

OVERSIGHT OF OUTREACH AND PARTICIPATION – SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

**LOUISIANA DEPARTMENT OF HEALTH –
OFFICE OF PUBLIC HEALTH**

PERFORMANCE AUDIT SERVICES

**Performance Audit
June 24, 2026**

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June 24, 2026

The Honorable J. Cameron Henry, Jr.
President of the Senate
The Honorable Phillip R. DeVillier,
Speaker of the House of Representatives

Dear Senator Henry and Representative DeVillier:

This report provides the results of our evaluation of the Louisiana Department of Health's (LDH) oversight of outreach and participation in Louisiana's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). According to the most recent report issued by the United States Department of Agriculture in December 2025, Louisiana ranked 50th in the nation for WIC participation.

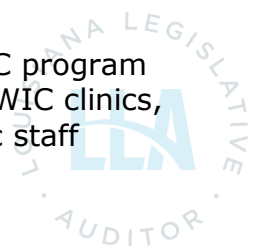
Overall, we found LDH could improve its oversight of clinic outreach and address other barriers such as transportation and restrictive appointment requirements that may contribute to Louisiana's low WIC participation rate.

Specifically, we found that during federal fiscal years 2024 through 2025, LDH did not ensure WIC clinics met outreach requirements. According to outreach reports from federal fiscal year 2025, 56 (56.0%) of 100 clinics did not conduct at least one outreach activity per month as required by policy.

We also found that LDH could integrate tools to streamline the income verification process at WIC clinics to prevent delays in enrollment.

In addition, LDH could improve participation by ensuring that more clinics offer appointments off-site and outside of regular business hours and that parents are aware of exceptions to required in-person clinic visits. As of April 2026, 81 (81.0%) of Louisiana's 100 WIC clinics operated exclusively from 8 a.m. to 4:30 p.m. Additionally, Louisiana has one mobile clinic, but it only serves Barksdale Air Force Base.

We found as well that LDH could improve participation in the WIC program by addressing transportation barriers, ensuring strategic placement of WIC clinics, offering accurate information about available clinics, and ensuring clinic staff respond to phone calls.



We found, too, that LDH could improve food redemption rates among WIC participants through expanded product options and nutritional education. In calendar year 2025, 46.8% of the total units included in WIC food packages were not redeemed. According to the United States Department of Agriculture, during federal fiscal years 2021 through 2024, Louisiana did not use \$111.6 million (34.6%) of available WIC funding. LDH also should require clinic staff to regularly address low redemption rates through nutrition education focused on items not being redeemed.

The report contains our findings and recommendations. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the Louisiana Department of Health for its assistance during this audit.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

WICOUTREACH

Louisiana Legislative Auditor

Michael J. "Mike" Waguespack, CPA



Oversight of Outreach and Participation – Special Supplemental Nutrition Program for Women, Infants, and Children

Louisiana Department of Health – Office of Public Health

June 2026

Audit Control # 40250036

Introduction

We evaluated the Louisiana Department of Health’s (LDH) oversight of program outreach and participation for Louisiana’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which is administered by LDH’s Bureau of Nutrition Services within the Office of Public Health (OPH). The WIC program is a federally-funded program that provides healthy foods, nutrition education, and support to low-income pregnant, postpartum, and breastfeeding women, as well as to infants and children under the age of five. LDH creates and implements rules and procedures for Louisiana’s program, which are then approved by the United States Department of Agriculture (USDA), the federal agency that oversees WIC. We conducted this audit because proper administration of the WIC program is important, as it provides essential nutrition to at-risk mothers, infants, and children and reduces healthcare costs that may be incurred if participants did not have access to proper nutrition.¹

As of September 1, 2025, 104,064 residents (65,675 families) were actively receiving WIC benefits from 100 clinics throughout Louisiana.

We evaluated WIC clinics’ outreach efforts, analyzed barriers to participation in the WIC program, and determined how LDH is addressing those barriers. According to the most recent report issued by the USDA in December 2025,² Louisiana ranked 50th in the nation during calendar year 2023 for WIC participation,³ which is the percentage of the WIC-eligible population being served in the state. WIC is 100% federally-funded, and during federal fiscal year (FFY) 2025, the USDA allocated \$8.02 billion to the national WIC program, with \$119.4 million (1.5%) allocated to Louisiana. We also analyzed food redemption data, as low redemption rates for certain items means WIC participants may not reap full nutritional benefits of the program, and that the state is prevented from drawing down all WIC funding allocated by the USDA.

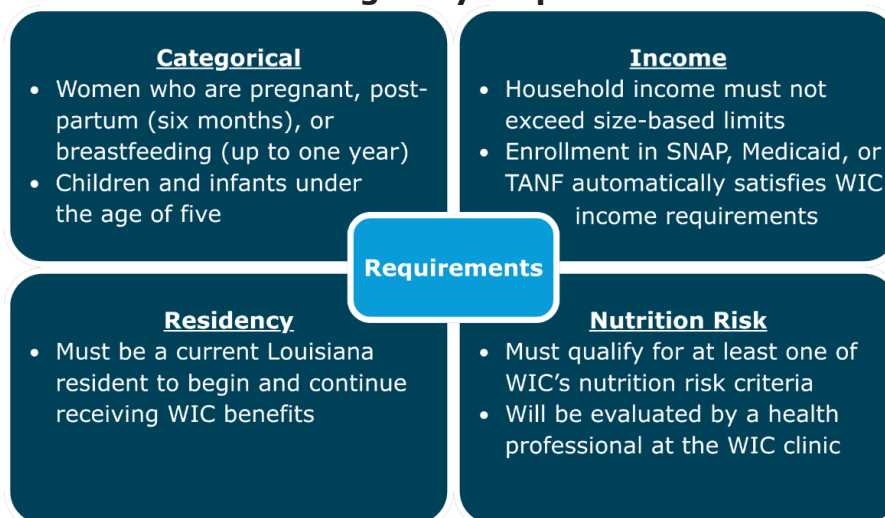
¹ This audit is one of several audits recently conducted by our office studying programs and initiatives related to women’s health.

² [National- and State-Level Estimates of WIC Eligibility and Program Reach in 2023](#), USDA, December 2025

³ Louisiana ranked 52nd when including the District of Columbia and Puerto Rico.

The WIC program's primary goal is to safeguard the health of low-income pregnant and postpartum women, infants, and young children who are at nutritional risk. The program aims to accomplish its goal through nutrition education, healthy supplemental foods, breastfeeding promotion and support, and referrals to health and social services. WIC is available for pregnant, postpartum, and breastfeeding women as well as infants and children under the age of five who meet certain requirements. WIC participants must have income at or below 185% of the federal poverty level, be a Louisiana resident, and have a nutritional risk documented by WIC clinic staff. Individuals currently participating in Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and/or Temporary Assistance for Needy Families (TANF) are automatically income-eligible for WIC. Exhibit 1 summarizes WIC eligibility requirements.

Exhibit 1 WIC Eligibility Requirements



Source: Prepared by legislative auditor's staff using information from LDH and federal WIC regulations.

According to federal regulations,⁴ to enroll in the program, applicants must attend an in-person appointment at a local WIC clinic to confirm eligibility, undergo health screenings, and receive benefits that are customized to their needs. Participants are assigned a monthly package of healthy supplemental foods that is tailored to their age, needs, and breastfeeding status. The packages range in value from roughly \$20 to \$260 per month.⁵ Participants can redeem the food packages at a WIC vendor⁶ via an Electronic Benefit Transfer (EBT) card.

⁴ 7 CFR 246.7

⁵ This range is an estimate based on the listed price of approved WIC products at a Walmart Supercenter in Baton Rouge. The actual dollar values of the packages can vary based on store, brands, and location. This range does not include the food package for fully-breastfed infants aged 0-5 months, which does not include any formula or food items.

⁶ WIC vendors are grocery stores such as Walmart and Rouses that have been authorized by LDH to accept WIC purchases.

LDH authorizes and oversees local WIC clinics, which provide direct services to participants, and authorizes and regulates WIC vendors. As of April 2026, Louisiana had 102 WIC clinics; 61 are parish health units (PHU),⁷ and 41 are contracted privately with LDH. LDH is responsible for ensuring WIC clinics, vendors, and participants follow federal laws and regulations related to the program. In addition, LDH requires WIC clinics to promote participation by performing outreach activities that inform the public about the benefits and availability of the WIC Program at least once a month. According to LDH, there were 253 staff dedicated to administering the WIC program in Louisiana as of April 2026.

To conduct this audit, we researched applicable state and federal laws and regulations, reviewed best practices related to WIC program outreach and participation, conducted stakeholder interviews, and surveyed WIC participants.⁸ We also reviewed LDH's WIC policies and procedures and analyzed WIC data related to outreach activities, participation, and nutrition.

The objective of this audit was:

To evaluate LDH's oversight of outreach and participation in Louisiana's WIC program.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains LDH's response, Appendix B contains our scope and methodology, and Appendix C contains the results from our 2026 survey to WIC participants.

⁷ PHUs are governmental entities that are not required to contract with the state to provide WIC services. PHUs operate through LDH in conjunction with local governments to serve the public health needs of the parish. In addition to WIC services, PHUs offer services related to immunizations, reproductive healthcare, and infectious disease prevention and response.

