. Next, I looked further into reasons for food insecurity among resettled refugees. This examination revealed two sources of problems: financial and logistical barriers and information barriers. While the financial barriers are partially addressed by WIC checks, the information barriers are addressed even more through the health education WIC participants receive. It was this knowledge that helped move the project forward. Information barriers needed to be closely examined when developing an education program. Finally, it was important to draw from other nutrition education programs; some were designed specifically for WIC while others were not. Looking at a wide range of programs allowed for considerations of what was feasible for this specific context. These factors are some of the most important considerations that helped to shape the nutrition education program developed for IRC clients using WIC.

Food Insecurity

Food insecurity is one of the top reported problems that refugees have upon arriving in the United States.³ This prevents them from feeling able to fully call this new place home. Studies have reflected this through high rates of food insecurity across resettled refugee populations. Hadley and Sellen (2006) found 85% of Liberian refugee households were food

insecure that had been resettled in the United States.⁴ Another study by Hadley, Zodhiates and Sellen (2006) found that 53% of households resettled from West Africa and living in the United States were food insecure.³ Dharod et al. (2013) found that 67% of Somali refugees resettled in Lewiston, Maine surveyed were food insecure.⁷ This information reveals that there is a widespread problem throughout the country in ensuring food security for refugees. There are many factors that contribute to food insecurity among resettled refugees and are examined in the next section.

Food insecurity has a wide reaching impact on individuals. Studies reveal that there are negative health outcomes for individuals with chronic food insecurity. Cook et al. found that children in food insecure households were twice as likely to have poor health status (reported by their caregiver) compared to peers in food secure homes. Additionally, they were 30% more likely to have been hospitalized since birth than children in food secure households.⁸ Another study found that women in food insecure households had a significantly higher BMI than those who did not (37 compared to 26).⁹ It is hypothesized that this occurs because when resources are limited, people tend to eat calorie-dense, nutrient-poor foods, which tend to be cheaper. A study by Whitaker, Phillips and Orzol (2006) found an association between food insecurity and mothers with major depressive disorder or generalized anxiety disorder (16.9% in food secure women compared to 30.3% in food insecure women). This same study found a correlation between food insecurity and behavioral problems in children (22.7% in food secure children compared to 36.7% in food insecure children).¹⁰ It is important to note that these studies are of the general population, not resettled refugees specifically. There is a need to study the specific health impacts food insecurity has on resettled refugees because their unique backgrounds (for example, history of dietary disruption and general stress) may cause different outcomes than the

general population. Further research is needed to see if these outcomes could be different in populations of resettled refugees. At the time of writing, only one published study has looked specifically at the health outcomes of food insecure resettled refugees. Dharod et al. (2013) found that resettled Somali women who were food insecure were three times more likely to be overweight or obese than Somali women who were food secure.⁷

Chronic food insecurity has an impact on the social system in which it exists, like those of resettled refugees. Resettled refugees typically live in communities together. Because of this, there are several studies that examine the effects food insecurity has on the community.³ Primarily chronic food insecurity can intensify the idea of powerlessness a person has over their life and choices.¹ It can also prevent individuals from feeling optimistic about their new lives. This can cause them to become withdrawn, prevent them from making connections in their new community and make the resettlement process that much more difficult.² The ways in which food insecurity touches a community are clearly demonstrated in the research. There are many reasons attributed to why food insecurity is common in communities of resettled refugees, many of which are explored in the next section.

Causes of Food Insecurity

Resettled refugees most commonly cite financial, logistical and information barriers as reasons for food insecurity.¹ There are limited economic opportunities for resettled refugees, especially when they first arrive in the United States.^{3 4} However, it is not the sole, or necessarily the most important, determinant of food insecurity among resettled refugee populations.¹ Budgeting is another contributing factor to food insecurity for resettled refugees. A common theme reported throughout the research is finishing food stamps (SNAP) before the month is over or running out of money before the next paycheck.^{1 3} Competing priorities, like rent, utility bills and helping individuals who are in their home country are also common reasons cited when

explaining why budgeting is difficult.¹ Knowing where to shop and having ready access to culturally familiar foods were other barriers reported as preventing people from having food security.³ Finally, having to travel long distances or use public transportation to get to and from the grocery store can be challenging for individuals who are newly arrived in the country.⁴ These financial and logistical barriers are important to acknowledge when discussing ways in which food insecurity might be prevented in this population.

Information barriers are also important factors when considering shopping habits and food insecurity of resettled refugees. A major theme reported in this category was literacy. Literacy or lack thereof is frequently described as a part of dietary acculturation. Hadley, Zoghiaes and Sellen (2006) describe dietary acculturation as, “both the outcome and the process through which immigrants acquire and react to food-related habits of the dominant society.”³ Literacy is a major determinant of how quickly an individual will manage acculturation. Literacy helps the individual both adapt to the new food environment but also preserve their own food culture. The ability to understand where to get food, how to navigate the grocery store and where to find culturally familiar foods are all made easier by the ability to read and understand English (in the case of the United States).³ The significance of English literacy is a theme throughout articles about resettled refugees’ nutritional needs. This illustrates the complex interaction of many actors that create challenging dietary transitions for refugees arriving in the United States.¹¹ It’s important to acknowledge that literacy is not the only information barrier when discussing food shopping. Knowing where to shop for food, what to buy and how to prepare food are all factors that prevent food security along with literacy.¹ These can be addressed with nutrition education and require neither literacy skills nor increased amounts of money to spend on groceries.¹¹

Addressing the Problem

Research indicates there are two main ways to address food insecurity among resettled refugee populations: nutrition education and increased financial means.¹³ For many resettlement agencies, an increased financial package is not feasible.⁴ Thus, they rely on nutrition education to help clients stay food secure. Nutrition education can also provide information and resources that money cannot. Several articles have examined projects looking at nutrition education for resettled refugees.^{12 13} These had various models for education plans but had several common successful themes: home visits, peer education and specific curriculum development. These themes were taken into account when developing the WIC toolkit and are described below.

The first of these is home visits being at least one part of the education program. This gives the teacher an opportunity to observe real life situations and connect on a one-on-one level with the participants. This is especially important when teaching about food safety because specific problems can be addressed. For example, seeing food being stored inappropriately. It also gives the teachers an opportunity to see the children and connect in a way that is socially meaningful.^{13 14} This connection can develop trust between the individuals, allowing for the student to feel like they have someone to turn to if they have questions. Finally, it also allows for trips to the grocery store to be planned. Grocery store trips are helpful to apply some of the skills being taught (like price comparison).¹⁴ For these reasons, home visits can achieve things that are more difficult to achieve in the classroom.

The second theme is using peer educators in nutrition education. These are individuals who are ideally the same gender, from the same language group and in the case of refugees, from the same country as the student. These factors are important because it helps speed the development of connection and trust between individuals.¹³ Beyond the aforementioned criteria, these individuals are trained on nutrition education and have specific messages. Peer educators

go beyond mentors or friends because of their specific training. However, they may also be neighbors or friends who can be called upon with questions that an individual may not feel comfortable calling a caseworker or other educator about.¹³ Peer education can help refugees have someone who they can identify with and interact with in a way that is familiar so that the learning process can happen more easily.

The third theme is specific curriculum development. The Cultural Orientation Resource Center has developed a basic health curriculum for use during the reception and placement (R&P) period.¹⁵ Many refugee resettlement agencies have an R&P orientation program that includes health education. While this is an important first step, it often glosses over some of the critical components of nutrition and food security like food safety, choices, and shopping in the interest of time. In many situations, more in depth follow up is necessary and developing a curriculum that fills in the gaps and addresses the specific needs of refugees in that program is critical.¹⁴ When there is a need for a nutrition education program with a specific focus it needs to be acknowledged by resettlement agencies.¹⁶ While this may seem like an obvious statement, it was a large first step for IRC Baltimore to recognize the need for additional nutrition programming because the belief was that it was adequately addressed within the health education programs. Further, the fact that it is delineated in the research speaks to the fact that IRC Baltimore is not the only resettlement organization has had a gap in what caseworkers thought was enough and what the need was.

