WIC: Ensuring a Healthy Start for All Kids and Families

Robert Wood Johnson Foundation

Overview

Across the United States, millions of families regularly struggle to put food on the table.[1] This challenge is especially concerning for young children because lack of adequate nutrition can have a lasting impact on their health and impair their physical, cognitive, and emotional development.[2]

During the coronavirus pandemic, both hunger and food insecurity, which occurs when a household has limited or uncertain access to adequate food, increased dramatically, with rates remaining highest among families of color. The pandemic and related economic downturn also exacerbated unemployment and poverty, both of which are main drivers of hunger in the United States.[3]

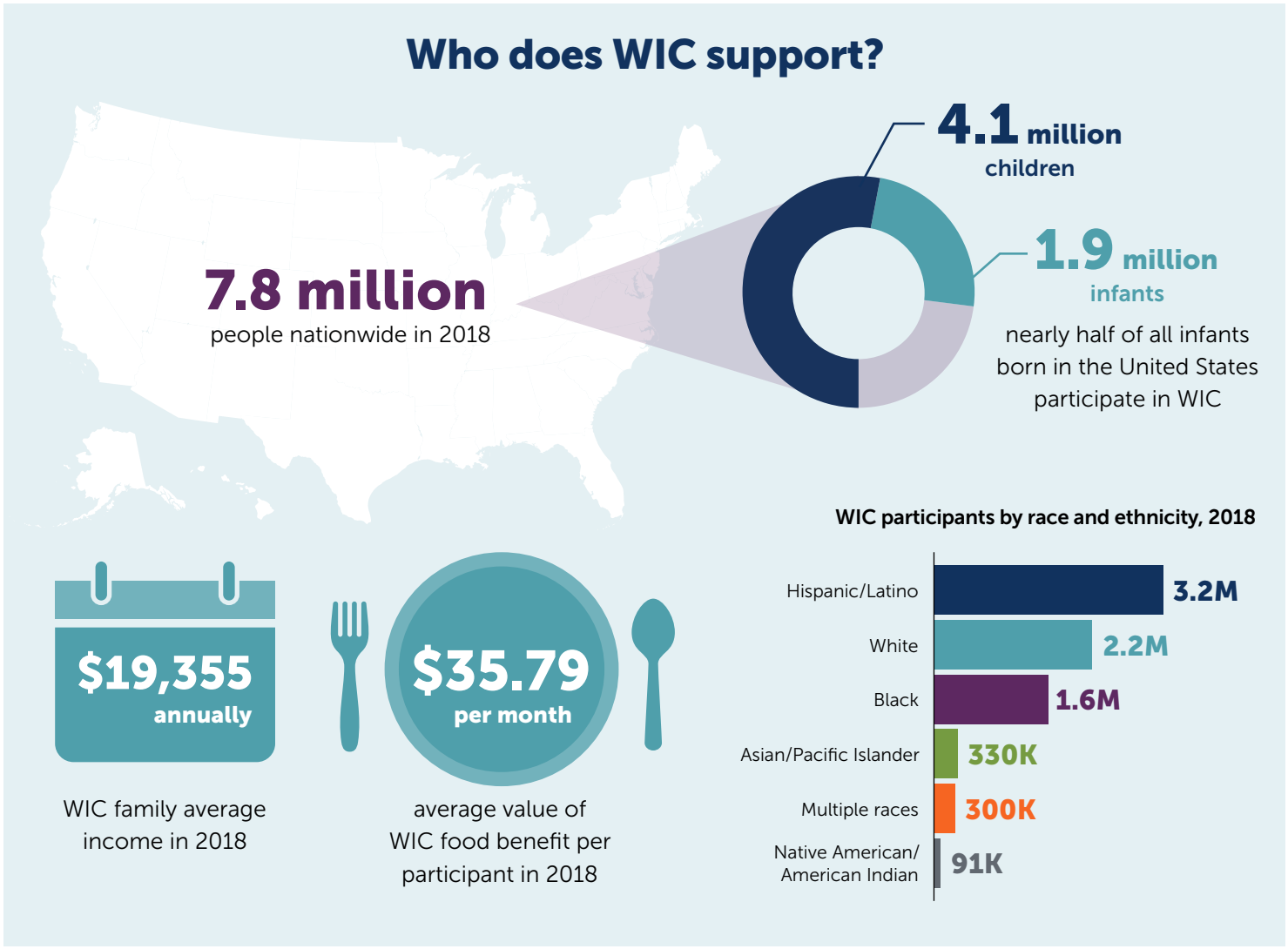
For decades, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has provided food and critical resources to millions of families in need. During the pandemic and throughout recovery, WIC has been and will continue to be an essential tool for ensuring children across the country have enough nutritious food and the opportunity for a healthy start in life.

