

Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal nutrition program that provides low-income nutritionally at-risk pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education, breastfeeding support, and referrals to health care.

WIC is an important resource during COVID-19. WIC improves participants' health, dietary intake, and birth and health outcomes. WIC also supports learning and development, reduces food insecurity, and helps to alleviate poverty. In addition, WIC supports economic stability and improves the availability of healthy foods in low-income communities through participating stores.

This brief details the change in WIC participation and food costs during the first full year of COVID-19 (March 2020 through February 2021).

QUICK FACTS

During the first year of COVID-19,

- WIC served an average of **6.3 million participants** each month;
- there has been a **2.1 percent increase** in WIC participation;
- redemption of WIC foods infused **\$2.8 billion** into local economies; and
- WIC participation **increased in 26 states** and the District of Columbia, and **decreased in 24 states**.

Key Findings and Recommendations

During the first year of COVID-19, WIC waivers have made the program and its services more accessible. Families have been able to enroll and receive services over the phone or via telehealth. As a result, WIC has had modest gains in participation from the outset of COVID-19. Comparing February 2020 (the baseline pre-COVID-19 month) to February 2021 (the latest available month of data), WIC participation increased from 6.1 million to 6.2 million participants, an increase of 2.1 percent. The change in WIC participation varies widely between regions and states. WIC participation increased in 26 states and the District of Columbia, but decreased in 24 states (February 2020 compared to February 2021).

Waivers have allowed WIC to issue benefits remotely and to offer flexibilities in the WIC shopping experience, which have enabled families to use their WIC benefits more fully amidst food supply chain issues and social distancing requirements. Waivers have helped facilitate benefit redemption but have not been able to offset all the challenges posed by COVID-19. For example, WIC food costs, the amount of WIC food redeemed at the store, have decreased 3.4 percent from February 2020 to February 2021.

WIC waivers during COVID-19 have helped increase participation and ease benefit redemption. It is important to make these flexibilities permanent because they help modernize and streamline the WIC program and enhance the WIC experience. Parents across the country are universally positive about the waivers allowing them to receive benefits remotely and

Benefits of WIC



Improves Dietary Intake and Health



Supports Learning and Development



Reduces Food Insecurity



Helps alleviate poverty



Improves the availability of healthy foods

complete enrollment and appointments from a convenient location over the phone.

Moving forward, WIC should be allowed to offer a full range of service options, including remote services. Ensuring this is a success will require investments to coordinate health and participation data between the health care sector and WIC. Investments are needed, particularly between Medicaid and WIC, and with other program operators, including Head Start, child care subsidy programs, and the Supplemental Nutrition Assistance Program (SNAP). Infrastructure, technical assistance, and management information systems need to be updated to do this.

WIC also needs to establish a WIC community partners outreach program, patterned after the successful SNAP outreach program, which would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach. Effective outreach by community partners could broaden the reach of WIC and help overcome barriers to participation, including widespread misconceptions about eligibility, concerns expressed by immigrant families, and limited access to information about WIC benefits, including how to apply.

Participation

WIC participation is a measure of the total number of women, infants, and children enrolled in WIC in a given month. Before COVID-19, WIC participation had been decreasing nationally, but recent data show that WIC

participation increased overall during the pandemic (Figure 1). In March 2020, WIC pivoted to remote services and began an increase in participation. Growth continued until October, and then began a slight decline, which was consistent with seasonal trends and other factors.

From February 2020 to February 2021, WIC participation increased from 6.1 million to 6.2 million participants, an increase of over 126,000 participants or 2.1 percent. When comparing average monthly participation during the first year of COVID-19 (March 2020 through February 2021) to the same months of the previous year (March 2019 through February 2020), participation essentially flatlined with a slight increase of 0.5 percent. This measure of participation is a modest indicator of the increase in WIC participation because it does not account for the historic decline in participation before COVID-19.

It is important to highlight that even though WIC participation has increased, there likely has been an even greater increase in the number of income-eligible families since COVID-19 began, resulting in lower WIC coverage rates. WIC coverage rates, i.e., the proportion of individuals eligible for WIC who are participating, was already low before COVID-19. In 2018, **56.9 percent of eligible individuals participated in WIC**, and just 44.2 percent of eligible children participated. It is also worth noting that WIC did not grow at the same rate as SNAP, which also helps families with low incomes. From February 2020 to February 2021, SNAP grew by 14.0 percent (5.2 million people) to help meet the increased need brought on by the pandemic.