The literature helped to illustrate how widespread food insecurity is amongst resettled refugee populations and some of the factors that may be associated with food insecurity. Ways in which lack of information and financial resources influence the resettled refugees resettlement

experience must be understood. The literature also helped to inform how to develop a program specific to this population.

Chapter 3: Project Content

While working at International Rescue Committee Baltimore as a nutrition and food security intern, several families were referred to me by someone in the organization. Typically, I was told that they were food insecure or were having trouble with their food budget. What struck me was that many of these families had young children and were receiving in home health education classes from IRC Community Health Promoters (described in detail in the next section). These families had all of the existing resources the organization could offer them but still were having trouble putting enough food on the table.

This chapter will discuss how this project came to exist. First, information on the two organizations involved, International Rescue Committee Baltimore (IRC) and Women, Infants and Children (WIC). It will then explain the population, both the general makeup of IRC clients and more specifics about the families I worked with who called the need for this project to our attention. The instrument that is in use for monitoring food insecurity within IRC will then be described. Next, the methods for each of the goals and use of existing data will be explained. Finally, ethical considerations and limitations are discussed.

Program Information

This section serves as an overview of the two organizations that this toolkit involves.

International Rescue Committee Baltimore

International Rescue Committee (IRC) Baltimore resettles the most refugees of all resettlement agencies in the state of Maryland. IRC Baltimore resettles about 800 people a year, 78% of the refugees arriving in Maryland.¹⁷ IRC Baltimore programs include: Cultural Orientation, Youth Program, Family Mentoring Program, Public Health Program and New Roots. These programs help provide refugees with a furnished apartment, a small stipend, cultural orientation, and help finding a job in their first six months of living in the United

States.¹⁸ These programs work together to help resettled refugees get settled into their new environment in all aspects of their lives.

IRC has developed a program to encourage food secure resettlement called New Roots. In Baltimore, New Roots is charged with ensuring food secure resettlement for all refugees that are resettled through IRC Baltimore.¹⁹ Food secure resettlement begins with the first meal the family receives upon arrival in the United States. New Roots helps make sure that meal is culturally appropriate and nutritious.²⁰ This requires training staff and interns to make appropriate choices when purchasing food. One major piece of New Roots is teaching resettled refugees about their new food environment through nutrition education and giving a grocery store orientation. There are standard curriculums and messages that are given to all refugees newly arrived in the United States. These messages include things like: “Get a good start in America by eating healthy. Your food choices matter for you and your family.”²² These activities are part of food secure resettlement programming. Food secure resettlement involves other programs within IRC (Cultural Orientation, Public Health Program, and others). Involving this many different programs allows for many opportunities to teach, connect, and reinforce messaging about food secure resettlement.

IRC Baltimore has developed a cadre of Community Health Promoters that work within the Public Health Program. This is a team of women who teach with recently arrived refugees with young children key health messages. These messages are based on specific health needs of families with young children as well as messages specific to navigating the health system in the United States. Topics covered include: nutrition and grocery store orientation, family planning and women’s health and mental health. All of these are based in a self-advocacy model that focuses on building the skills refugee women need to access and navigate social service and

health agencies. Community Health Promoters are resettled refugee women who have been in the country for several years, are from the same language group as the women they counsel. These health promoters are employed by IRC and act as cultural liaisons between IRC, community service providers and client communities.²¹ Community Health Promoters also collect evaluations about health status and practices of resettled refugees. These evaluations help inform the Public Health Program about the current health needs and concerns of recently arrived refugees.

Women, Infants, and Children

Women Infants and Children (WIC) is a federal program for pregnant and lactating women, infants, and children up to age five.²² WIC offers financial incentives (in the form of checks) for eligible women to engage in nutrition education programs that are appropriate for themselves and their children. Nutrition education is a critical part of WIC enrollment. In fact, the only way to receive the WIC checks is by attending regular appointments with WIC staff. At these appointments pregnant women (or their infants or children) have a brief physical exam, have a conversation about their eating habits, and receive age appropriate counseling (for example, caring for an infant's first teeth or breastfeeding consultation). Upon completion of the appointment, checks are issued to the mother. These checks are only valid for use during a predetermined window of time (usually a month) and specifically state the items that can be purchased with each WIC check (For an example WIC check, see appendix A). There is no standard package. They can be highly variable based on numerous factors like whether the mother is pregnant or lactating, the age of the child, whether or not the infant is breastfeeding (and how much they are breastfeeding), or if the child is lactose intolerant. Because of this, it is difficult to explain what can be bought with each check in one meeting. Further, the amount of food that can be purchased is variable as well. This can make things confusing for individuals

who are not literate or numerate in English. An added complication is that in order to maintain eligibility, women must attend follow up appointments with their children. Scheduling and attending these appointments can be difficult when the office staff does not speak the native language of the refugee client.

Population and Sample

The population was resettled refugees in the Baltimore area who had been in the country nine months or less. In 2013, the major countries of origin were Burma, Bhutan, Eritrea, Somalia and Iraq. IRC Baltimore receives a high number of medical cases because of the proximity to Johns Hopkins Health Center. In 2012, 50 women arrived pregnant and 34 children were malnourished or underweight.²² Additionally, twenty five percent of the refugee population arriving in Maryland in 2014 was under the age of five, making them immediately eligible for WIC benefits. Further, for the portion of this population that were IRC clients were also as eligible for health education through Community Health Promoters.^{19 24} The sample consisted of sixteen individuals or families that were referred to me as being food insecure or suspected of being food insecure.

Instruments

Community Health Promoters conduct surveys with the women they are teaching. They collect data on many aspects of health status and behaviors in addition to offering counseling and education. Community Health Promoters collect survey data on their first meeting, at the midpoint and at the end of their sessions (there are twelve sessions total). Each survey asks questions about general health practices as well as specific nutrition and food security. The midpoint and final surveys also include questions that measure understanding of topics taught by health promoters. This is a lengthy instrument that is meant to capture many aspects of health

education. It was possible to examine questions about benefits usage (classified as SNAP and/or WIC) and understanding in cases of food insecurity.

Methods for Goal One: Identify families who were food insecure.

The methods for this goal included talking to Community Health Promoters and reviewing the surveys of current clients working with the Community Health Promoters. The Community Health Promoters use a portion of the USDA Household Food Security Survey that has been integrated into their survey. Further, I talked with caseworkers about families or individuals who were not meeting with or eligible for health education from the Community Health Promoters but may be food insecure. For this later group, I would conduct the food security portion of the survey Community Health Promoters use with clients that had been identified. If the individual or family did qualify as food insecure I would determine ways to try to help them.

Methods for Goal Two: Counsel and find resources for families suffering from chronic food insecurity.

Upon finding families and individuals who were food insecure I would first talk to them about active enrollment in federal services like SNAP and WIC. If the families were eligible but not enrolled, enrollment became a top priority. We would also discuss why they weren't enrolled in these services. I would help them make an appointment and attend the appointment with them. In another meeting we would discuss budgeting and how to use their WIC checks. After attending several of these appointments, I got to know the WIC staff who were able to openly talk to me about some of their perceived challenges with resettled refugee clients. They shared that many resettled refugee clients do not use their WIC checks and do not attend follow up appointments. They expressed feeling frustrated by the fact that they knew there was a population of people who were eligible but that they were not reaching because they couldn't get

them to come back into the office. This was instrumental in determining that developing WIC education specifically for IRC clients would not just help the families I was aware of, but could help many more families in similar situations.