This brief provides important background on the WIC program: its purpose, who it serves, and how it works. It also offers recommendations for policymakers on how to strengthen the program, including prioritizing specific changes to WIC in response to the pandemic and related economic crisis.

WIC Basics

WIC is one of the nation's largest federal nutrition programs, serving millions of people each month, including nearly half of all infants born in the United States. The targeted, time-limited services offered through WIC are designed to influence lifelong nutrition and healthy behaviors. And a strong body of evidence demonstrates that WIC works to improve birth outcomes, increase access to regular health care, improve diet quality, and support a child's healthy development.[4]

WIC supports expectant and new mothers, babies and children up to the age of 5 who have specific nutrition risks, such as anemia, poor diet, or other medical or dietary-based health conditions,[5] and who are from families with low incomes. The program helps participants purchase healthy food, generally at retail grocery stores with an electronic benefit transfer (EBT) or e-WIC card.[6] It also provides nutrition services, health screenings, breastfeeding support, and referrals for health care and social services.



Recommendations

The Robert Wood Johnson Foundation recommends these evidence-based actions to strengthen and modernize the WIC program. The Foundation believes such actions will help to ensure better support for young children, who are at risk of hunger and malnutrition, and will help families recover from the impacts of the COVID-19 pandemic.

- Congress should increase WIC funding to extend eligibility to postpartum mothers through the first two years after the birth of a baby; to children through age 6 to align with participation in school meal programs so there is no gap in supports. It should also enable infants and children to participate for two years before having to reapply. Currently an eligible individual can receive benefits for six months to one year before they need to reapply.

- The U.S. Department of Agriculture (USDA) and Congress should ensure that the current waivers that enable families to access WIC services during the pandemic remain in place for as long as needed. These include allowing certification via phone or drive-thru clinics, extending certification periods so children and families receive benefits for longer periods of time, expanding the allowable food items for WIC shoppers, and continuing telehealth models.

- The USDA and Congress should ensure states and WIC offices have the technical support they need to continue to serve families. This could include continued support for nutrition education and breastfeeding support that are a standard part of WIC and are often being offered remotely.

- The USDA should ensure that all women who qualify for WIC based on income and nutritional risk are able to participate, regardless of citizenship and immigration status.

Policymakers should work to advance racial equity in WIC participation, including:

  - Making approved foods within the WIC packages more culturally relevant.
  - Providing targeted support based on health disparities.
  - Establishing a process for equitable beneficiary participation in program design, implementation, and evaluation.
  - Providing breastfeeding support that is inclusive and relevant for people of color who participate in WIC.
  - Ensuring WIC outreach materials are available in multiple languages.
  - Recruiting service providers who speak participants' native languages.
  - Increasing accountability, cultural humility, and cultural sensitivity of frontline staff to promote racial equity.
  - Strengthening the collection and disaggregation of WIC participation data.

- Congress should continue to support and fund efforts to streamline and modernize WIC services through technology, including advancing the Congressional mandate for all states to implement WIC Electronic Benefit Transfer (EBT) and expanding online purchasing options for the food package.

- As the USDA updates the WIC food package (required by Congress to do so every 10 years), the USDA should ensure that the process is grounded in the latest, most sound nutritional science such as the updated Dietary Guidelines for Americans.

- The USDA should increase the Cash Value Benefit that allows for the purchase of fruits and vegetables. The WIC program currently provides a monthly cash value benefit of $9 for children ages 5 and under and $11 for women to redeem for fruits and vegetables.

About WIC

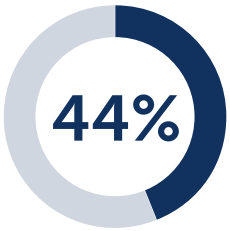
WIC is administered at the federal level by the Food and Nutrition Service of the USDA. Unlike other federal nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP) and school meals, which automatically expand with need, Congress appropriates a specific amount of funding each year for WIC that is managed by 90 state agencies through county health departments, hospitals, schools, and Indian Health Service facilities.[7]

WIC was most recently reauthorized in 2010 as a part of the Healthy, Hunger-Free Kids Act and it has the strongest nutrition requirements of any federal nutrition program.[8] The legislation requires a scientific review of the WIC food package at least every decade.[9] With the pending reauthorization of the Child Nutrition Act, Congress has the opportunity to strengthen and modernize WIC and build on critical gains ushered in by the Healthy, Hunger-Free Kids Act of 2010.

