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OHIO ASSOCIATION OF FOODBANKS
Partner State Association of FEEDING AMERICA

Ohio House Families and Aging Committee
Chairwoman Schmidt
Hope Lane-Gavin, Director of Nutrition Policy and Programs
May 2, 2023
House Bill 7

Chairwoman Schmidt, Vice Chairwoman Miller, Ranking Member Denson and Distinguished Members of the House Families and Aging Committee thank you for the opportunity to testify before you this morning on Sub. House Bill 7. My name is Hope Lane-Gavin and I am the Director of Nutrition Policy and Programs with the Ohio Association of Foodbanks, where we represent the largest charitable and emergency food network in our state consisting of 12 Feeding America Foodbanks and 3,600 partner hunger relief agencies including food pantries, soup kitchens, shelters, college campuses, clinics and more, serving all 88 counties.

While the Association takes a holistic approach to our work, meaning we believe in and recognize an intersectional approach is needed to end poverty and improve health outcomes, we are not experts in infant and maternal health and will therefore only be speaking to the WIC provisions contained in the Sub Bill today.

As you can imagine, public benefits and access to them are incredibly important to the low-income Ohioans we serve. While the Supplemental Nutrition Assistance Program (SNAP) or food stamps is the largest and most critical when it comes to food security, the Special Supplemental Nutrition Program for Women, Infants, and Children or WIC could be equally as imperative for the population it serves, if more Ohio families had access to it.

While I know Representative White grounded us in the program during Sponsor testimony, I wanted to ensure we all adequately understood the biggest barriers families face accessing Ohio WIC today: Ohio is one of just nine offline states requiring WIC beneficiaries either mail or present their EBT cards at their local WIC office every three months **just to get their benefits loaded.** This contrasts with online states where benefit cards are automatically reloaded remotely each month and WIC beneficiaries are not required to physically go to the WIC clinic.

In the thick of the most unprecedented public health emergency in our lifetimes which caused massive unemployment, food insecurity, supply chain issues and more, Ohio's WIC enrollment declined in a way not seen in any other safety-net program.

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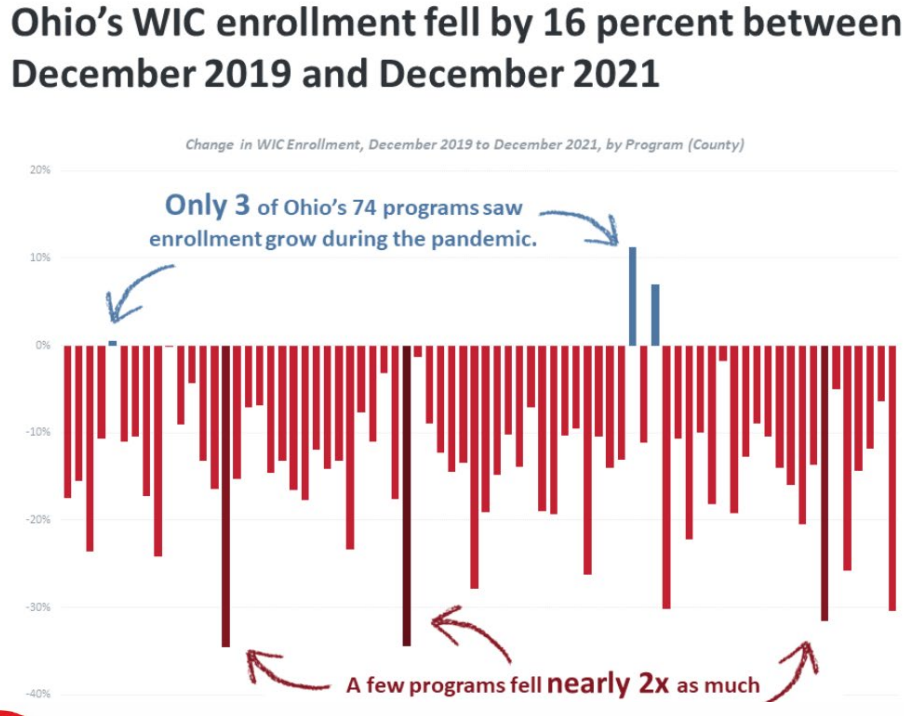
Think about it, when layoffs, closures and unemployment rapidly increased, not only did unemployment claims grow exponentially but so did SNAP and Medicaid applications. Not only is it normal, but it is expected during economic downturns for utilization of public assistance to increase.

Research published in in The Journal of the American Medical Association (JAMA) in August 2021 assessed whether WIC participation differed before and during the pandemic in offline versus online states. They noted that online and offline states had similar baseline poverty and unemployment rates and similar unemployment rates during the pandemic and that there was no statistical evidence of differing trends in WIC participation across these states prior to the pandemic.

Researchers found that offline EBT reloading systems were associated with significant decreases in WIC participation during the COVID-19 pandemic.
Specifically, the research showed:

- During the pandemic, the mean number of WIC beneficiaries decreased 4.43% in offline states and increased 3.49% in online states.
- WIC participation was 9% lower in offline states relative to online states.



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Risks of in-person contact, delays in mail processing and delivery, as well as increased socioeconomic and transportation barriers resulting from the pandemic underscore the challenges faced by offline states that require in-person EBT card reloading. In other words, offline benefits reloading means families had limited access to WIC benefits at a time when they needed them most. Between April and June 2020 at the start of the COVID-19 pandemic, 29.5 percent of children in the United States, predominately from low-income families and racial and ethnic minority groups, experienced household food insecurity.

Since WIC serves a population that's challenged by Social Determinants of Health (SDOH) combined with the unpredictability and stress of pregnancy and subsequent newborn care, requiring participants to have reliable transportation to simply access their benefits – not to use them – runs counter to the program's intentions and goals.

In addition to the card reloading barrier faced by WIC participants in Ohio, other administrative burdens that families face accessing the WIC program, such as the lack of option to apply online, shopping experiences, and vendors available, may also contribute to the declines experienced prior to the pandemic.

We were incredibly thrilled to see that WIC modernization was prioritized in House Bill 7 as research continues to demonstrate WIC's effectiveness at improving health and nutritional outcomes of both women and children.

WIC enrollment reduces infant mortality, especially for Black participants. A recent study looked at the rates of infant mortality in babies whose mothers participates in WIC during pregnancy and found that **the infant mortality rate was 5.2 deaths per 1,000 live births among those who had received WIC benefits, compared to 8.2 deaths among those who did not — a 36.6 percent reduction**.

A study published in 2010, analyzing infant mortality rates and WIC program participation in Hamilton County, Ohio found a lower infant mortality rate among WIC participants (8.0 infant deaths per 1,000 live births) than non-WIC participants (10.6). This finding was even more significant when researchers looked at Black individuals participating in WIC, where they saw an infant mortality rate of 9.6 among WIC participants compared to 21.0 among non-WIC participants.

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- WIC helps mothers give birth to healthier babies compared to eligible non-participants. Research demonstrates that participation in WIC increased average birth weight and reduced the incidence of low and very low birth weight.

- **The WIC program helps participants make stronger connections to preventive health care.** Low-income children participating in WIC are more likely to receive preventive medical care than other low-income children and are just as likely to be immunized as more affluent children.

- WIC helps support nutritious diets and infant feeding practices.

I thank you again for the opportunity to testify before you today, I would be happy to answer any questions.

Respectfully submitted,

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