For individuals who did not qualify for WIC, my first meeting with them usually involved taking them to a food bank. Typically, if families or individuals were being referred to me directly by a caseworker it was because the client had come to them in a food emergency. This generally meant that their SNAP allotment had run out for the month, it was going to be several days before any money was expected to come in and there was no more food in the house. After their immediate need for food had been met, I would meet with them again to talk about budgeting. For this I would use the Community Health Promoters' materials on budgeting and food safety.

Methods for Goal Three: Develop a tool to be used by Community Health Promoters and other organization members to further educate families who were chronically food insecure.

Through discussions with Community Health Promoters, survey data from WIC eligible women and conversations with the local WIC office, it became clear that there needed to be increased training about how to use WIC checks. Review of initial surveys and subsequent surveys confirmed the need for more WIC education. These surveys were already standard practice within the community health promoter program; they were not created or performed by me. Informal discussions with IRC clients working with Community Health Promoters helped inform the specific contents of the curriculum. Research was done on other WIC education and nutrition education curricula, particularly models that put cultural competency at the top of their priorities.

These conversations and interactions with clients, Community Health Promoters, caseworkers and WIC staff helped shape the WIC toolkit. Experience going to WIC appointments with clients made it clear that the curriculum needed to include a section about what to expect at WIC appointments. As well as what was most important to remember to bring to the appointments (the WIC folder that serves as an identification card). It also changed IRC policy to someone from IRC attending at least the first WIC appointment with newly enrolled families. This was so that IRC could help with scheduling a follow up appointment and reminding the client about the importance of attending the appointment. It also added a ‘primer’ on WIC to the toolkit for IRC staff to orient themselves to the WIC program and checks. I dug deeper with the families I worked with to talk about what they didn’t understand about the checks. This response ranged from ‘I know nothing about the checks’ to ‘I know where to shop and have an idea about what I can buy but I still have questions’. Two families didn’t know that the checks could only be used during a certain period of time. This caused the ‘check components’ part to be added to the WIC toolkit. It was important for them to know what checks they should bring to the store because they were current. Finally, blank WIC checks were created with space to write in the date and corresponding check number. This allows pictures of items that can be purchased with a specific check to be cut and pasted on a blank check that has the same check number. Images of acceptable items are also included in the toolkit. This is important because there are limits on what types of items can be bought with WIC checks (for example, it is possible to buy 16 oz. of cheese in a block or sliced, but not shredded). Finally, the components of the toolkit came together.

Ethical Considerations

IRB approval was waived for this project given that it is an evaluation that is not meant to generalize findings to a broader population.

Limitations and Delimitations

A major limitation to this project was that the tool used to indicate difficulty with using WIC checks was not designed expressly for that purpose. Another major limitation is that there was not enough time to measure the effectiveness of the toolkit while I was there. Another limitation is that only women currently receiving help from Community Health Promoters were engaged in conversations about WIC difficulties, there could have been other individuals who had been in the country for a longer period of time or for whatever reason were not working with a Community Health Promoter.

Chapter 4: Results

Due to the short time I was at IRC Baltimore, I was not able to conduct follow up food security surveys with the families I worked with to see if there was a change in food security status. Below are descriptions of the outcomes I observed when working with these families.

Results for Goal One: Identify families who were food insecure.

During my time at IRC Baltimore I worked in some capacity with nine families and individuals who were found to have low or very low food security.

Four of these were eligible for WIC but were not actively using WIC checks. I worked closely with four families while developing this toolkit. All of them were working with Community Health Promoters. One family was a female-headed family of seven from the Democratic Republic of Congo. This family had been in the country for a year but was still receiving lessons from the Community Health Promoters because of their inability to maintain food security. One family was a family of six from Bhutan who had been in the country for five months, the mother was pregnant and had her baby during the time I was working with them. Another family was a family of nine from Burundi who had been in the country one month when I started working with them. Another family was a family of four from Iraq who had been in the country eight months when I started working with them. All of these families were eligible for WIC but none were actively enrolled. These families were all working with Community Health Promoters who called attention to the fact that these families were struggling with food shopping, budgeting and/or other food related problems.

One family was not eligible for WIC. Additionally, there were three individuals and one couple who were identified as having low or very low food security. The three individuals declined follow up counseling after completing the food security survey and taking them to the

food bank at our first meeting. I also did food security surveys with six other families or individuals who were found to have moderate food security.

Results for Goal Two: Counsel and find resources for families suffering from chronic food insecurity.

There was no single solution for counseling and finding resources for families once they had been identified as food insecure. Each situation was unique and required different resources. That said, for everyone, the first questions I would ask was whether or not they were enrolled in public services (SNAP and WIC). If they were not, I asked why, the responses were fairly similar throughout. For SNAP it was generally a logistical problem- needing to show proof of income or update information. For problems with WIC, there were two common reasons they weren't enrolled in WIC. First was the checks didn't make sense. Next was that the appointments were confusing and that they didn't know when their appointments were. Talking with caseworkers about how they had educated clients about WIC in the past revealed a 'they just figure it out' mentality. Community Health Promoters said that they talked about it a lot during the nutrition education portion of their curriculum but not much beyond that. If the clients had specific questions, the Community Health Promoters said that they would try to answer them but they did not always have the answers. With the four families I worked most closely with, reenrolling them in WIC was my first priority.

For the four families who were eligible for WIC, getting them reenrolled was the first priority. The first thing I would do was make an appointment at the WIC office for them. I would then ask them if they could show me their WIC pamphlet from when they were previously enrolled (three of the families had previously been enrolled). I would also ask them to tell me anything they remembered from previous nutrition education. This helped to set groundwork to move forward. The benefit of working one on one with these families was that I could tailor the

education to exactly what they needed. Sometimes this was more clearly related to food security than others. For example, one family had been prescribed multivitamins by their doctor but didn't understand what they were and were not consistent about taking them. To improve this, we created a medication reminder chart and I enlisted the older children to help everyone in the family remember to take their multivitamins. While not directly related to food security, it was related to nutritional status and helped the family gain confidence. Another family knew what they were supposed to be doing and could tell me all of the right answers, but had a hard time actually budgeting and making decisions in the grocery store. To address this, we worked together on menu plan and created a shopping list from that. We then took the shopping list to the store and bought only the items on the list.

The family who was not eligible for WIC was eager to find resources and receive counseling on how to manage their money better. They were eligible for the Senior Farmers Market Nutrition Program so I enrolled them in that. The grandfather of the family had diabetes and hypertension so education on food choices specific for those conditions was given. I used the Community Health Promoter materials on food budgeting and shopping during in home counseling sessions. While no follow up food security survey was done while I was still there, they reported feeling more confident in their purchasing abilities after working together. They also expressed repeatedly their excitement about the Senior Farmers Market Nutrition Program. This gave them money to spend specifically on fresh fruits and vegetables at farmers markets.

The couple that was identified as food insecure was also eligible for the Senior Farmers Market Nutrition Program. They were both able to receive vouchers and this added an amount of food dollars that they felt they did not require further counseling after they had been taught how to use the vouchers.

Results for Goal Three: Develop a tool to be used by Community Health Promoters and other organization members to further educate families who were chronically food insecure.