Nearly half of all infants born in the U.S. participate in WIC

Eligibility & Participation

WIC serves pregnant, postpartum, and breastfeeding women, infants, and children up to age five. To be eligible, a family's income must be at or below 185 percent of the poverty level or they must be enrolled in SNAP, Temporary Assistance for Needy Families (TANF), or Medicaid.[10] Additionally, applicants must have specific nutrition risks as determined by a health professional, such as anemia, being underweight, or having a history of pregnancy complications or poor birth outcomes.[11]



WIC serves only 44% of eligible children ages 1 to 5

Families use WIC benefits to purchase nutritious food, generally from retail grocery stores with an EBT, or e-WIC, card.[12] In 2018, the average value of the WIC food benefit was $35.79 monthly per participant, with an even lower value of $31.78 per month for children.[13] The program also provides referrals to health care and other social supports. Because of these referrals, WIC helps address systemic national health concerns like childhood obesity, diabetes, infant and maternal mortality, substance abuse, and lead exposure.[14,15]

$31.78

average monthly value of WIC food benefit for kids

The most recent estimates show that WIC served more than 6 million people each month in 2019 and 2020. Just over half of those participating were children between ages 1 and 5, and nearly half of all infants born in the United States participate in WIC.[16,17] WIC participation drops steadily as children get older. Even though the number of people eligible is roughly the same, coverage rates drop from 98 percent for infants to 27 percent for 4 year olds.[18] Research shows that women who do not breastfeed and women who do not redeem their WIC food benefits are less likely to recertify their children.

In 2018, the average annual income of a WIC family was $19,355 and 77 percent received Medicaid.[19] Among WIC participants, 3.2 million were Hispanic/Latino, 2.2 million were white, 1.6 million were Black, 330,000 were Asian/Pacific Islander, 300,000 were of multiple races, and 91,000 were Native American/American Indian.[20]

WIC During the COVID-19 Pandemic

Emergency relief bills approved by Congress, including the American Rescue Plan Act, which was signed into law in March 2021, provide funds to address the significant increase in hunger and food insecurity caused by the pandemic. The laws allocated nearly $1 billion to WIC to boost access to nutritious foods among women and children who are furthest from economic opportunity.

Federal Relief Laws

- **March 2020**
  Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security (CARES) Act
  - $500 million increase for WIC.
  - New flexibilities, including allowing mothers to enroll virtually.[21]
- **December 2020**
  Consolidated Appropriations Act
  - Creates a task force to provide guidance about making WIC purchases available online.
  - Guidance required by September 2021.[22]
- **March 2021**
  American Rescue Plan Act
  - $490 million increase gives states the option to temporarily boost (until September 30, 2021) the monthly fruit and vegetable benefit up to $35 per child and $35 per adult per month. Under normal circumstances the benefit is $11 per adult and $9 per child per month.
  - Allocates additional $390 million until September 30, 2024, to modernize WIC and boost promotion of the program.

WIC has been providing much-needed food and support to families who have been hit hard by the pandemic and economic crisis. Participation in the program has increased during the pandemic, though specific estimates are not yet available.[23] Throughout the crisis, WIC has innovated on how it delivers services to meet children's and families' needs while keeping them safe.

Supporting Virtual Access

WIC staff have worked to transform what was primarily an in-person service delivery model to a largely remote operation. Flexibilities included in federal relief laws allowed certification to happen via phone or drive-thru clinics. This change was especially important for newly eligible families, as many parents who lost jobs during the pandemic were being certified for the first time. Certification periods were extended so children and families could receive benefits for longer periods of time with fewer trips to a WIC office. In addition, most WIC offices have moved toward loading program benefits on EBT cards over the past several years. This transition proved especially important during the pandemic, so cards could be replenished remotely without requiring in-person office visits.[24]

Addressing Food Shortages

Changes were also made for retailers. Grocery and convenience stores that participate in WIC must meet minimum stocking requirements for foods and drinks included in the WIC packages. During the pandemic, as retailers struggled to stock their shelves, some substitutions were allowed so that families could continue to access food during supply chain disruptions.[25] Some vendors also placed limits on WIC-approved purchases by non-WIC customers and set special shopping hours (e.g., early morning, immediately following restocking) for women who are pregnant or postpartum and mothers with young children.