⁸ We asked LDH to upload our survey to the myWIC application used by WIC participants and received 424 participant responses. The survey asked general questions about WIC outreach and participation.

Objective: To evaluate LDH's oversight of outreach and participation in Louisiana's WIC program.

Overall, we found LDH could improve its oversight of clinic outreach and address other barriers, such as transportation and restrictive appointment requirements, that may contribute to Louisiana's low WIC participation rate. In addition, LDH could address low food redemption rates through data analytics and nutrition education, which could increase nutritional intake for WIC participants and allow the state to use more of the federal funding allocated for WIC food benefits. Specifically, we found the following:

- **During FFYs 2024 through 2025, LDH did not ensure WIC clinics in Louisiana met outreach requirements.** According to FFY 2025 outreach reports, 56 (56.0%) of 100 clinics did not conduct at least one outreach activity per month as required by the policy. Outreach is important, as Louisiana ranks 50th in the nation for WIC coverage rate, which is a percentage of the WIC-eligible population being served in the state. LDH should provide clearer guidance to clinics on what activities should be conducted to satisfy the monthly outreach requirements.
- **LDH could integrate tools to streamline the income verification process in the WIC clinics to prevent delays in enrollment.** In addition, LDH requires income verification letters for cash-paid applicants to enroll in WIC, which is more stringent than federal regulations require. Unnecessary application requirements create administrative burdens that may make it challenging for individuals to access and use government benefit programs like WIC.
- **LDH could improve participation in the WIC program by ensuring more clinics offer appointments off-site and outside of regular business hours as well as ensuring that parents are aware of exceptions to required in-person clinic visits.** As of April 2026, 81 (81.0%) of Louisiana's 100 WIC clinics operate exclusively between the hours of 8 a.m. and 4:30 p.m., when working parents may find it difficult to attend mandatory in-person appointments. In addition, Louisiana has only one mobile clinic that exclusively serves an air force base.
- **LDH could improve participation in the WIC program by addressing transportation barriers, ensuring strategic placement of WIC clinics, offering accurate information on available clinics, and ensuring clinics are responsive to phone calls.** LDH does not include WIC transportation in its Medicaid contracts and has one in-house WIC transportation van that serves only two parishes. In addition, 23.5% of our calls to clinics for interviews went unanswered.

- **LDH could improve food redemption rates through expanded product options and nutritional education, as 46.8% of the total units included in WIC food packages were not redeemed during calendar year 2025.** According to the USDA, during FFY 2021 through 2024, the state did not use \$111.6 million (34.6%) of available WIC funding. In addition to expanded food options, LDH should require clinic staff to regularly address low redemption rates through nutrition education related to items not being redeemed.

Our findings and our recommendations are discussed in more detail in the following sections.

During FFYs 2024 through 2025, LDH did not ensure WIC clinics in Louisiana met outreach requirements. According to FFY 2025 outreach reports, 56 (56.0%) of 100 clinics did not conduct at least one outreach activity per month as required by the policy. Outreach is important, as Louisiana ranks 50th in the nation for WIC coverage rate, which is a percentage of the WIC-eligible population being served in the state.

LDH policy requires WIC clinics to perform outreach activities to inform potentially-eligible residents, organizations, and agencies that serve or work with potentially-eligible residents about the benefits and availability of the WIC Program at least once a month to promote participation. According to clinic outreach data, program outreach includes activities such as calling or visiting doctor's offices to discuss WIC services and distributing WIC brochures at community events. Clinics are then required to submit monthly reports on these outreach activities to LDH. WIC outreach is especially important in Louisiana, as the USDA has reported that Louisiana's coverage rate, or the percentage of eligible residents participating in WIC, is consistently lower than the national average. As mentioned previously, according to the most recent report issued by the USDA in December 2025,⁹ Louisiana ranked 50th in the nation during calendar year 2023 for WIC participation.



⁹ [National- and State-Level Estimates of WIC Eligibility and Program Reach in 2023](#), USDA, December 2025

During FFYs 2024 through 2025, LDH did not ensure clinics met WIC outreach requirements. According to outreach report data submitted by clinics to LDH, 56 (56.0%) of Louisiana’s 100 WIC¹⁰ clinics did not report conducting at least one outreach activity per month in FFY 2025 as required by the state’s WIC policy. This is an

increase from 51 (51.0%) clinics that did not report at least one outreach activity for each month in FFY 2024. In addition, in FFY 2025, nine (9.0%) of the 100 clinics submitted six or fewer of the 12 required outreach reports. It is important for LDH to ensure clinics perform required outreach activities to help increase awareness of the program, which may help address Louisiana’s low coverage rates. Increased participation would help ensure more eligible individuals receive nutritional benefits.

Of the 77 WIC participants who indicated in our survey they did not receive WIC benefits during their first pregnancy or for their first child, 37 (48.1%) said it was because they were unaware of the program at the time.

According to LDH, it reviews the clinic outreach reports and issues “findings” to clinics that did not report at least one outreach activity each month. However, LDH only identified four (7.1%) of the 56 clinics we identified as not reaching outreach requirements. According to LDH, it did not identify all instances because it does not currently assess whether all clinics conduct the required outreach. Instead, LDH only reviews a clinic’s outreach activities if the clinic is selected for a full evaluation; however, policy only requires LDH to perform full evaluations of at least 20% of WIC clinics annually. Because of Louisiana’s low coverage rate, LDH should increase its review of clinics to identify more clinics potentially not meeting monthly outreach requirements.

LDH should provide clearer guidance to clinics on what activities should be conducted to satisfy the monthly outreach requirements.

According to LDH’s policy, the goal of outreach is to ensure that potentially-eligible residents, as well as the organizations and agencies that serve this population, are aware of the benefits and availability of the WIC program. We found that 328 (8.7%) of 3,780 outreach activities reported by the state’s WIC clinics during FFY 2024 through FFY 2025 were not consistent with LDH’s outreach goals as described in policy. For example, outreach reports included activities such as answering calls to the clinic, donating unused formula, and sending or correcting prescription formula request forms for infants already participating in the program. The remaining outreach activities appeared to align with LDH’s outreach goals with 935 or 24.7% of 3,780 reported activities involving community events that proactively engaged the public and encouraged participation in the program. Other examples that appear to be acceptable include in-person visits to places such as doctor’s offices and grocery stores to discuss services and/or distribute program brochures or virtual outreach such as making telephone calls to discuss the program or sending brochures and flyers by email, fax, or mail.

¹⁰ While there were only 100 WIC clinics during the scope of the audit (July 1, 2020, through June 30, 2025), the state has gained at least two additional clinics as of April 2026.

Currently, LDH policy states clinics must conduct outreach activities and includes mandatory entities clinics must target through outreach. The policy also suggests nonmandatory entities clinics may target with outreach efforts. However, the policy does not provide guidance on or examples of activities that are acceptable for outreach.

According to LDH, clinics are provided with an outreach toolkit. However, the toolkit simply contains links for flyers that clinics can use for outreach.

LDH's lack of clear guidance may have resulted in outreach activities reported by the clinics that were not consistent with outreach goals. Given Louisiana WIC's consistently low coverage rates, it is important any clinic outreach efforts target potentially eligible residents as stated in policy, rather than those already participating.

According to our survey results, 270 (63.7%) of 424 respondents actively participating in WIC said they were encouraged by family and friends to enroll in WIC, while 181 (42.7%) respondents said medical professionals encouraged them to enroll.

Recommendation 1: LDH should amend its policy to increase its review of WIC clinics to identify more clinics that are potentially not conducting outreach activities at least once a month, as required, so eligible residents are aware of the benefits and availability of the WIC program.

Summary of Management's Response: LDH agreed with this recommendation and stated that its Bureau of Nutrition Services (BONS) will update policy to ensure it conducts a monthly review of all WIC clinics to ensure required outreach is completed and documented. Further, LDH initiated a statewide strategy in December 2025 aimed at increasing WIC participation statewide by 25% by December 2026, with a major component including robust outreach. See Appendix A for LDH's full response.