The deliverable for this project is a toolkit of WIC resources and information made especially for IRC clients. The development of the toolkit has been described above. A condensed toolkit can be found in Appendix A. This toolkit ended up being a resource not only for IRC clients, but also for IRC staff to understand WIC better. Aside from the attitude of many staff members that clients would figure WIC out on their own, there was also a belief that WIC was not very complicated. When I started describing the complexities of what can and can't be bought with WIC checks, IRC staff members were surprised. The protocol for WIC eligible clients and appointment guide were added to the toolkit for this reason. The WIC approved food pamphlet was also included for this reason. The idea being that an IRC intern who is bringing a client to their first WIC appointment can read this and get an idea of what's most important, even if they have never interacted with WIC before. However, it was important to make clear to the Community Health Promoters that this did not replace their nutrition curriculum. One of the reasons all of the women knew how to check out with their WIC checks was because of that education program. Community Health Promoters were encouraged to add this to their own teaching toolkits.

There are three lessons for clients in the toolkit. Lesson one is navigating WIC checks. This teaches the client about the main parts of the WIC check. Lesson two is WIC approved foods. This lesson reviews what can and cannot be bought with WIC checks. This is the lesson where the image checks are made. Lesson three is how to use WIC checks when shopping and a review. There are both written instructions and visual aids for IRC staff to use when working with clients.

When using the toolkit with a client, it is better if all of the lessons were not done in one day. On the first day, ideally the day before shopping, we would look at all of the checks that were in date together and talk about what items they could buy with a certain check. The client would then make decisions where they needed to. For example, with one check a person could buy one pound of dry beans or four 16 oz. cans of beans or 18 oz. of peanut butter. We would talk about choices that worked for their family and find the picture that represented that item. Once all of the image checks were complete, I would have the client match the real check to the image check (using check number). After this was complete, the client and I would go to the store. The goal was to only buy items that were on the WIC checks. I would also encourage clients to buy all the items on the check because there are no refunds or opportunities to buy those items later. We would then check out. I anticipated this part to be complicated when using WIC because it requires signing the check at the right time and having your WIC folder and checks. However, clients had no problem with this part of the shopping trip.

It was important for this toolkit to be flexible and simple. Those were the goals for making this toolkit, while considering needs of clients, knowledge of staff and importance of the topic.

Chapter 5: Discussion, Recommendations and Conclusion

Great strides have been made to help recently arrived refugees have assistance with food security. This improvement has occurred through access to SNAP and WIC, immediate cash assistance from host organizations, grocery store orientation programs and other nutrition programs. IRC Baltimore is addressing food insecurity in all of these ways. The Community Health Promoter program makes well-placed educators within the community and is a resource for identifying and assisting families that are food insecure. Understanding the important role WIC can play in food resettlement was an underutilized asset previously. This WIC toolkit has the potential to close the gap between resettled refugees and their WIC benefits. Further, it can strengthen the relationship between WIC and IRC allowing for intentional programming to address the needs of resettled refugees with young children.

Community Health Promoters have played an integral role in food secure resettlement for refugees arriving in Baltimore. However, the purpose of creating this toolkit was to allow anyone who works for IRC to use this tool easily if they saw the need arise. Community Health Promoters play a critical role in the implementation of this curriculum. Their feedback and insights are crucial so that it can continue to be a relevant teaching tool.

It is important that IRC Baltimore recognizes and continues to strengthen the partnership with WIC. The resources WIC provides both for nutrition education and financial resources to clients can help keep families food secure. With that said, there are ways in which IRC Baltimore could better support their clients who are enrolled in WIC. IRC Baltimore has an extensive network of interpreters and utilizes interpreters during all client interactions. This network could be utilized to help WIC appointments go more smoothly for IRC clients. Another step that could be taken is recognizing the importance of IRC clients being enrolled in WIC and taking the time to educate clients about WIC.

It is important for the toolkit to undergo more rigorous testing to see whether or not it needs to be adapted in anyway to improve the program. WIC curriculum must be evaluated regularly to see if it needs to change based on incoming clients. It also needs to be changed depending on the WIC package. Every few years, items that can be bought with WIC checks changes and the curriculum must be updated when necessary. If this toolkit is successful in this community, I suggest that IRC apply it in other communities where similar problems have been identified.

The toolkit needs to be evaluated to see if it makes families more food secure. If it does not, additional work needs to be done to determine what will help reduce food insecurity. Further, programs need to be developed to help families and individuals who are not eligible for WIC because there is certainly food insecurity there. IRC Baltimore must start actively measuring food insecurity in those populations because they do not presently have a reliable tool for individuals who are not being seen by the Community Health Promoters.

There is a complex relationship between food security, nutritional status and health status for all people, but especially for individuals who are resettling in a new country as refugees. This dynamic relationship must be acknowledged in current and future programs that seek to address food security. Existing research shows what an ongoing problem food security is and in what ways it has been addressed, but continued research is necessary to deepen the understanding of what makes nutrition education programs successful. A culturally competent nutrition education is critical for successful integration in the United States. It can help not only for health reasons, but can also make resettled refugees feel confident in their food choices for themselves and their children. Programs like WIC can help bridge the gap between budget and need for food each month as well as help determine food choices (because only specific items can be bought with

the checks). These programs, when they work, can help significantly decrease the amount of food insecurity amongst the resettled refugee population. This WIC toolkit seeks to aid health promoters, case workers, and other members of IRC staff in educating resettled refugees on the importance of WIC checks and how to use them. In doing so, food insecurity may be avoided by providing the buffer between need and resources making for healthier families and an easier transition to the United States.

Footnotes

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² Gallegos, D., Ellies, P., & Wright, J. (2008). There's still no food! Food insecurity in a refugee population in Perth, Australia. *Nutrition and Dietetics*, 65(1), 78-83.

³ Hadley, C., Zodhiates, A., & Sellen, D. (2006). Acculturation, economics and food insecurity among refugees resettled in the USA: a case study of West Africa. *Public Health Nutrition*, 10(4), 405-412.

⁴ Hadley, & Sellen. (2006). Food security and child hunger among recently resettled Liberian refugees and asylum seekers: a pilot study. *Journal of Immigrant and Minority Health*, 8(4), 369-375.

⁵ Simpson, J. (1989). *The Oxford English Dictionary* (2nd ed.). Oxford: Clarendon Press.

⁶ *Terms You Need to Know*. (2014, June 15). Lecture presented at Volunteer Orientation, Baltimore, MD.

⁷ Dharod, Crom, and Sady, Food Insecurity: its relationship to dietary intake and body weight among Somali refugee women in the United States, 2013.

⁸ Cook et al. Food Insecurity Is Associated with Adverse Health Outcomes among Human Infants and Toddlers, 2004.

⁹ Olson, C. (1999). Nutrition and health outcomes associated with food insecurity and hunger. *The Journal of Nutrition*, 129(2), 521S-524S.

¹⁰ Whitaker, Phillips, Orzol, Food insecurity and the risks of depression and anxiety in mothers and behavioral problems in their preschool aged children, 2006.

¹¹ Gunnell, S., Christensen, N. K., Jewkes, M. D., LeBlanc, H., & Christofferson, D. (2015). Providing nutrition education to recently resettled refugees: piloting a collaborative model and evaluation methods providing nutrition education to recently resettled refugees: piloting a collaborative model and evaluation methods. *Journal of Immigrant and Minority Health*, 17(2), 482-488.

¹² Ikeda, J. P., Pham, L., Nguyen, K. P., & Mitchell, R. A. (2002). Culturally relevant nutrition education improves dietary quality among WIC-eligible Vietnamese immigrants. *Journal of Nutrition Education and Behavior*, 34(3), 151-158.