Telehealth Technology

WIC offices also began using telehealth technology on a much more widespread basis during 2020. For example, the nutrition education and breastfeeding supports that are a standard part of WIC were largely done via video calls or other remote options. But because all families do not have access to the necessary technology resources and internet connections, it is important that WIC has the funding to both train staff in telehealth delivery and help participants overcome technology barriers.[26]

WIC Food Packages

WIC has nutritional standards to ensure that food and drinks purchased with program benefits are healthy. Different food packages are provided for different types of families to meet their specific nutritional needs. For example, pregnant women get different food than toddlers and young children.

In general, the packages include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans and peas, and canned fish. Soy-based beverages, tofu, fruits and vegetables, baby foods, whole wheat bread, other whole-grain options, and expanded cultural options were recently added to better meet the nutritional needs of children and mothers who participate in WIC.[27] WIC also promotes breastfeeding as the optimal food source for infants and provides iron-rich formula for children who are not fully breastfed.

Updates to the WIC food package resulted in families buying more fruits and vegetables, fewer calories sodium, fat and sugar

The USDA updated the WIC food package in 2009 with the goal of improving children's health and nutrition. The updated packages include more fruits, vegetables, whole grains, and lower-fat milk. One study found that families with low incomes with preschool-age children significantly decreased their purchases of high-fat milk, sugary drinks, grain-based desserts, and refined grains following these updates. As a result, these families purchased more fruits and vegetables and fewer calories, sodium, fat, and sugar. The study concluded that the updated WIC food package may encourage participating families to make healthier choices.[28] Other research links the updated packages with improved pregnancy outcomes, including reduced risk of gestational diabetes among women of color.[29] As described further below, other research from the Centers for Disease Control and Prevention (CDC) has cited these changes as one factor that possibly contributed to declining childhood obesity rates among children participating in WIC.[30]

Inequities and Barriers to Participation

Many families who are eligible for WIC do not participate, partially because of structural barriers including language and cultural barriers, recertification requirements, a lack of culturally competent care, remote physical locations to obtain services, and anti-immigrant rhetoric and policies.

Updates to the WIC food package resulted in increased demand for healthy foods, more customers and bigger profits for WIC retailers

In 2018, WIC served about 57 percent of people who were eligible for benefits—approximately 98 percent of eligible infants, 69 percent of eligible women, and only 44 percent of eligible children ages 1 to 5.

Research documents specific inequities, including language and cultural barriers that can prevent families from participating. For example, 1 in 5 families in the United States with children under age 6 speak a language other than English.[31] When outreach, services, and materials are not offered in a language families understand, it can prevent them from navigating the enrollment process, benefiting from nutrition services, and redeeming WIC food package benefits in the store.

The recertification process also poses challenges for both families and WIC agencies. Certification appointments require all WIC recipients, including infants and young children, to be physically present in the WIC office; participants to reproduce documentation to reestablish eligibility; and several health screenings for children, including a blood draw. Participants must reapply every six to twelve months and family members may have different certification deadlines that require separate in-person appointments.

Under federal law, states can allow local WIC agencies to implement a one-year certification period for some participants, including breastfeeding women, infants, and children. And while every state has opted to implement a one-year certification period for infants, some have not elected the option for young children.[32,33] WIC agencies also report concerns about duplicative paperwork and logistical challenges for the recertification appointments.[34]

Additionally, persistent disparities and historical anti-Black and anti-Indigenous practices by health care providers have created a significant distrust in the health care system among many Black and Indigenous parents. Anti-immigrant rhetoric and policies have also impacted WIC participation among Hispanic and Latino families, participation rates among Hispanic families have decreased by 9 percent in recent years.[35] Given that all children born in the United States are citizens at birth, Congress has consistently affirmed that WIC should serve all families, regardless of citizenship and immigration status.[36]

Addressing these inequities and removing barriers that prevent eligible families from participating is critical, as WIC serves children and women who are at risk of poor health outcomes.

Evidence and Analysis

A growing body of evidence shows WIC provides essential supports that produce lasting benefits for children, families, the economy, and the health care system. Experts have also identified critical opportunities for modernizing and strengthening the program to address the barriers and inequities that prevent eligible families from participating.