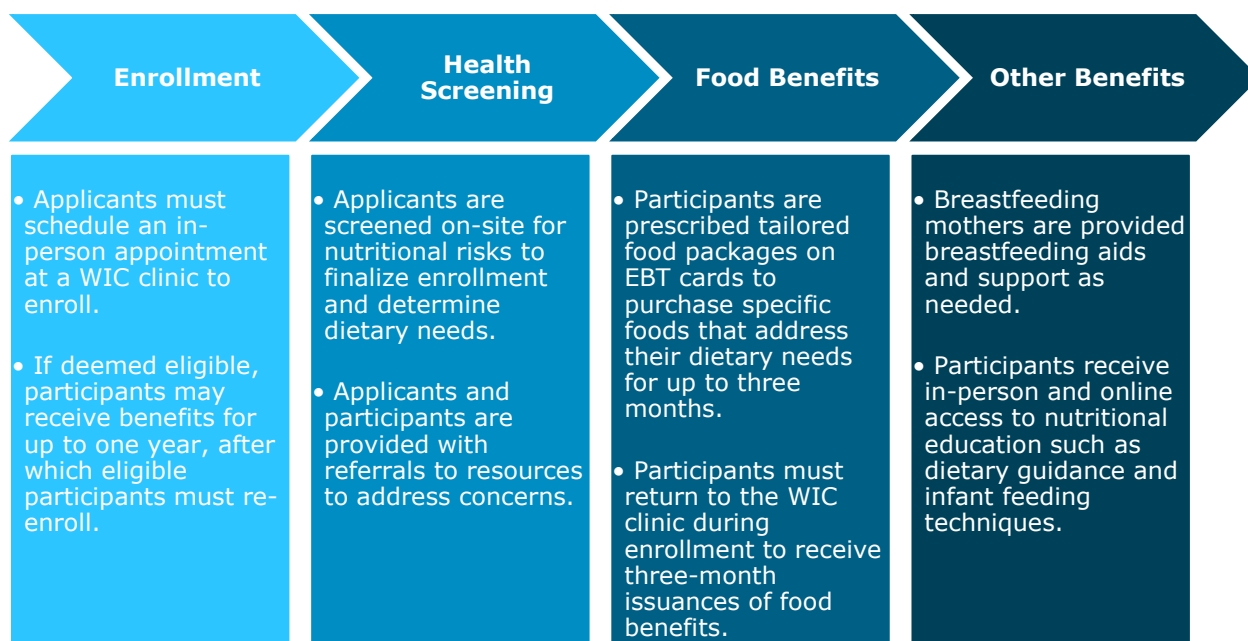
Recommendation 2: LDH should provide examples of appropriate outreach activities to clinics and ensure that clinic outreach activities are appropriate.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will provide additional guidance on outreach by updating its policies and clinic outreach toolkits. See Appendix A for LDH's full response.

LDH could integrate tools to streamline the income verification process in the WIC clinics to prevent delays in enrollment. In addition, LDH requires income verification letters for cash-paid applicants to enroll in WIC, which is more stringent than federal regulations require.

According to the USDA, states should work to streamline enrollment and reduce the burden of applying for WIC so individuals can access program benefits and services in a timely manner.¹¹ To enroll in the program, applicants must attend an in-person appointment at a local WIC clinic to confirm eligibility, undergo health screenings, and receive benefits that are customized to their needs. Exhibit 2 describes the process participants must follow to enroll in WIC and receive benefits in Louisiana.

**Exhibit 2
WIC's Enrollment and Benefits Process**



Source: Prepared by legislative auditor's staff using information from LDH.

Federal regulation¹² requires states to follow certain eligibility determination processes, such as how to verify income and what to do when income verification is not possible. However, LDH lacks certain tools that could streamline processes for determining WIC eligibility, and LDH requires income verification letters for cash-paid applicants to enroll in WIC in Louisiana, which is more stringent than federal regulations require.

¹¹ [Streamlining Certification Documentation Guidance](#), USDA, May 2023

¹² 7 CFR 246.7

Unlike 41 other states, staff in WIC clinics in Louisiana do not have an automated hotline or an interface within the WIC eligibility system to verify whether an applicant is enrolled in SNAP and/or TANF. Applicants who are already enrolled in SNAP and/or TANF automatically meet the income requirements for WIC. According to the USDA, state agencies must first attempt to determine if an applicant is enrolled in these programs before asking for income documentation such as pay stubs, Social Security letters, tax reports, etc. Verifying participation in SNAP and/or TANF would simplify and shorten the enrollment process for applicants and staff.

All participants of SNAP, Medicaid, and TANF are income-eligible for WIC, and the USDA has prioritized expediting their enrollment using information already collected from the applicant.

According to the Center on Budget and Policy Priorities (CBPP),¹³ WIC staff in 35 states, including Arkansas and Mississippi, have access to an automated hotline to verify participation in these programs, and at least 19 states, including Alabama and Florida, utilize a WIC eligibility system interface to verify the same.¹⁴ According to LDH, while Louisiana's WIC clinic staff can check Medicaid enrollment through the Medicaid Verification System, they cannot verify enrollment in SNAP or TANF without documentation¹⁵ of enrollment from the applicant. If individuals cannot provide this documentation, it may present a barrier to enrollment and contribute to Louisiana's low WIC coverage rate. According to LDH, the WIC team is meeting with Medicaid and SNAP administrators and has had discussions on the best way to integrate their eligibility systems.

LDH requires income verification letters for cash-paid applicants to enroll in WIC in Louisiana, which is more stringent than federal regulations require. While federal regulations require proof of income for WIC eligibility, there are exceptions.¹⁶ For example, applicants experiencing homelessness are not required to provide proof of income; instead, they can sign a form provided by the clinic to self-declare their lack of income. While federal regulations say income documentation requirements do not apply to cash-paid applicants, LDH's WIC policy, which is reviewed and approved annually by the USDA, does not allow cash-paid applicants to self-declare their income. Of the 10 clinics we interviewed, staff from all 10 stated a cash-paid applicant must have a letter from their employer to verify their income eligibility. According to LDH, the letter must include the employee's name and gross monthly wages. The letter must be signed and dated within 30 days of the WIC application. Although not required by the USDA, LDH stated it requires the income eligibility letter for cash-paid applicants in order to provide additional details that guide staff in consistent implementation.

¹³ The Center on Budget and Policy Priorities is a research and policy institute that promotes economic justice and broadening opportunity in areas like housing, healthcare, employment, and education.

¹⁴ [WIC State Agencies Continue to Use Federal Flexibility to Streamline Enrollment](#), CBPP, December 2024

¹⁵ Documentation includes a TANF letter or card showing current eligibility dates or a SNAP Notification of Eligibility letter specifying the applicant's name and current SNAP enrollment dates. Electronic verification is acceptable when the applicant's name and current SNAP enrollment dates are listed.

¹⁶ 7 CFR 246.7

LDH policy allows a clinic to issue a 30-day supply of benefits while the applicant works to obtain the required verification letter. However, even with a 30-day provisional supply of benefits, research states administrative burdens like unnecessary verification letters make it challenging for individuals to access and use government benefit programs like WIC.¹⁷ In addition to the typical time and effort it takes to apply for WIC, cash-paid applicants in Louisiana have the added compliance cost of procuring the verification letter from their employer, which may necessitate an additional trip to a WIC clinic.

Recommendation 3: LDH should consider implementing a hotline or online portal to streamline verification of SNAP and TANF enrollment for WIC applicants.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will implement a system and/or process for WIC clinic staff to verify SNAP and TANF enrollment in real time during the WIC certification process. See Appendix A for LDH's full response.

Recommendation 4: LDH should consider eliminating the requirement of income verification letters for cash-paid applicants and allow those applicants to use a self-declaration letter as permitted by the USDA.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will amend policy to allow cash-paid applicants to use a self-declaration letter. See Appendix A for LDH's full response.

LDH could improve participation in the WIC program by ensuring more clinics offer appointments off-site and outside of regular business hours as well as ensuring that parents are aware of exceptions to required in-person clinic visits.

According to the USDA, 77% of families participating nationally in WIC are working families.¹⁸ However, we found that 81 (81.0%) of Louisiana's 100 WIC clinics operate exclusively during the hours of 8 a.m. and 4:30 p.m. As a result, it may be difficult for working parents to attend WIC appointments during these hours, especially if parents must pick up their child(ren) from school or daycare and

¹⁷ [Reducing WIC Administrative Burdens to Promote Health Equity](#), Eunice Agyapong, MD, June 2024

¹⁸ [National and State-Level Estimates of WIC Eligibility and Program Reach in 2023](#), USDA, December 2025

bring them to the appointment. The National WIC Association¹⁹ (NWA) says that physical presence requirements can be a barrier to ongoing participation.

LDH could improve working parents' and caregivers' access to the WIC program by ensuring more clinics offer appointments outside of the typical 8 a.m. to 4:30 p.m. workday.

According to the Food Research and Action Center²⁰ (FRAC), clinic hours should reflect when participants are able to visit, and the U.S. Bureau of Labor Statistics reports the percentage of the population engaged in work and work-related activities is highest from 8 a.m. to 5 p.m.²¹ Only 19 (19.0%) of Louisiana's 100 clinics are open outside of the most common 8 a.m. to 4:30 p.m. clinic hours. According to the CBPP, offering evening or weekend hours makes it easier for families to apply for or continue receiving WIC benefits.²² Only two clinics in Louisiana offer weekend appointments. According to FRAC, inconvenient WIC clinic locations and appointments are barriers that hinder people's access to WIC.²³ Exhibit 3 shows the 19 WIC clinics that are open in Louisiana outside of the hours of 8 a.m. to 4:30 p.m.

In the 2024 WIC Participant Satisfaction Survey administered by LDH, 275 (53.1%) of 518 complaints were regarding appointment availability.

¹⁹ The National WIC Association is a nonprofit that provides education, guidance, and support to WIC staff.