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- ¹³ Eisenhower, E. R., Mosher, E. C., Lamson, K. S., Wolf, H. A., & Schwartz, D. G. (2012). Health education for Somali Bantu refugees via home visits. *Health Information and Libraries Journal*, 29(2), 152-161.
- ¹⁴ Patil, C. L., Hadley, C., & Nahayo, P. D. (2009). Unpacking dietary acculturation among new Americans: results from formative research with African refugees. *Journal of Immigrant and Minority Health*, 11(5), 342-358.
- ¹⁵ "R&P Orientation Curriculum." *Orientation Toolkit Providing Refugee Orientation and Training / COR Center*. Cultural Orientation Resource Center.
- ¹⁶ Trapp, M. (2010). What's On The Table: Nutrition Programming For Refugees In The United States. *NAPA Bulletin*, 34, 161-175.
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- ¹⁸ International Rescue Committee, IRC Baltimore, 2015.
- ¹⁹ International Rescue Committee. (2011). *New roots program model*.
- ²⁰ International Rescue Committee. (2012). *Addressing food security & safety during R&P period*.
- ²¹ International Rescue Committee: Baltimore. (2012). *Baltimore community health promoters program fact sheet*.
- ²² Women, Infants, and Children (WIC). (2015, September 2). Retrieved from <http://www.fns.usda.gov/wic/women-infants-and-children-wic>

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Appendix A: WIC Toolkit and Teaching Model For IRC Staff

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Overview and Objectives

WIC Overview

WIC is a special supplemental nutrition program for eligible women, infants and children. In addition to age appropriate food packages, WIC also offers nutrition education, breastfeeding support, health related referrals, and health assessments.

To be eligible a person must be:

- A pregnant woman
- A child up to 5 years old
- A mother of a baby up to 6 months old OR
- A breastfeeding mother of a baby up to 12 months old
- A Maryland resident
- Receiving SNAP and/or Medicaid

WIC and IRC Clients

Many IRC Baltimore clients are eligible for WIC benefits. However, only 16% of clients enrolled in WIC are maximizing the use of their checks each month. Additionally, there are clients who are eligible for WIC but are not enrolled. As IRC staff members, it is critical to connect these families to this resource and assist with the education of clients as WIC can play a major role in food secure resettlement.

The purpose of this guide is to teach IRC staff about WIC benefits and give them tools to help teach IRC clients about their WIC benefits.

IRC Protocol for WIC Eligible Clients

For Caseworker

- All newly arrived women who are pregnant or have children under five must be referred to WIC
- The caseworker must make the appointment and provide the information listed in the WIC appointment guide
- Someone (yourself, intern, CHP, health intern) must accompany woman to and attend the initial WIC appointment
- Need for further health appointments and other needs often come up during these appointments
- Also gives you the opportunity to find out about the package they are entitled to and can reinforce later

For Health Team

- Check with women (pregnant and with small kids) on whether or not they have WIC
- If they have WIC, ask if they are using checks and if they know when their next appointment is
- If they don't have WIC ask why not → ALL pregnant women and families with kids under 5 should receive WIC benefits

WIC Appointment Guide

Documents needed for application:

- Proof of identity for each person applying
- Proof of address
- Proof of participation in Medicaid or SNAP
- Proof of income for each person who works from the last 30 days

Each eligible member will receive a health assessment that includes:

- Height
- Weight
- Hemoglobin levels (done with a heel or finger stick)
- Nutritional assessment

At the appointment the client will receive:

- WIC checks
- WIC ID packet, which must be brought to each follow up appointment
- Counseling related to the concerns of the mother or WIC staff

For additional information visit <http://phpa.dhmh.maryland.gov/wic/SitePages/Home.aspx>

About WIC Food Packages

IRC clients have expressed that navigating WIC checks is challenging. This is especially complex because each food packages is highly dependent on the ages and needs of the eligible members (for example, a breastfed baby receives a different package from a formula fed baby, their mother's will also receive different packages. There are also specific things that can and cannot be bought with WIC checks.

In addition to checks and an ID packet, WIC recipients also receive a 'WIC Authorized Foods List' Pamphlet (Appendix A) that discusses what they are allowed to purchase. This is a helpful resource when teaching mothers how to use their checks, especially if you yourself are not familiar with WIC policies (they also change regularly so the newest list will reflect those changes).

About WIC Checks

It is important to familiarize yourself with WIC checks before teaching a client how to use them.

All WIC checks contain:

1. First date to spend
2. Last date to spend
3. Check number
4. Items and quantities that can be bought with the check.

These parts of the check are most important when teaching someone how to use their checks.

THIS CHECK IS VOID WITHOUT A BLUE & RED BACK SIGNING AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

	AGENCY 323202	PARTICIPANT ID NO. [REDACTED]	NAME OF PARTICIPANT (LAST, FIRST, M.I.) [REDACTED]			CHECK NUMBER 3 71739885
	1 FIRST DATE TO SPEND July 21, 2014	DATE RECEIVED / /	3 STORE USE ONLY	2 LAST DATE TO SPEND August 03, 2014	CASHIER FILL IN EXACT AMOUNT OF SALE	
CATEGORY: C2				DOLLARS	CENTS	
TO BE USED FOR THESE ITEMS & QUANTITIES ONLY:				\$		
4 { <ul style="list-style-type: none"> 1 64 ounce container juice 1 dozen eggs 1 pound dry OR 4 (14 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas 1 quart 1% (lowfat) or fat-free (nonfat) fluid milk 						
Maryland WIC Program Payable through FSNIC An Affiliate of Security State Bank Howard Lake, MN 55349 Account Number: 806437		SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY X		CHECKS NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND		

⑈ 71739885 ⑆ ⑆ 09191248 20 ⑆ 806610 ⑆

Teaching Tool

To help clients learn what they can buy in the grocery store with their WIC checks we have created a blank check for you to copy and paste the corresponding pictures onto for each check.

When filling out the check, be sure to add corresponding first and last use dates as well as check number. Show the client these parts of the check so they know how to match them up.

Reiterate to the client that WIC checks have a date of last use and it's important that they use the checks while they are valid.

For items where there are choices (i.e. dried beans or canned beans or peanut butter), explain the choices and have them choose one to make the check more easily understandable.

For items that require multiple sized items, explain the size options and try to show the differences in the pictures you choose.

Blank check can be found in Appendix B

Photos of relevant food items can be found in Appendix C

WIC Check Education

Lesson 1: Navigating WIC checks

Materials:

- WIC folder issued to client
- WIC checks issued to client
- WIC example checks

Teaching Points:

- At your WIC appointment, you received a WIC folder and WIC checks. (**ask client to show you these**)
- It is very important to keep track of your WIC folder as it serves as your identification for the WIC program so you must bring it to the grocery store when you shop with WIC checks and to **all** of your WIC appointments
- Treat your WIC checks like money, they can't be replaced if they get lost!!
- Written on your folder is your next WIC appointment

Teach back:

- What should you bring with you to the store when you want to shop with your WIC checks?
- When is your next WIC appointment?

Lesson 2: WIC Approved Foods

Materials:

- WIC approved food pamphlet
- WIC example checks
- WIC checks issued to client
- Age appropriate food list w/pictures

Teaching Points

- WIC allows you to buy specific foods for your family
- The foods you can buy depends on the age of your child, if you are pregnant, or breastfeeding, or if you have more than one child under five
- The amount is important because you will not be allowed to buy any more, the pictures we have shown are in the amounts you can buy
- Let's look at some pictures- this is what the foods might look like in the store

Fruits and Vegetables

- Most people have a check for fruits and vegetables
- Fruit and vegetable checks are a little different from the other checks- they have a specific dollar amount that you can spend on fruits and vegetables

Infants

- Infant cereals have a specific brand
- Infant formula also has a specific brand and amount on the check

Teach back:

- Can you show me the check that is for fruits and vegetables? How much money is it for?
- Can you tell me what foods you can buy with this check? (pick any check)
- How much XX food can you buy with this check? (asking about amounts here i.e. 16 oz of beans or 1 gallon of milk)
- What foods do you normally buy that you can now buy with WIC checks? (juice, bread, milk, rice, beans)

Review & Notes:

- When checks can be used
- Do you feel comfortable shopping with the checks? Would it be helpful if we went together?