Encourages healthier choices and improves nutrition

WIC participation is associated with a healthier diet for both children and parents. Children who have participated in WIC for their first 24 months of life score higher on the Healthy Eating Index, a measure of diet quality used to assess how well a set of foods aligns with key recommendations of the Dietary Guidelines for Americans.[37]

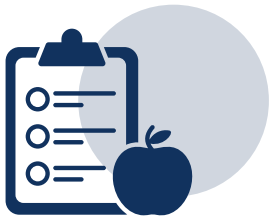
This improved nutrition begins very young, with WIC infants now outpacing non-WIC infants in healthy iron intake, which is essential for neurological development.[38] Among preschoolers, WIC participation is linked with reduced intake of fat and added sugars.[39] And overall, children who participate consume more fruits, vegetables, and whole grains, which leads to healthier purchasing habits by the family.[40]

Improves pregnancy outcomes and the health of newborns

Maternal nutrition before and during early pregnancy can significantly impact fetal development and a child's long-term health.[41] Individualized nutrition counseling, which participants can access via WIC, is a critical strategy for strengthening nutrition outcomes during pregnancy, lessening preconception barriers to healthy pregnancies, and increasing good nutrition as participants plan for later pregnancies.[42] Among pregnant people, WIC participation has a significant effect on the success of pregnancy, especially for high-risk pregnancies,[43] and it markedly reduces the risk of preterm birth and low birthweight.[44] Participation is also linked with a 33 percent reduction in the risk of infant death within one year of birth.[45]

The American Academy of Pediatrics recommends exclusive breastfeeding for approximately six months prior to the introduction of solid foods,[46] and research shows that babies who start eating solid food too early may be more likely to be overweight or have obesity later in life.[47] WIC nutrition counselors promote exclusive breastfeeding for infants and among WIC participants, breastfeeding initiation rates have increased from 42 percent in 1998 to 72 percent in 2018.[48] Over the past two decades, WIC has more than doubled the rate of women who are breastfeeding at 12 months.[49] Peer counselors and other WIC support have proven effective at addressing racial disparities in breastfeeding rates, especially among Black women.[50] Further, due to WIC nutrition education, there has been a significant decline—from 62 percent to 20 percent—among participating families who introduce solid foods earlier than 6 months of age.[51]

Kids who participate in WIC



Eat more fruits, vegetables and whole grains

Are more likely to have well-child visits and access to dental care

Do better on reading assessments

Addressing Maternal Mortality

Among developed countries, the United States has the highest rate of maternal mortality, reporting 17.4 deaths per 100,000 pregnancies in 2018. Between 1990 and 2015, the U.S. maternal mortality rate increased by 56 percent.[52]

There are significant racial and ethnic disparities. Between 2011 and 2016, Black women were three times as likely and Indigenous women at least twice as likely as white women to die during childbirth or from pregnancy-related complications.[53] While WIC participation alone will not reverse these trends, better maternal nutrition could help address some of the risk factors for poor pregnancy outcomes.[54,55]

Reduces childhood obesity

Children from families with low incomes are more likely to have obesity compared with their higher-income peers (although the relationship is not consistent across race and ethnicity groups).[56] However, the most recent CDC analysis of children ages 2 to 4 who participate in WIC finds a decline in the national rate of obesity, from 15.9 percent in 2010 to 14.4 percent in 2018.[57,58]

The decline was statistically significant among all racial and ethnic groups studied: American Indian and Alaska Native, Asian/Pacific Islander, Black, Hispanic, and white.[59] However, disparities persist, with rates higher among American Indian and Alaska Native and Hispanic children, and lower among Asian/Pacific Islander, Black, and white children.

In addition to the national decline among children ages 2 to 4 who participate in WIC, the obesity rate among this group dropped between 2010 and 2018 in 31 states or territories, and only increased in seven.

Obesity rate among 2- to 4-year-olds enrolled in WIC

2010

2018

31 states or territories saw a decline in obesity rate among 2- to 4-year-olds enrolled in WIC from 2010 to 2018

Improves children's health outcomes and school readiness

The health care needs of children participating in WIC are better met when compared with children from families with low incomes who do not participate.[60] WIC participation is associated with a higher likelihood of families showing up at well-child visits,[61] higher rates of childhood immunization,[62] and higher rates of accessing dental care.[63] Participating children are also more likely to receive preventive medical care than their peers.[64]

Early WIC participation can also help children succeed in school. Children whose parents participated in WIC while pregnant scored higher on assessments of mental development at age 2 than their peers whose parents did not participate, and they later performed better on reading assessments while in school.[65]

Reduces food insecurity and positively impacts the economy

WIC participation reduces the prevalence of child food insecurity by at least 20 percent.[66] This is especially important for families served by WIC, as very young children living in families experiencing food insecurity are more likely to have low academic scores and to exhibit problem behaviors when they enter kindergarten.[67]