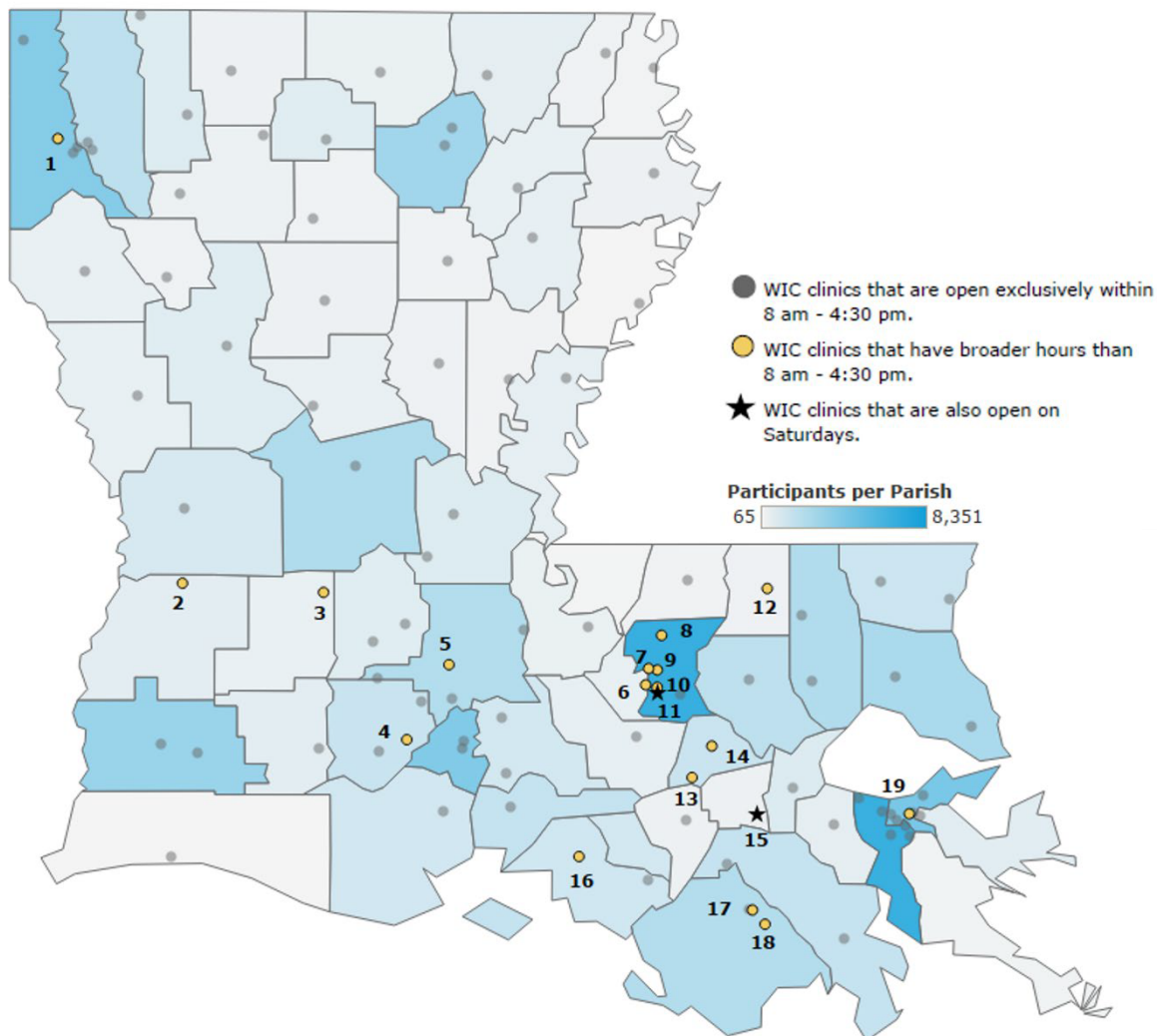
²⁰ The Food Research and Action Center's mission is to improve the nutrition, health, and well-being of people struggling against poverty-related hunger.

²¹ [American Time Use Survey](#), U.S. Bureau of Labor Statistics, 2024

²² [Streamlining and Modernizing WIC Enrollment](#), CBPP, December 2020

²³ [Making WIC Work Better](#), FRAC, May 2019

Exhibit 3 Map of WIC Clinics and Hours of Operation As of April 2026



Source: Prepared by legislative auditor's staff using data provided by LDH.

LDH could improve access to WIC services by incorporating mobile clinics, enabling clinics to host more off-site appointments in the community, and expanding partnerships with home visit programs to enroll families. According to a report published in 2024 by Harvard Medical School, mobile clinics mitigate barriers that may prevent participants from accessing traditional WIC clinics, including limited transportation, geographic isolation, caretaking commitments, and financial constraints, and can help expand public health services to marginalized communities.²⁴ Mobile clinics are specially-equipped vehicles that travel to where people live and work to provide WIC services

²⁴ [Mobile WIC Toolkit](#), Harvard Medical School, October 2024

and appointments. We identified 11²⁵ states, including Florida and Texas, that use alternative ways to provide WIC services in addition to the traditional clinic setting. According to LDH, Louisiana currently has one mobile WIC clinic that solely serves Barksdale Air Force Base. Louisiana could use mobile clinics to expand access to cities with high populations of impoverished residents. To ensure LDH most effectively uses mobile clinics, it could use U.S. Census Bureau location and income data to identify the areas with the most need for a mobile clinic. For example, the towns of Vinton, Raceland, Kaplan, Jeanerette, and Mandeville are among the 100 Louisiana cities with the most people earning at or under 185% of the federal poverty level, and the center of each city is more than 10 miles from the nearest WIC clinic.

According to LDH, although it began encouraging clinics in 2019 to host pop-up events in the community, it is challenging for clinics to provide full services due to the equipment needed to collect health data, such as height and weight measurements, and the technology needed to load WIC benefits onto EBT cards. However, several of the states we identified, including California, Iowa, and Oklahoma, have hosted off-site appointments that resulted in hundreds of new participants. In 2023, the New Orleans Health Department implemented a home visit program that provides infants born at Ochsner Baptist and Touro Infirmary while also residing in Orleans Parish with up to three home visits from a nurse. During a home visit, the nurse can work with the mother and a WIC clinic staff member to enroll the mother and infant in WIC. According to Act 190 from the 2025 Regular Legislative Session,²⁶ Medicaid health coverage plans will be required to cover home visits across the state for maternity services no later than January 1, 2028. According to LDH, it has a reciprocal relationship with the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV)²⁷ where home visit professionals can submit patient information to WIC and prompt a local clinic to call the patient about WIC enrollment. LDH could explore opportunities for MIECHV and other home visit programs to assist with at-home enrollment in the WIC program.

LDH should require clinics to inform parents and caregivers of exceptions to the required in-person clinic visits, which can be a barrier for participating in the program. Federal regulation²⁸ allows WIC to offer

exceptions for the in-person clinic requirement, and the CBPP says using these exceptions can help parents keep their appointments, enroll newborns, and keep children on the program.²⁹ According to LDH, all WIC participants must be physically present for an appointment approximately every six months, and adults must be

As of 2021, Louisiana WIC exempts infants and children from the in-person mid-year required appointment for reasons that include, but are not limited to, an infant/child with a disability, a serious illness, or is receiving on-going healthcare by a physician.

²⁵ California, Delaware, Florida, Illinois, Iowa, Missouri, North Carolina, Oklahoma, Pennsylvania, Texas, and Washington.

²⁶ [Act 190 of the 2025 Regular Legislative Session](#) (R.S. 22:1059.6)

²⁷ The MIECHV program is a federal program that awards grants to state and non-governmental nonprofit agencies to improve the health and well-being of pregnant women and children.

²⁸ 7 CFR 246.7

²⁹ [Assessing Your WIC Certification Practices](#), CBPP, June 2021

physically present every three months to receive WIC benefits. LDH allows physical presence exceptions for infants and children in specific circumstances, but it is unclear if parents are aware of these exceptions, as only 0.7% of WIC family appointments kept during calendar year 2025 utilized an exception. According to staff from five (45.5%) of the 11 clinics we interviewed, their clinic does not proactively inform parents or caregivers about the exceptions. Some of the clinics we interviewed informed parents of the exceptions at enrollment; other clinics do so a year later at reenrollment. According to LDH, it is unsure whether clinics are informing parents of these exceptions.

Recommendation 5: LDH should increase the number of clinics offering off-site appointments, including pop-up and mobile clinics, and explore expanding partnerships with home visit programs to directly enroll families in WIC.

Summary of Management's Response: LDH agreed with this recommendation and stated it is currently expanding the number of clinics offering WIC services off-site through alternate and mobile service strategies. In addition, BONS will work with the Bureau of Family Health for home visit programs to enroll participants in WIC. See Appendix A for LDH's full response.

Recommendation 6: LDH should increase the percentage of clinics offering appointments before 8 a.m., after 4:30 p.m., and on the weekends.

Summary of Management's Response: LDH agreed with this recommendation and stated it is currently expanding the number of clinics offering non-traditional hours, with PHUs offering non-traditional hours for WIC appointments as of May 31, 2026. See Appendix A for LDH's full response.

Recommendation 7: LDH should require that clinics communicate the state's physical participation exceptions for infants and children.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS has provided more information and training to clinics to ensure exception criteria is re-shared across all clinics. BONS is also providing technical assistance to clinics regarding physical presence exceptions. In addition, WIC clinics will begin remotely issuing benefits for redemption by August 2026 provided participants have completed online nutrition education. See Appendix A for LDH's full response.

LDH could improve participation in the WIC program by addressing transportation barriers, ensuring strategic placement of WIC clinics, offering accurate information on available clinics, and ensuring clinics are responsive to phone calls.