Lesson 3: How to use WIC checks (when shopping)/Review

Materials:

- WIC checks
- WIC example checks

Teaching Points:

- Each check has two dates on it- the first and last day it can be used, the check can only be used between these dates
- Each check as a list of the specific things that can be bought, you want to buy all of the items on the check because once you use the check you don't get a refund of what is left over
- You will be allowed to buy less than is noted on the check
- There are very specific amounts listed on the checks
- When checking out, you will be asked to sign your check- you have to sign the check like it is signed on the folder
- Checking out- it is helpful to group the food by check when (i.e. all the fruits and vegetables together, all the infant formula together, etc.)
- Everything that you cannot buy with WIC checks you must use another form of payment (like food stamps or cash)

Teach back:

- If they have already shopped using WIC checks, ask them how it went. Was it easy to find the foods? Was it easy to make the purchase?
- Did they try any new foods that they bought with the WIC checks? Did people in the house like it or no? Will they try something else next time? What might that be? (The items with the most variety, besides fruit and vegetables are beans, cereal, and fruit juice)

Review:

- When is your next WIC appointment? What do you need to bring to it?
- What can this check buy?
- Are you using the practice checks with the pictures?

WIC Check Images

Blank Check Image:

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW						
	AGENCY	PARTICIPANT ID NO.	NAME OF PARTICIPANT		CHECK NUMBER	
	XXXXXX	123 456 789				
FIRST DATE TO SPEND		DATE REDEEMED	1/1	LAST DATE TO SPEND	CASHIER FILL IN EXACT AMOUNT OF SALE	
TO BE USED FOR THESE ITEMS & QUANTITIES ONLY: _____ PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY					DOLLARS	CENTS
					\$	
SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY X					CHECKS ARE NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR	
					VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND	

Note: Bring at least 4 copies of this page to make image checks if doing exercise by hand

Lesson 1:
Example Check:

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

	AGENCY	PARTICIPANT ID NO.	NAME OF PARTICIPANT (LAST, FIRST, M.I.)			CHECK NUMBER			
	323202	[REDACTED]	[REDACTED]			71739885			
FIRST DATE TO SPEND		July 21, 2014	DATE REDEEMED	STORE USE ONLY	LAST DATE TO SPEND	CASHIER FILL IN EXACT AMOUNT OF SALE			
					August 03, 2014				
CATEGORY: C2 TO BE USED FOR THESE ITEMS & QUANTITIES ONLY: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="padding: 5px;"> 1 64 ounce container juice 1 dozen eggs 1 pound dry OR 4 (14 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas 1 quart 1% (lowfat) or fat-free (nonfat) fluid milk </td> <td style="width: 50%; text-align: center; vertical-align: middle;"> PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY </td> </tr> </table>						1 64 ounce container juice 1 dozen eggs 1 pound dry OR 4 (14 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas 1 quart 1% (lowfat) or fat-free (nonfat) fluid milk	PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY	DOLLARS	CENTS
1 64 ounce container juice 1 dozen eggs 1 pound dry OR 4 (14 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas 1 quart 1% (lowfat) or fat-free (nonfat) fluid milk	PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY								
Maryland WIC Program Payable through FSMC An Affiliate of Security State Bank Howard Lake, MN 55349 Account Number: 806610						\$			
						CHECKS NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR			
			SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY			VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND			
			X						

⑈ 7 1 7 3 9 8 8 5 ⑈ ⑆ 0 9 1 9 1 2 4 8 2 ⑆ 8 0 6 6 1 0 ⑈

1. The items boxed in red are the important for shopping with a WIC check and using the teaching tool because the client will have to match the teaching tool with the corresponding number

Lesson 2 & 3:

Example Check:

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW						
	AGENCY	PARTICIPANT ID NO.	NAME OF PARTICIPANT (LAST, FIRST, M.I.)			CHECK NUMBER
	323202	[REDACTED]	[REDACTED]			71739885
	FIRST DATE TO SPEND	July 21, 2014	DATE REDEEMED	STORE USE ONLY	LAST DATE TO SPEND	August 03, 2014
CATEGORY: C2					CASHIER FILL IN EXACT AMOUNT OF SALE	
TO BE USED FOR THESE ITEMS & QUANTITIES ONLY:					DOLLARS	
1 64 ounce container juice 1 dozen eggs 1 pound dry OR 4 (14 to 16 oz) canned beans, peas, or lentils OR 18 oz or less peanut butter 1 pound whole wheat bread OR brown rice OR whole wheat or soft corn tortillas 1 quart 1% (lowfat) or fat-free (nonfat) fluid milk					CENTS	
					\$	
PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY					CHECKS NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR	
Maryland WIC Program	Payable through FSMC An Affiliate of Security State Bank Howard Lake, MN 55349 Account Number: 806610	75-1248 919	SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY			VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND
			X			

⑈ 71739885⑈ ⑆ 091912482⑆ 806610⑈

When preparing the teaching tool:

1. Find the package (or packages) the family is eligible for in the WIC Food Packages folder. These food lists have the standard package a person in the given category will get.
2. For the lines where there are different options (dry or canned beans, or peanut butter, etc.), ask the client what they would like to buy because there is not enough room on the check to put all of the image options
*Note: Most of the time more than one of the checks for a month will include items like dry or canned beans, or peanut butter, etc. so they can choose to buy peanut butter with one check and beans with another check in the same month.
3. Cut and paste correct images for each check printed

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

	AGENCY	PARTICIPANT ID NO.	NAME OF PARTICIPANT			CHECK NUMBER	
	XXXXXX	123 456 789					
FIRST DATE TO SPEND		DATE REDEEMED	1/20	LAST DATE TO SPEND	CASHIER FILL IN EXACT AMOUNT OF SALE		
TO BE USED FOR THESE ITEMS & QUANTITIES ONLY: _____ PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY						DOLLARS	CENTS
						\$	
						CHECKS ARE NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR	
SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY						VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND	
X							

You can either place the images from the food list on the check in power point and print the check with the images **or** manually cut out the pictures and glue them to the blank check.

4. Add start date (1), end date (2), and check number (3)

1 **2** **3**

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

	AGENCY XXXXXX	PARTICIPANT ID NO. 123 456 789	NAME OF PARTICIPANT		CHECK NUMBER
FIRST DATE TO SPEND		DATE REDEEMED	1 2 2022	LAST DATE TO SPEND	
CASHIER FILL IN EXACT AMOUNT OF SALE					
					DOLLARS
					CENTS

TO BE USED FOR THESE ITEMS & QUANTITIES ONLY: _____

PARTICIPANT OR PROXY SIGN FOR PRICE CORRECTION ONLY







SIGNATURE OF PARTICIPANT OR AUTHORIZED PROXY

X

CHECKS ARE NOT VALID UNLESS STAMPED BY AUTHORIZED WIC VENDOR

VENDOR MUST DEPOSIT WITHIN 30 DAYS OF LAST DATE TO SPEND

Appendix X: WIC Authorized Foods List

	<p>MARYLAND WOMEN, INFANTS & CHILDREN PROGRAM</p>
<p><i>Better nutrition for a brighter future</i></p>	
	

WIC
AUTHORIZED
FOODS LIST
OCTOBER 2012

*Bring this list when you shop
for WIC foods!*

WIC Foods

To have a healthy baby, you need to eat right. The way you eat can affect how well your baby grows. A child needs the right foods to grow strong and be ready to learn.

WIC foods are packed with nutrients like:

- Protein to build muscles and organs
- Calcium and vitamin D for strong bones
- Iron for healthy blood
- Vitamins to help the body work



WIC foods are also low in sugar and fat.