$4.8B

in WIC food benefits to 48,000+ grocery stores

WIC has a direct economic benefit, channeling $4.8 billion in food benefits to more than 48,000 authorized retail grocery vendors in communities nationwide. Roughly 25 percent of all WIC retail dollars are spent at small and medium stores.[68] In 2015, farmers received an estimated $1.3 billion for the sale of commodities used in producing WIC retail food sales.[69]

$1.3B

in WIC retail food sales for farmers

WIC also helps reduce health care costs by providing preventive services during critical periods of growth and development for its participants. It reduces the number of preterm-births and low birthweight babies[70] and improves birth outcomes for high-risk parents.[71] Preterm births cost the United States more than $26 billion a year, as it costs more than $49,000 on average to provide medical care during the first year for a premature/low-birth weight baby. That compares to an average of $4,500 a year for a child born without complications.[72]

Improves the food environments in communities with low incomes

WIC increases the availability of healthy foods in retail grocery stores, especially smaller retailers.[73] Changes to the WIC food packages had a significant impact on the food choices available in many communities. Participating stores must meet minimum stocking requirements and the current food package requires all WIC-authorized grocery stores to have at least two varieties of fruits, two varieties of vegetables, and at least one whole grain cereal in inventory.[74]

One study found that changes to the packages made in 2009 spurred convenience stores and bodegas in two North Philadelphia neighborhoods with low incomes to begin carrying fruits, vegetables, whole grain products, and other healthy foods. Additionally, the study,

which assessed 115 stores in two mostly Latino and Black neighborhoods, found that the changes in the federal program might have had a positive impact on all neighborhood food stores, including those that did not participate in WIC.[75]

Similar improvements were found in studies in Baltimore, Md., Colorado, Connecticut, Illinois, New Hampshire, New Orleans, La., Pennsylvania, Texas, and Wisconsin.[76,77] Nationally, WIC retailers report increased demand for and sales of healthy foods included in the new WIC food packages. Many retailers conclude the introduction of the new food package brought in additional customers, improved their stores, and increased their profits.[78]

Modernizing and strengthening the program

Before the outbreak of COVID-19, WIC reached only about half of the parents and young children who qualified,[79] due in part to significant inequities and barriers to enrollment. Further, WIC had not adopted modern outreach tactics common to other programs, such as online applications and video appointments, or conducted robust outreach to families who mistakenly believe they do not qualify or believe that participating would negatively impact their immigration status.

Research documents specific strategies for improving access among applicants from all backgrounds. For example, multicultural and multilingual outreach can increase participation in underserved diverse communities. This could include hiring staff and developing outreach materials that reflect the culture, ethnicity, and language of each community; collaborating with trusted organizations and coalitions; and working with a diverse range of media outlets.[80]

Additionally, recruiting and training Black and Indigenous WIC providers will likely help address distrust in the health care system and increase participation among women from these racial and ethnic groups. Anti-racism and implicit bias trainings for all providers will likely help improve the experience of families from these racial and ethnic groups with WIC and lead to higher participation rates as well.[81] Further, funding regulatory flexibilities could support Indian Tribal Organizations and tribal administration of WIC services.

Lastly, many experts agree the allowance for fruits and vegetables—$9 monthly for children and $11 monthly for women—is too low.[82] The National Academies of Sciences recommends substantially increasing the fruit and vegetable benefit to help more participants meet the daily recommendation for these foods.[83] The American Rescue Plan makes funding available and gives states the option to increase the benefit up to $35 per month for four months.[84] The temporary measure creates an opportunity to assess the impact of a permanent increase.

Conclusion

The COVID-19 pandemic has underscored existing inequities in our public health system and the need for federal support to provide families with healthy meals and nutrition resources. When the pandemic finally ends, we must continue to expand support for WIC. That includes increasing racial equity in WIC participation and making critical updates that will allow the program to build on its track record of success.

WIC is one of our country's most vital programs and it will be even more critical throughout recovery and until the economy stabilizes. There are many more parents, children, and families who need WIC. We must ensure the program has adequate support to continue innovating and reaching all the families who need it.

Additional Resources

The State of WIC: Healthier Pregnancies, Babies, and Young Children During COVID-19

Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use

How WIC Has Changed During the COVID-19 Pandemic

Strengthening WIC's Impact During and After the COVID-19 Pandemic

WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades

Enhancing the WIC Food Package: Impacts and Recommendations to Advance Nutrition Security

About the Robert Wood Johnson Foundation

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