According to FRAC³⁰ and the CBPP,³¹ lack of transportation is a barrier to WIC participation. The USDA allows states to use their Nutrition Services and Administration grants to provide transportation assistance, citing that lack of transportation is a serious barrier to rapid program expansion and a primary reason for participants failing to keep WIC appointments.³² In addition, given the prevalence in transportation barriers for WIC participants, it is important that participants have access to accurate clinic information and that clinics are responsive to their calls.

LDH could expand access to WIC services by making transportation available in parts of the state with a high density of eligible residents or those who face a long commute to a WIC clinic. For example, LDH could use an in-house transportation program or programs similar to the Medicaid Non-Emergency Medical Transportation (NEMT) program to assist with WIC appointments. Medicaid's NEMT helps people who are not in urgent situations attend healthcare appointments through vans, rideshare services, and other vehicles. Currently, LDH has a contract for one in-house transportation van that serves WIC participants only in Madison and East Carroll Parishes. LDH says the contract for its in-house transportation is paid for by the state's Nutrition Services and Administration grant, which is allowed by the USDA. However, according to LDH, this grant is not large enough to cover transportation costs for the entire state. Louisiana Medicaid does not currently reimburse NEMT for WIC appointments. However, LDH has the authority to include WIC appointments as covered expenses in its Medicaid contracts with Managed Care Organizations.

LDH could improve participation in WIC by adding clinics in Plaquemines and West Feliciana parishes, the only two parishes without a clinic. According to LDH, these parishes have approximately 734 and 336 potentially eligible WIC participants, respectively, which rank 62nd and 63rd for potential participants as a percentage of total parish population. Plaquemines has not had a WIC clinic since 2020, and West Feliciana has not had one since 2013. Cameron Parish, in comparison, has 74 potential participants, ranks 64th for potential participants, and reopened its WIC clinic in 2022. Research indicates the presence of a WIC clinic in a participant's ZIP code positively affects WIC food

³⁰ [Making WIC Work Better](#), FRAC, May 2019

³¹ [Using Administrative Advocacy to Improve Access to Medicaid, SNAP, TANF, and WIC](#), CBPP, June 2025

³² [Clarification of Allowability of Transportation Costs for WIC Participants](#), USDA, October 1994

benefit receipt, pregnancy weight gain, and average birth weight.³³ In addition, proximity to a WIC clinic can lead to higher enrollment because it can promote awareness of the program's existence. We found each of Louisiana's 50 cities with the most WIC-eligible residents has a clinic within 15 miles.

LDH should ensure that online information for available clinics is accurate. According to the CBPP, making accurate information widely available is an ongoing responsibility of state and local WIC programs.³⁴ Digital tools, such as a state agency's website, make the program easier for eligible families to navigate. These tools are of increasing importance now that most WIC participants have grown up using digital technology.³⁵ During April 2026 we reached out to 100 WIC clinics to collect their current hours of operation. We compared the information collected to the information on LDH's "Find a Clinic" website and found that 27 (27%) of 100 clinics reported operating hours that do not match what was listed on LDH's website. In addition, phone numbers for 12 (12%) of 100 clinics were outdated and no longer in service, which may contribute to common barriers stated by WIC participants in our survey described below.

According to survey results, addressing other barriers, such as clinic responsiveness to phone calls, would make it easier to participate in WIC.

According to the National WIC Association's 2023 survey, the most common method of interacting with WIC staff was by phone (84%).³⁶ According to the 297 participants who responded to our survey question on ways to increase program participation and satisfaction, 55 (18.5%) said it would be easier/more satisfying to participate in WIC if it was easier to reach clinic staff with questions. Of those 55 participants, 22 (40.0%) reported they cannot reliably transport themselves to a WIC clinic and need help from family, friends, public transportation, etc., making telephone access to clinics especially important. During February and March 2026, we made 34 phone calls to clinics for interviews and noted eight (23.5%) of our calls to clinics were not answered, and four (80.0%) of five voicemails were not returned.

According to one mother who responded to the survey, she was unable to receive WIC during her pregnancy because she was unable to get her local clinic to answer or return her calls after she completed her online application.

Recommendation 8: LDH should include WIC appointments as covered expenses in their Medicaid contracts and expand the availability of in-house transportation services for WIC participants.

Summary of Management's Response: LDH partially agreed with this recommendation and stated NEMT is a required benefit for members but only for medically necessary services covered in Medicaid, therefore WIC would not be covered by NEMT. However, LDH is working with Managed Care Organizations to identify opportunities to cover transportation to WIC

³³ [WIC in Your Neighborhood](#), Maya Rossin-Slater, PhD, June 2013

³⁴ [WIC's Critical Benefits Reach Only Half of Those Eligible](#), CBPP, February 2024

³⁵ [Launching New Digital Tools for WIC Participants](#), CBPP, February 2019

³⁶ [2023 Multi-State WIC Participant Satisfaction Survey](#), NWA, February 2024

appointments as a value-added benefit. See Appendix A for LDH's full response.

Recommendation 9: LDH should develop a plan to increase WIC clinic services in Plaquemines and West Feliciana Parishes.

Summary of Management's Response: LDH agreed with this recommendation and stated it is finalizing a Memorandum of Understanding with Plaquemines Parish Health Department effective July 1, 2026, to offer WIC services and informational access within the Parish. In addition, LDH will engage with West Feliciana Parish government by June 30, 2026 to provide WIC services through the health unit or via a community-based mobile site. See Appendix A for LDH's full response.

Recommendation 10: LDH should ensure that clinic information shared through its website, app, and any other digital tool is regularly verified and updated as needed.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will develop a standard operating procedure to verify the accuracy of clinic information on the Louisiana WIC website, app, and any other digital tools used to communicate information to the public at least monthly, with initial comprehensive reviews to be completed by June 30, 2026. See Appendix A for LDH's full response.

Recommendation 11: LDH should include guidelines on answering and returning phone calls in the agency's annual trainings and internal policies.

Summary of Management's Response: LDH agreed with this recommendation and stated it will update its policies and training related to customer service to include answering and timely returning phone calls. BONS will initiate a secret shopper phone call program by July 15, 2026, to complete randomized phone screening to ensure best customer service practices are used when calling WIC clinics. See Appendix A for LDH's full response.

LDH could improve food redemption rates through expanded product options and nutritional education, as 46.8% of the total units included in WIC food packages were not redeemed during calendar year 2025. According to the USDA, during FFY 2021 through 2024, the state did not use \$111.6 million (34.6%) of available WIC funding.

WIC participants are assigned food benefit packages that include items to address their nutritional needs, but participants do not always redeem all items in their packages. Expanding food options and promoting complete redemption of food benefits could help to ensure that the nutritional needs of WIC families are being met and all federal funds used to purchase these items are absorbed by the state's economy.

Redemption rate is the percentage of food units issued to participants' EBT cards that were ultimately redeemed at a vendor.

Allowable Infant Meat and Bread Examples



Source: Pictures taken by auditor's staff.

Participants did not redeem 46.8% of total food units³⁷ included in their food benefit packages in calendar year 2025, and the state returned \$111.6 million (34.6%) in unused food funding to the USDA during FFYs 2021 through 2024. Infant meats, some juices, whole grains, and whole milk yogurt were among the items with the lowest redemption rates in Louisiana during calendar year 2025, while formula, whole milk, and eggs had the highest redemption rates. During FFY 2024, the state returned \$10.6 million (12.9%) of unused food funding, which was the lowest amount and percentage over the period. In comparison, the state returned \$42.8 million (49.5%) of its food grant in FFY 2022. While low WIC participation rates play a role in unused funding, improved redemption rates could increase nutritional benefits for participants and contribute to the state's economy.

Exhibit 4 summarizes redemption rates by category. A 2025 study of WIC redemption rates found participants with rates below 70%, particularly

³⁷ The food unit varies for different items. For example, the food unit for cheese is a pound, while for peanut butter it is a jar.

for high-value items, were more likely to stop participating in the WIC program.³⁸

Exhibit 4
Louisiana WIC Redemption Rates by Category
January 2025 through December 2025

Food Category	Unit Type	Number of Units Issued	Number of Units Redeemed	Percentage of Units Redeemed
Infant Formula	Can, Bottle, or Pack	1,813,564	1,672,400	92.2%
Exempt Formula*	Can or Bottle	586,489	528,616	90.1%
Eggs	Dozen	920,234	696,760	75.7%
Whole Milk	Can, Container, or Gallon	646,583	467,333	72.3%
Juice - 64 oz.	Bottle	1,156,734	796,634	68.9%
WIC Nutritionals**	Bottle, Can, Container, or Pack	286,576	179,558	62.7%
Fruits, Vegetables, and Herbs	Cash Value	29,905,307	18,702,914	62.5%
Infant Fruits and Vegetables	Jar	4,547,044	2,432,930	53.5%
Cheese	Pound	905,299	475,654	52.5%
Juice - 48 oz.	Container	739,437	377,621	51.1%
Infant Cereal	Box	250,671	124,081	49.5%
Yogurt - Low Fat	Quart	674,976	330,200	48.9%
Low Fat Milk	Box, Can, Container, Gallon, or Quart	2,589,660	1,223,326	47.2%
Legumes	Bag, Container, or Jar	1,053,879	496,412	47.1%
Canned Fish	Ounce	1,000,532	452,426	45.2%
Breakfast Cereal	Ounce	31,157,901	13,085,876	42.0%
Whole Grains	Pound	1,322,601	392,666	29.7%
Other WIC Juices	Pack	485	132	27.2%
Infant Meat	Jar	235,135	59,456	25.3%
Yogurt - Whole Milk	Quart	198,461	35,840	18.1%
	Total	79,991,568	42,530,835	53.2%

*Includes specialty formula that must be prescribed by a medical provider for inclusion in a food package

**Includes items such as PediaSure

Source: Prepared by legislative auditor staff using information provided by LDH.