WIC foods are for you or your child only.

They help you get what you need to stay healthy.

You'll still need to buy other foods. WIC foods are meant to add to what you already eat.

When money is tight, it's hard to eat the way you should. WIC staff can give you tips to get the most food value for the money. You can also get ideas for quick and low cost meals and snacks.



WIC Fraud Prevention Is Everyone's Responsibility!

By following these rules, you help the Maryland WIC Program help you and others.

- ✗ Do not sell or give away your WIC Foods.
- ✗ Do not sell or give away your WIC checks.
- ✗ Do not buy or attempt to buy food items that are not WIC allowed.
- ✗ Do not return your WIC foods to the store for a refund or store credit.
- ✓ Report stores or other WIC participants that you know are not following the rules to your Local WIC Agency.

How to shop for WIC foods

WIC gives you checks to buy your WIC foods. Here are the steps you must follow:

1. Shop at a WIC approved store. Look for the green *WIC Accepted Here* sign.
2. Decide what checks to spend. Look at the dates. You can only spend a check on or between the *First and Last Dates to Spend*.
3. Take your checks, WIC ID Folder, and Authorized Foods List to the store.
4. Buy only the foods shown on the checks and WIC Authorized Foods List.
5. Use a checkout lane with a cashier. **DO NOT** use a cash-only express or self-checkout lane.
6. Separate foods into groups for each check. Keep non-WIC items separate.
7. Give the cashier your WIC ID Folder and each check you are spending.
8. Let the cashier ring up the foods, one check at a time.
9. Sign each check **AFTER** the cashier enters the total price. Be sure the price is correct.
10. Get all WIC sales receipts and your ID Folder from the cashier.



Your "Steps for Using Your WIC Checks" leaflet is a handy guide for showing these steps!



Milk

BUY:

- ✓ Store brand if available
- ✓ Container size shown on check
- ✓ 1% (low fat) or fat-free (nonfat) if woman or child 2 years and older
- ✓ Whole milk if child less than 2 years



BUY IF PRINTED ON CHECK:

- ✓ Lactose-reduced or lactose-free
- ✓ Powdered (dry, whole or nonfat)
- ✓ Evaporated (whole or nonfat)
- ✓ UHT (Ultra High Temperature)
- ✓ Kosher

DO NOT BUY:

- ✗ 2% milk or buttermilk
- ✗ Chocolate or other flavor
- ✗ Organic, rice, or goat milk
- ✗ Sweetened condensed

Cheese

BUY:

- ✓ Store brand if available
- ✓ 16 ounce size only
- ✓ Blocked or sliced
- ✓ American, Cheddar, Monterey Jack, Mozzarella, or Swiss
- ✓ Low fat, reduced fat, and low sodium OK



DO NOT BUY:

- ✗ Organic or imported
- ✗ Deli, string, or individually wrapped
- ✗ Cheese food, spread, or product
- ✗ Cream cheese
- ✗ Shredded, crumbled, or cubed
- ✗ With flavors, nuts, peppers, or crackers

Eggs

BUY:

- ✓ Store brand if available
- ✓ White, medium or large
- ✓ One dozen only



DO NOT BUY:

- ✗ Organic, brown, fertile, or cage free
- ✗ Low fat or cholesterol free, omega-3, pasteurized, or other specialty eggs

Beans, Peas, Lentils

BUY:

- ✓ Store brand if available
- ✓ Beans like kidney, pinto, black, navy, garbanzo, or lima
- ✓ Split peas, blackeye peas, or lentils
- ✓ Dry, 16 ounce bag
- ✓ Canned, water pack, 14 to 16 ounce can



DO NOT BUY:

- ✗ Organic
- ✗ Green or wax beans, sweet peas*
- ✗ Soup, soup mixes, or with flavor packets
- ✗ Beans with sauce, meat, fat, or oil

*BUY with your WIC Fruit & Vegetable Check

Peanut Butter

BUY:

- ✓ Store brand if available
- ✓ 16 to 18 ounce jar
- ✓ Plain, smooth, crunchy, extra crunchy, creamy, or honey roasted
- ✓ Low sodium and/or low sugar OK



DO NOT BUY:

- ✗ Organic, natural, or reduced fat
- ✗ Mixed with marshmallow, jelly, jam, honey, or chocolate
- ✗ Fresh-ground
- ✗ Peanut butter spreads

Canned Fish

BUY IF PRINTED ON CHECK:

- ✓ Store brand if available
- ✓ Chunk light tuna, water pack, 5 to 6 ounce can
- ✓ Pink salmon, water pack, 5 to 7.5 ounce can
- ✓ Sardines, water pack, 3.75 ounce can



DO NOT BUY:

- ✗ Albacore or white tuna
- ✗ Red salmon
- ✗ Fish with added flavor or sauce
- ✗ Organic, low sodium, or gourmet
- ✗ Pouch, bowl, or kit

Cereal — You can combine different cereals

BUY:

- ✓ Brands and types shown here only
- ✓ 18 ounce size box or larger (cold cereal)
- ✓ 11.8 ounce size or larger (hot cereal)

DO NOT BUY:

- ✗ Organic



GENERAL MILLS
Cheerios



GENERAL MILLS
Kix



KELLOGG'S
Rice Krispies



KELLOGG'S
Corn Flakes



KELLOGG'S
Special K



MALT-O-MEAL
Oat Blenders
Honey



MALT-O-MEAL
Oat Blenders
Honey & Almonds



MALT-O-MEAL
Crispy Rice



KELLOGG'S
All Bran
Complete Wheat
Flakes



KELLOGG'S
Unfrosted
Mini Wheats



KELLOGG'S
Frosted
Mini Wheats
Bite Size



QUAKER
Brown Sugar
Oatmeal Squares



QUAKER
Cinnamon
Oatmeal Squares



QUAKER
Life



POST
Lightly Frosted
Shredded Wheat



POST
Honey Nut
Shredded Wheat



POST
Honey Bunches
of Oats -
Vanilla Bunches,
Honey Roasted,
Almond,
Cinnamon
Bunches



MALT-O-MEAL
Hot Wheat Cereal



QUAKER
Instant Oatmeal,
Original Flavor



QUAKER
Instant Grits,
Original Flavor



FARINA MILLS
Hot Wheat Cereal



B&G FOODS
Cream of Wheat
Whole Grain



B&G FOODS
Cream of Wheat
Instant,
1 Minute,
2 1/2 Minute,
10 Minute

Indicates Whole Grain Food

Ways to buy up to 36 ounces of cereal	18 ounces	18 oz. Cereal	18 ounces	18 oz. Cereal	24 ounces	24 oz. Cereal	18 ounces	18 oz. Cereal
	+18 ounces		+11.8 ounces		+14 ounces			
	36 ounces		35.8 ounces		32 ounces		14 oz. Hot Cereal	

Vegetables & Fruit *(Organic is OK)*

Fresh

BUY:

- ✓ Loose or pre-packaged
- ✓ Whole or cut
- ✓ Sweet potatoes and yams OK



DO NOT BUY:

- ✗ White, red-skin, or gold potatoes
- ✗ Salad bar items, party platters, fruit baskets
- ✗ Herbs, nuts, peanuts
- ✗ Salad kits with nuts, croutons, or dressing
- ✗ Fruit or vegetables with dips
- ✗ Dried fruit

Frozen

BUY:

- ✓ Plain
- ✓ Bag or box
- ✓ Low sodium OK



DO NOT BUY:

- ✗ French fries, tater tots, or other white potatoes
- ✗ WIC or other juice*
- ✗ Soup
- ✗ With potato, rice, or pasta
- ✗ With breading, butter, sauces, fat, oil, or meat
- ✗ With sugar