Expanded food options, such as those offered by other states, and further education and promotion of approved WIC foods may improve redemption rates.

Louisiana's food package options have flexibility for participants as allowed by the USDA. For example, Louisiana allows 100% whole wheat bread, 100% corn or whole-wheat tortillas, whole-wheat pasta, or brown rice for grain-based food items. However, Louisiana could provide additional flexibility for items with lower redemption rates. For example, Louisiana WIC participants can only buy half-quart or quart-sized containers of whole milk yogurt, while Arkansas and Alabama allow smaller sizes and multi-packs totaling one quart. LDH staff said the restriction on container size is largely due to previous USDA food rules and because larger

"The yogurt. It's a lot. My child doesn't use a whole quart of yogurt in one month."

Response to LLA Survey question on what items are typically unredeemed and why.

³⁸ [Redemption of Specific Categories of WIC Food Benefits and Risk of Program Discontinuation](#), M Pia Chaparro, PhD, December 2025

containers are more commonly available. However, LDH staff said the office is generally willing to add additional items to the Approved Product List as long as they meet USDA requirements, and that it could expand options for eligible whole milk yogurt items given changes in USDA food rules. LDH staff also said that, in some cases, the low redemption rates may be due to participants hoping to prevent waste and a lack of appealing options in the marketplace overall.

In addition to increasing flexibility, LDH should provide guidance to clinic staff on how to address low redemption rates by providing nutrition education involving items with low redemption rates. WIC requires participants to complete nutrition education courses as part of the program, which is meant to help participants develop healthy habits and nutrition goals. By accessing and analyzing redemption rates, clinic staff may be able to better tailor nutrition education to the participant by providing information to help them better utilize their benefits. For example, if a participant is not redeeming whole-grain items, the clinic could provide recipes or suggestions for preparing whole-grain pasta in their nutrition education. This might be particularly impactful for items such as fruits, vegetables, and herbs, where LDH issues participants a cash value benefit³⁹ they can use on canned, frozen, or fresh items. The cash value benefit was redeemed at a 62.5% rate in calendar year 2025, despite the flexibility offered.

While LDH currently encourages clinics to utilize redemption rate data to tailor nutrition education, it is not required. By using participant-specific data to provide targeted nutrition education on these products, LDH could potentially see higher redemption rates. LDH staff said requiring clinic staff to go over redemption rates with participants could create more of an administrative burden on the staff and could lengthen visits. However, as Louisiana transitions to loading benefits online, which is expected to reduce the length of clinic visits, clinic staff may have more time during visits to dedicate to tailored nutrition education. LDH said it has not provided guidance to clinics on how to analyze the redemption rates or how to use the data as part of nutrition education.

Recommendation 12: LDH should explore ways it can maximize flexibility for food items consistently redeemed at low rates, such as whole milk yogurt.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will expand options like adding new food items when food manufacturers make package size changes and continuing to explore ways to maximize the number and variety of food items available to WIC participants. See Appendix A for LDH's full response.

Recommendation 13: LDH should direct WIC clinics to review participant redemption rates and provide guidance on when and how to effectively use that information in providing education on items not being redeemed.

³⁹ The cash value benefit allows participants to spend a specific dollar amount on certain foods, rather than allotting them a quantity of the product.

Summary of Management's Response: LDH agreed with this recommendation and stated BONS will create and provide training to all WIC clinic staff on viewing food redemption rates and providing education for families on how to best maximize their WIC food packages. See Appendix A for LDH's full response.

APPENDIX A: MANAGEMENT'S RESPONSE

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

VIA E-MAIL ONLY

May 19, 2026

Mr. Michael J. "Mike" Waguespack, CPA
Legislative Auditor
P. O. Box 94397
Baton Rouge, Louisiana 70804-9397

Re: Oversight of Outreach and Participation - Supplemental Nutrition Program for Women, Infants, and Children

Dear Mr. Waguespack:

The Louisiana Department of Health (LDH) acknowledges receipt of correspondence from the Louisiana Legislative Auditor (LLA) dated May 14, 2026, titled Oversight of Outreach and Participation - Supplemental Nutrition Program for Women, Infants, and Children (WIC). LDH appreciates the opportunity to provide this response to your office's findings.

Finding 1: During FFYs 2024 through 2025, LDH did not ensure WIC clinics in Louisiana met outreach requirements. According to FFY 2025 outreach reports, 56 (56.0%) of 100 clinics did not conduct at least one outreach activity per month as required by the policy. Outreach is important as Louisiana ranks 50th in the nation for WIC coverage rate, which is a percentage of the WIC-eligible population being served in the state

Recommendation 1: LDH should amend policy to increase its review of WIC clinics to identify more clinics potentially not conducting outreach activities at least once a month as required so eligible residents are aware of the benefits and availability of the WIC program.

LDH Response: LDH concurs with the recommendation.

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Corrective Action: All clinics, both contracted and state-run parish health units (PHUs), are required to do monthly outreach and document that outreach in a WIC monthly outreach dashboard. The Bureau of Nutrition Services (BONS), the Louisiana WIC State Agency, will update policies to ensure BONS conducts a monthly review of all WIC clinics to ensure required outreach is completed and documented. BONS will report to LDH leadership the compliance of clinics completing minimum outreach monthly.

If the outreach has not been completed, the clinic (PHU or contract) will be marked for non-compliance. Any clinic not completing outreach activities will receive technical assistance and follow up from LDH Office of Public Health (OPH) BONS the following month. Any clinic noted with more than two (2) months of non-compliance will have to complete a corrective action plan.

Further, in December 2025, LDH initiated a statewide strategy aimed at increasing WIC participation statewide by 25% by December 2026. Major components of the statewide plan include robust outreach, implementation of alternate site WIC certifications, and direct outreach to individual Medicaid members who appear to fall into a WIC eligibility category. Outreach strategies increased incrementally through calendar year 2026. Beginning July 1, 2026, parishes with a coverage gap of over 2,000 individuals will be required to conduct 20 hours of monthly outreach events. The requirement increases to 25 hours on October 1, 2026, and 30 hours on January 1, 2027. Additionally, OPH regional medical directors and PHU staff are working directly with Medicaid providers (such as pediatricians and OB/GYNs) in their regions to create more WIC referral pathways.

Recommendation 2: LDH should provide examples of appropriate outreach activities to clinics and ensure that clinic outreach activities are appropriate.

LDH Response: LDH concurs with the recommendation.

Corrective Action: BONS is adding a more comprehensive list of appropriate outreach activities to the *Louisiana WIC Policy, Chapter 6: Outreach*, along with definitions of "alternate site certifications," "outreach," and "education events." BONS is also updating its outreach

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tool kits to clarify new outreach definitions, requirements, and best practices.

Finding 2: LDH could integrate tools to streamline the income verification process in the WIC clinics to prevent delays in enrollment. In addition, LDH requires income verification letters from cash-paid applicants to enroll in WIC, which is more stringent than federal regulations require.

Recommendation 3: LDH should consider implementing a hotline or online portal to streamline verification of SNAP and TANF enrollment for WIC applicants.

LDH Response: LDH concurs with the recommendation.

Corrective Action: Under guidance from LDH OPH and the Office of Economic Independence (OEI), BONS will implement a system and/or process for WIC clinic staff to verify SNAP and TANF enrollment *in real time* during the WIC certification process, similar to how clinic staff are currently able to verify Medicaid enrollment for WIC adjunctive eligibility using the Medicaid Eligibility Verification System (MEVS).

Recommendation 4: LDH should consider eliminating the requirement of income verification letters for cash-paid applicants and allow those applicants to use a self-declaration letter as permitted by the USDA.

LDH Response: LDH concurs with the recommendation.

Corrective Action: BONS will amend *Louisiana WIC Policy, Chapter 9: Determining Eligibility and Certification* to allow cash-paid applicants to use a self-declaration letter.

Finding 3: LDH could improve participation in the WIC program by ensuring more clinics offer appointments off-site and outside of regular business hours as well as ensuring that parents are aware of exceptions to required in-person clinic visits.

Recommendation 5: LDH should increase the number of clinics offering off-site appointments, including pop-up and mobile clinics, and

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explore expanding partnerships with home visit programs to directly enroll families in WIC.

LDH Response: LDH concurs with the recommendation.

Corrective Action: LDH is currently expanding the number of clinics offering WIC services off-site through alternate and mobile service strategies. Parishes with coverage gaps greater than 2,000 individuals are being prioritized for expanded outreach. Additionally, alternate and mobile service strategies will be deployed in six parishes with the largest coverage gaps in the state: East Baton Rouge, Orleans, Lafayette, Caddo, Calcasieu, and Jefferson. At the time of this response, WIC certification services are being offered at four hospitals and pediatric clinics and two Head Start agencies, with plans being made to expand to another 12 hospitals and eight Head Start agencies. BONS has convened a work group to refine current procedures and define best practices for offering WIC services outside of traditional brick and mortar building locations. BONS will also work with the Bureau of Family Health (BFH) for home visiting programs to enroll participants in WIC. Lastly, when reviewing new local agencies and site applications, BONS prioritizes clinic locations in areas where services do not currently exist as well as clinics offering non-traditional hours and service strategies.

Recommendation 6: LDH should increase the percentage of clinics offering appointments before 8 a.m., after 4:30 p.m., and on the weekends.

LDH Response: LDH concurs with the recommendation.

Corrective Action: LDH is currently expanding the number of clinics offering non-traditional hours. Every OPH Region has PHUs offering expanded, non-traditional hours and as of May 31, 2026, all PHUs will offer non-traditional hours for WIC appointments. When reviewing new local agencies and site applications, BONS prioritizes clinic locations in areas where services do not currently exist as well as clinics offering non-traditional hours and service strategies.

Recommendation 7: LDH should require that clinics communicate the state's physical participation exceptions for infants and children.

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LDH Response: LDH concurs with the recommendation.

Corrective Action: BONS has provided more information and training to all WIC clinics to ensure exception criteria is re-shared across all clinics. BONS is also providing technical assistance to WIC clinics regarding the physical presence exceptions for certain appointments and children who meet certain criteria.

Current Louisiana WIC policy allows physical presence requirements for children to be waived if certain criteria are met. A child is not required to be present for follow-up appointments if the child applicant was physically present for initial certification and determined to not have a high nutrition risk factor. For recertification, the caretaker must provide documentation from a provider, Head Start agency, or patient portal of the child's height, weight, and hemoglobin measured within 60 days of the date of the recertification appointment.

Additionally, beginning June 1, 2026, Louisiana WIC converted to online electronic benefit transfer (EBT) technology for EBT benefit issuance. Redemption of online EBT benefits at authorized grocery stores will begin August 1, 2026. With this conversion to online EBT, WIC clinics will be able to remotely issue benefits to participants who complete online nutrition education, reducing barriers for families. Staff were trained on these new capabilities in May and via an available virtual training in the WIC Learning Management System (LMS). This training includes reminders on physical participation exceptions.

Finding 4: LDH could improve participation in the WIC program by addressing transportation barriers, ensuring strategic placement of WIC clinics, offering accurate information on available clinics, and ensuring clinics are responsive to phone calls.

Recommendation 8: LDH should include WIC appointments as covered expenses in their Medicaid contracts and expand the availability of in-house transportation services for WIC participants.

LDH Response: LDH partially concurs with the recommendation.

Corrective Action: Non-emergent Medicaid transportation (NEMT) is a required benefit for members but only for medically necessary

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services covered in Medicaid, therefore WIC would not be covered by NEMT. However, LDH is working with the MCOs to identify opportunities to cover transportation to WIC appointments as a value-added benefit. Currently, one MCO offers up to 15 round-trip rides (or 30 one-way rides) up to 30 miles to several appointment types, one of which is a WIC appointment.

Recommendation 9: LDH should develop a plan to increase WIC clinic services in Plaquemines and West Feliciana Parishes.

LDH Response: LDH concurs with the recommendation.

Corrective Action: OPH is finalizing a Memorandum of Understanding with Plaquemines Parish Health Department effective July 1, 2026, to offer WIC services and informational access within the Parish. OPH, through BONS and the OPH regional medical director, will engage with West Feliciana Parish government by June 30, 2026, to provide WIC services through the health unit or via community-based mobile site WIC services to ensure access.

Recommendation 10: LDH should ensure that clinic information shared through their website, app, and any other digital tool is regularly verified and updated as needed.

LDH Response: LDH concurs with the recommendation.

Corrective Action: BONS will develop a standard operating procedure to verify the accuracy of clinic information on the Louisiana WIC website, app, and any other digital tools used to communicate information to the public at least monthly, with initial comprehensive reviews to be completed by June 30, 2026. LDH's PHU network, which provides WIC services, will complete a comprehensive review of all PHU services offering webpages to ensure accuracy by June 30, 2026, and monthly thereafter.

Recommendation 11: LDH should include guidelines on answering and returning phone calls in the agency's annual trainings and internal policies.

LDH Response: LDH concurs with the recommendation.

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Corrective Action: LDH will update its internal policies and training related to customer service to include answering and timely returning phone calls. BONS will initiate a secret shopper phone call program with associated standard operating procedure by July 15, 2026, to complete randomized phone screening to ensure best customer service practices are used when calling WIC clinics. All WIC clinics will be directed to review in-person and phone customer service best practices with clinic staff by July 1, 2026.

Finding 5: LDH could improve food redemption rates through expanded product options and nutritional education, as 46.8% of the total units included in WIC food packages were not redeemed during calendar year 2025. According to the USDA, during FFY 2021 through 2024, the state did not use \$111.6 million (34.6%) of available WIC funding.

Recommendation 12: LDH should explore ways it can maximize flexibility for food items consistently redeemed at low rates, such as whole milk yogurt.

LDH Response: LDH concurs with the recommendation.

Corrective Action: BONS has greater flexibility to prescribe certain foods and tailor food packages due to recent updates to the WIC Final Food Rule. Implementation of the Final Food Rule was fully completed in April 2026, expanding food categories and package sizes and leading to an increase in the number of eligible food items available to families through their WIC benefits. BONS will expand options like adding new food items when food manufacturers make package size changes, as well as continuing to explore ways to maximize the number and variety of food items available to WIC participants.

Recommendation 13: LDH should direct WIC clinics to review participant redemption rates and provide guidance on when and how to effectively use that information in providing education on items not being redeemed.

LDH Response: LDH concurs with the recommendation.


Corrective Action: BONS will create and provide training to all WIC clinic staff on viewing food redemption rates and education for families on how to best maximize their WIC food packages. This information

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will become part of the standard practice for educating participants on how to use their WIC benefits during appointments, as well as annual training to WIC clinic staff.

You may contact Jennifer Niklas, WIC Director at (225) 342-7988 or via e-mail at jennifer.niklas@la.gov with any questions about this matter.

Sincerely,

Signed by:


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Bruce D. Greenstein
Secretary
Louisiana Department of Health

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Louisiana Department of Health's (LDH) - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit covered July 1, 2020, through December 31, 2025. Our audit objective was:

To evaluate LDH's oversight of outreach and participation in Louisiana's WIC program.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

We obtained an understanding of internal control that is significant to the audit objective and assessed the design and implementation of such internal control to the extent necessary to address our audit objective. We also obtained an understanding of legal provisions that are significant within the context of the audit objective, and we assessed the risk that illegal acts, including fraud, and violations of applicable contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

To answer our objective, we performed the following audit steps:

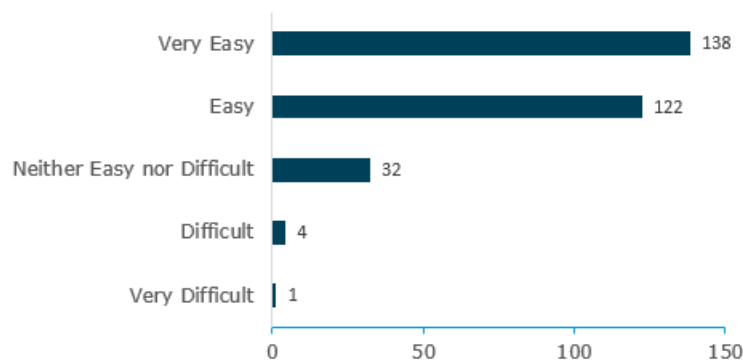
- Reviewed applicable state and federal laws and regulations.
- Reviewed state WIC policies.
- Obtained and analyzed Clinic reports detailing program outreach activities conducted during October 1, 2023, through September 30, 2025.
- Researched best practices related to program outreach, participation, and nutrition.
- Interviewed clinic staff from 14 WIC clinics.

- Obtained and analyzed data related to clinic hours and locations and compared to corresponding calendar year 2024 data from the U.S. Bureau of Labor Statistics.
- Surveyed WIC participants via LDH's MyWIC app. LDH posted this survey at our request on March 16, 2026, and we collected responses through March 31, 2026.
 - The MyWic app is offered to all WIC participants, which as of September 2025 included 65,575 families. However, a response rate is not available because not all families are required to use the app and we do not know the total number of families that received the survey.
 - 424 participants responded to this survey. However, there are several instances where some participants did not respond to a given question. As a result, response counts included in the report may vary.
- Obtained and analyzed Louisiana WIC data related to food packages and the redemption of food benefits during calendar year 2025
- Obtained and analyzed current and historic lists of active Louisiana WIC vendors from calendar year 2018 through calendar year 2025
- Analyzed the potential market value of Louisiana's WIC food packages.
 - Estimates were based on the listed price of approved WIC products at a Walmart Supercenter in Baton Rouge as of April 2026.
- Reviewed and analyzed USDA's funding reports from fiscal year 2021 through fiscal year 2024 to determine the amount of funding Louisiana's WIC program returned to the federal government for the same period.
- Provided LDH with our results and met to obtain feedback, which we incorporated throughout the report.