Canned

BUY:

- ✓ Water or juice pack only
- ✓ Metal, glass, or plastic container
- ✓ Low sodium OK



DO NOT BUY:

- ✗ WIC beans,* pork and beans, or baked beans
- ✗ WIC or other juice*
- ✗ Soup
- ✗ With added white potato, meat, fat, oil, rice, or pasta
- ✗ Sugar-sweetened or in syrup
- ✗ With artificial sweetener
- ✗ Pickled vegetables, relishes, catsup
- ✗ Cranberry sauce, pie filling

* **BUY WIC juice and WIC beans with your other WIC checks.**

Fruit Juice

BUY:

- ✓ Brands and types shown here only
- ✓ 100% juice, unsweetened
- ✓ Can, carton or bottle size shown on check
- ✓ With calcium and/or vitamin D OK

DO NOT BUY:

- ✗ Less than 120% DV vitamin C
- ✗ Glass bottles
- ✗ Organic or fresh-squeezed
- ✗ Fruit cocktail, punch, drink, blends, or light
- ✗ Shelf stable

Frozen Concentrate: For Women



ORANGE
Any Brand

GRAPEFRUIT
Any Brand

PINEAPPLE
Dole,
Old Orchard

APPLE
Best Yet,
Food Lion,
Hannaford,
My Essentials,
Old Orchard
(with green
tear strip),
Seneca

GRAPE
Best Yet,
Old Orchard,
Weich's
(with yellow
tear strip).

64 ounce Container: For Children



ORANGE, GRAPEFRUIT
Any brand

PINEAPPLE
Best Yet,
Food Lion,
Hannaford,
Shurfine



VEGETABLE
Best Yet,
Diane's Garden,
Giant,
Great Value,
Hannaford,
Harris Teeter,
Vs



TOMATO
Campbell's,
Food Lion,
Giant,
Great Value,
Hannaford,
Harris Teeter,
Market Pantry,
Shursaving



APPLE
Best Yet,
Food Lion,
Giant Eagle,
Hannaford,
Market Pantry,
My Essentials,
Old Orchard,
Shop Rite,
Shurfine,
Valu Time,
Wegmans



GRAPE
Best Yet,
Food Lion,
Giant,
Giant Eagle,
Harris Teeter,
Juicy Juice,
Old Orchard,
Valu Time,
Wegmans

Whole Grain Bread & Rolls

BUY:

- ✓ 1 pound or 15 to 16 ounce package
- ✓ Any 100% Whole Wheat Bread or Rolls Store brand if available (must say **100% Whole Wheat** on label)
- ✓ Whole Grain Bread (Brands and types shown here only)



Acme 100% Whole Grain Bread
Nature's Own 100% Whole Grain Wheat Sugar Free Bread
Pepperidge Farm Very Thin Whole Wheat Bread
Roman Meal Sungrain 100% Whole Wheat Bread
Schmidt Old Tyme 100% Whole Wheat Whole Grain Bread
Stern's Whole Wheat Bread

DO NOT BUY:

- ✗ Raisin or other bread with fruit or nuts
- ✗ Pita or bagel bread or English muffins
- ✗ Organic

Soft Corn & Whole Wheat Tortillas

BUY:

- ✓ 1 pound (16 ounce) package

Buena Vida Whole Grain Tortillas
Carlita Corn Tortillas or 100% Whole Wheat Tortillas
Celia's Corn Tortillas
ChiChi's White Corn or Whole Wheat Tortillas
Don Pancho White Corn or Whole Wheat Tortillas
La Burrita Yellow Corn Tortillas
La Banderita White Corn or Whole Wheat Tortillas
Mission Yellow Corn or Whole Wheat Tortillas
Ortega Whole Wheat Tortillas



DO NOT BUY:

- ✗ Fried corn tortillas, chips, tostadas, or taco shells
- ✗ White flour tortillas or with any added flavors
- ✗ Organic

Brown Rice

BUY:

- ✓ Store brand if available
- ✓ Dry, plain
- ✓ Regular, quick-cooking, or instant
- ✓ 1 pound (16 ounce) package



DO NOT BUY:

- ✗ Ready-to-serve or precooked in pouch
- ✗ Rice with added flavor, sauce, or vegetables
- ✗ Organic

 *Indicates Whole Grain Food*

Infant Foods

Infant Formula

BUY:

- ✓ Brand, type, and size shown on check

DO NOT BUY:

- ✗ Organic formula



Infant Cereal

BUY:

- ✓ Brand shown on check
- ✓ Dry, 8 or 16 ounce size box

DO NOT BUY:

- ✗ Organic or with DHA, fruit, or formula
- ✗ Jar or can



Infant Vegetables & Fruit

BUY:

- ✓ Store brand if available
- ✓ Plain vegetables or combination of vegetables (example: carrots and yams)
- ✓ Plain fruit or combination of fruits (example: apples and bananas)
- ✓ Multi-packs OK (a 2 pack = 2 containers)
- ✓ 3.5 to 4 ounce container

DO NOT BUY:

- ✗ Organic or with DHA
- ✗ With meat, yogurt, cereal, pasta, or rice
- ✗ Dinners, desserts, soups, stews, or diced



Infant Meat

BUY IF PRINTED ON CHECK:

- ✓ Store brand if available
- ✓ Plain chicken, turkey, beef, lamb, veal, or ham

DO NOT BUY:

- ✗ Organic or with DHA
- ✗ With added vegetables, fruit, rice, cereal, or pasta
- ✗ Dinners, meat sticks, stews, or soups



Remember, breastfeeding is best for you and your baby.

Soy Beverage

BUY:

- ✓ Brand and container size shown on check
- ✓ Half gallons (refrigerated):
8th Continent Original
- ✓ Quarts (shelf-stable):
Pacific Natural Foods Ultra Soy Plain,
8th Continent Soy Original



DO NOT BUY:

- ✗ Any flavors
- ✗ Light or fat-free

Tofu

BUY:

- ✓ Amount shown on check
- ✓ 12 to 16 ounce container



AZUMAYA: *Extra Firm, Firm, Silken,*
Lite Extra Firm
HOUSE: *Extra Firm, Firm,*
Medium Firm (Regular), Soft (Silken)
NASOYA: *Extra Firm, Firm, Cubed, Soft, Silken,*
Lite Firm, Lite Silken

DO NOT BUY:

- ✗ With added sodium, flavoring, fat, or oil

QUESTIONS?

Ask your WIC staff or
call the State WIC Office
at 1-800-242-4WIC (4942)
or visit our website at
www.mdwic.org



Martin O' Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary, DHMH

*This institution is an equal opportunity provider
and employer.*

Appendix Y: Approved Food Images

*Note: In order to be concise, this version of the toolkit does not include every package option, only a sampling of items that can be bought with WIC packages.

Women and Children

16 oz Cheese sliced or block



OR

64 oz 100% Juice



OR

Frozen Concentrate Juice



Fruits and Vegetables (dollar amount varies)
Fresh



Frozen



Canned



Dozen White Eggs



1 Pound dry OR 4 (14 to 16 oz) canned beans, peas or lentils OR 18 or less peanut butter



OR



OR



Cereal (hot and cold options)



1 Pound whole wheat bread OR brown rice OR whole wheat OR soft corn tortillas



OR



OR



OR

Gallon 1% (lowfat) or fat free (nonfat) fluid milk or quart of fat free or 1% milk



OR



OR



Gallon whole milk or quart whole milk



OR



Tofu



Soy Beverage



Canned Fish



Infants

WIC Formula- Must be the specific type on the check (usually Similac Advanced unless the infant requires a special diet)



Infant Cereal



Infant meat



Infant Vegetables and Fruit