APPENDIX C: MARCH 2026 SURVEY OF WIC PARTICIPANTS

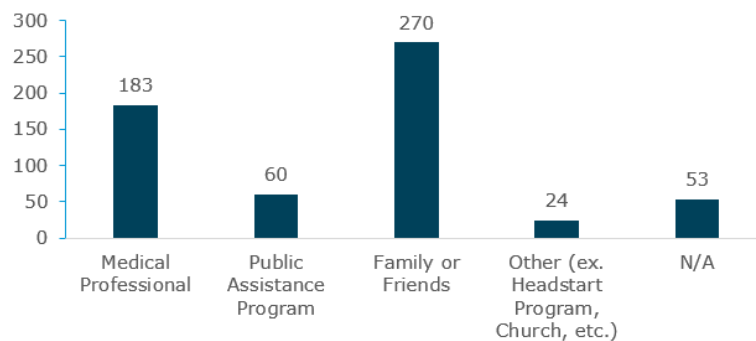
The following provides additional results of our survey administered to WIC participants through the MyWIC app. While a total of 424 WIC participants responded to our survey, some participants did not respond to every survey item. As a result, response counts may vary by survey item. In addition, some questions included checklists that allowed participants to make multiple selections. As a result, some selection counts may exceed the number of total survey participants.

How Participants Described the WIC Enrollment Process



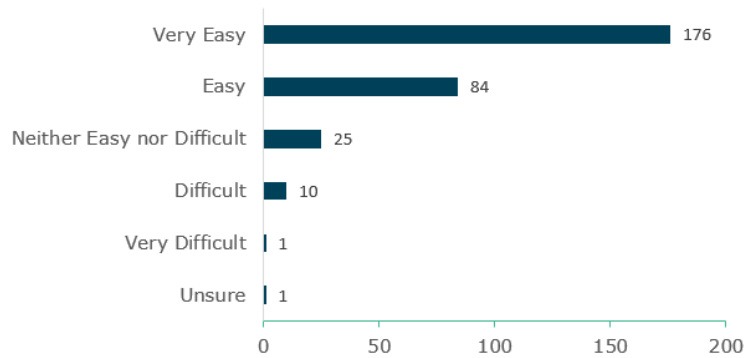
Source: 2026 Survey of WIC Participants

How Participants Reported Being Encouraged to Enroll in WIC



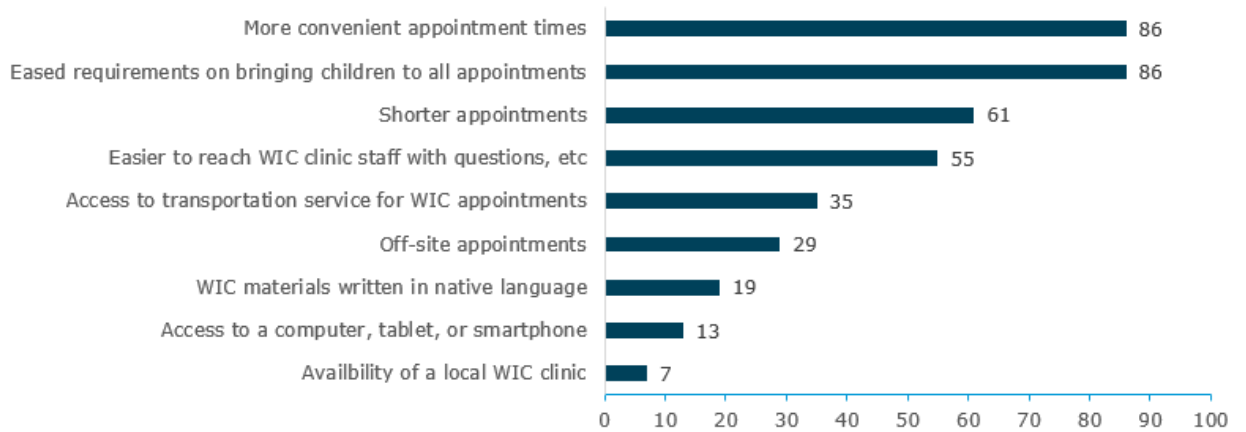
Source: 2026 Survey of WIC Participants

How Participants Described Use of MyWIC App



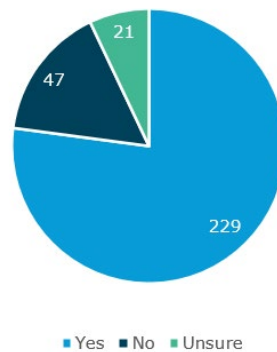
Source: 2026 Survey of WIC Participants

Ways to Make Participating in WIC Easier or More Satisfying



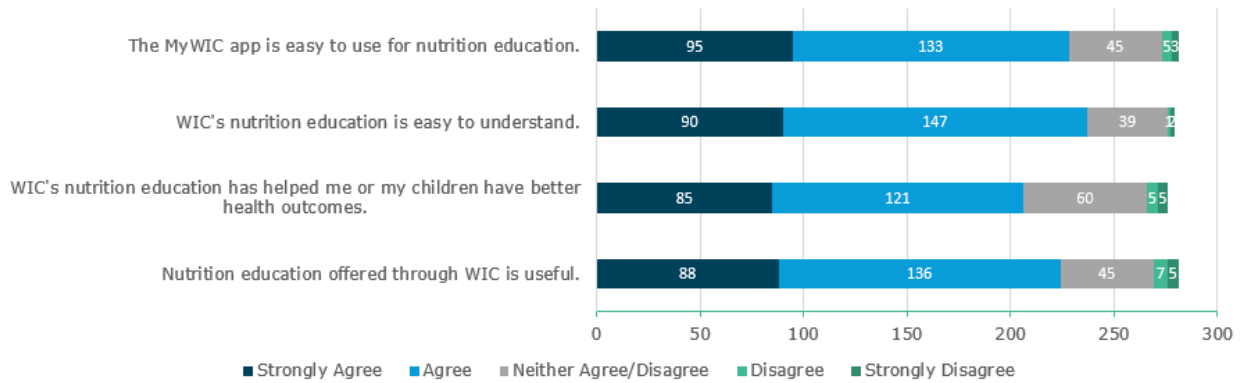
Source: 2026 Survey of WIC Participants

"Are you aware that WIC nutrition education can be completed online through the MyWIC app?"



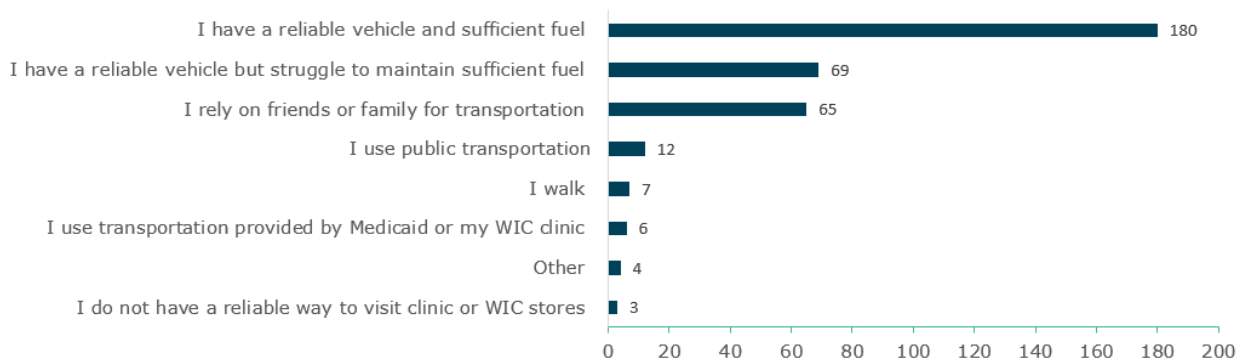
Source: 2026 Survey of WIC Participants

Louisiana WIC Participants' Attitudes Toward Nutrition Education



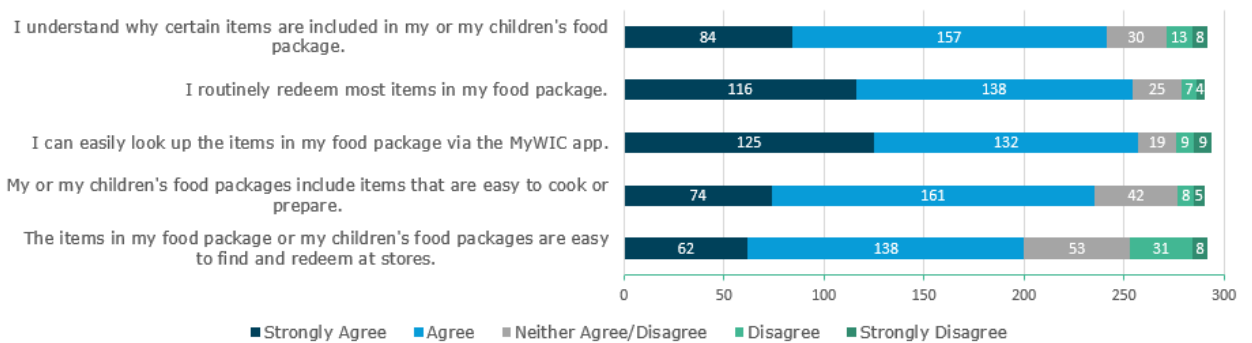
Source: 2026 Survey of WIC Participants

How Participants Visit Clinics and Vendors



Source: 2026 Survey of WIC Participants

Louisiana WIC Participants' Attitudes Toward Food Packages



Source: 2026 Survey of WIC Participants