FIGURE 1. Number of Total WIC Participants, by Month, First Year of COVID-19 (March 2020–February 2021) Compared to the Previous Year

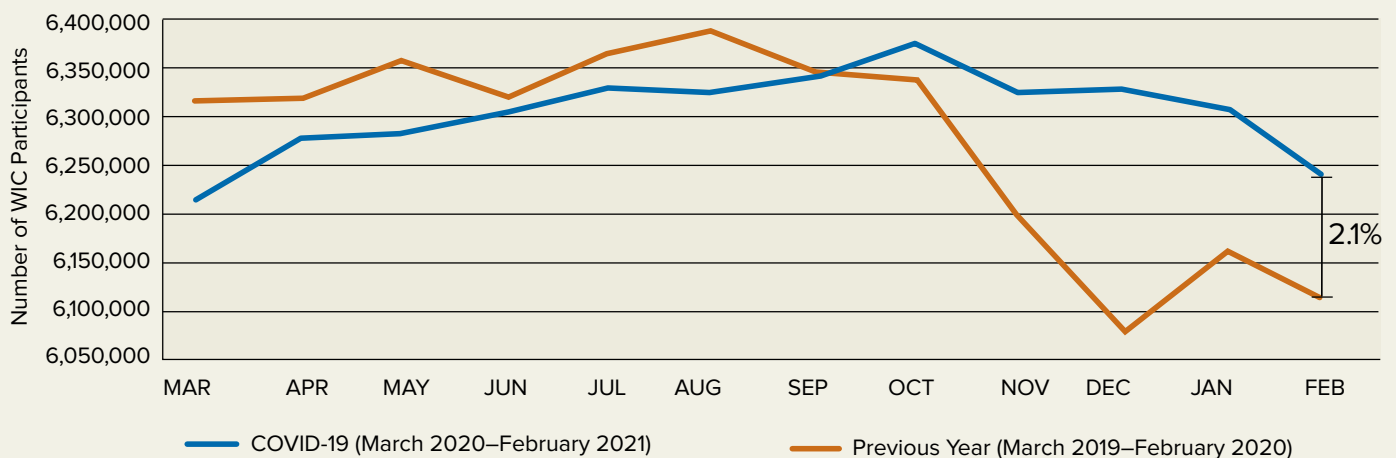


TABLE 1. National Number of WIC Participants in February 2021 Compared to February 2020, by Participant Type

	February 2020	February 2021	Number Change	Percentage Change
Women	1,454,594	1,374,192	-80,402	-5.5%
Infants	1,545,533	1,462,730	-82,803	-5.4%
Children	3,109,319	3,398,641	289,322	9.3%
TOTAL WIC	6,109,446	6,235,563	126,117	2.1%

Participation by Participant Type

The change in participation from February 2020 to February 2021 varied by participant type. Children made up more than half of all WIC participants and there was a 9.3 percent increase in participation for children. However, there was a 5.5 percent decrease for women and 5.4 percent decrease for infants (Table 1). Therefore, the overall increase in WIC participation is exclusively due to an increase in the number of children enrolled in the program.

Several factors contributed to the decline in participation by mothers and infants, including a drop in birth rates during COVID-19. There were 3.6 million births in the United States in 2020, a 3.8 percent drop from 2019, according to the Centers for Disease Control and Prevention. At the same time, the pandemic significantly increased unemployment, resulting in many newly eligible families to enroll in WIC.

Participation by Geography

Change in participation also varies widely between the seven U.S. Department of Agriculture Food and Nutrition Service (USDA-FNS) regions and between states; some have experienced increases while others have seen drops in participation.

Regional Participation Changes

Regionally, the change in WIC participation from February 2020 to February 2021 ranged from a decrease of 4.5

percent in the Mountain Plains Region to an increase of 12.3 percent in the Western Region (Table 2).

State Participation Changes

The change in total participation from February 2020 to February 2021 ranged from an increase of 20.0 percent in North Carolina to a decrease of 21.4 percent in Arkansas. Fully, 24 states experienced a decrease in total WIC participation. Some states had modest growth, with seven states experiencing percentage increases less than or equal to the national average increase (2.1 percent). Twenty states had increases greater than the national average, including nine states that had double-digit growth. Figure 2 categorizes states based on their percentage change in WIC participation and Appendix A lists participation changes for each state.

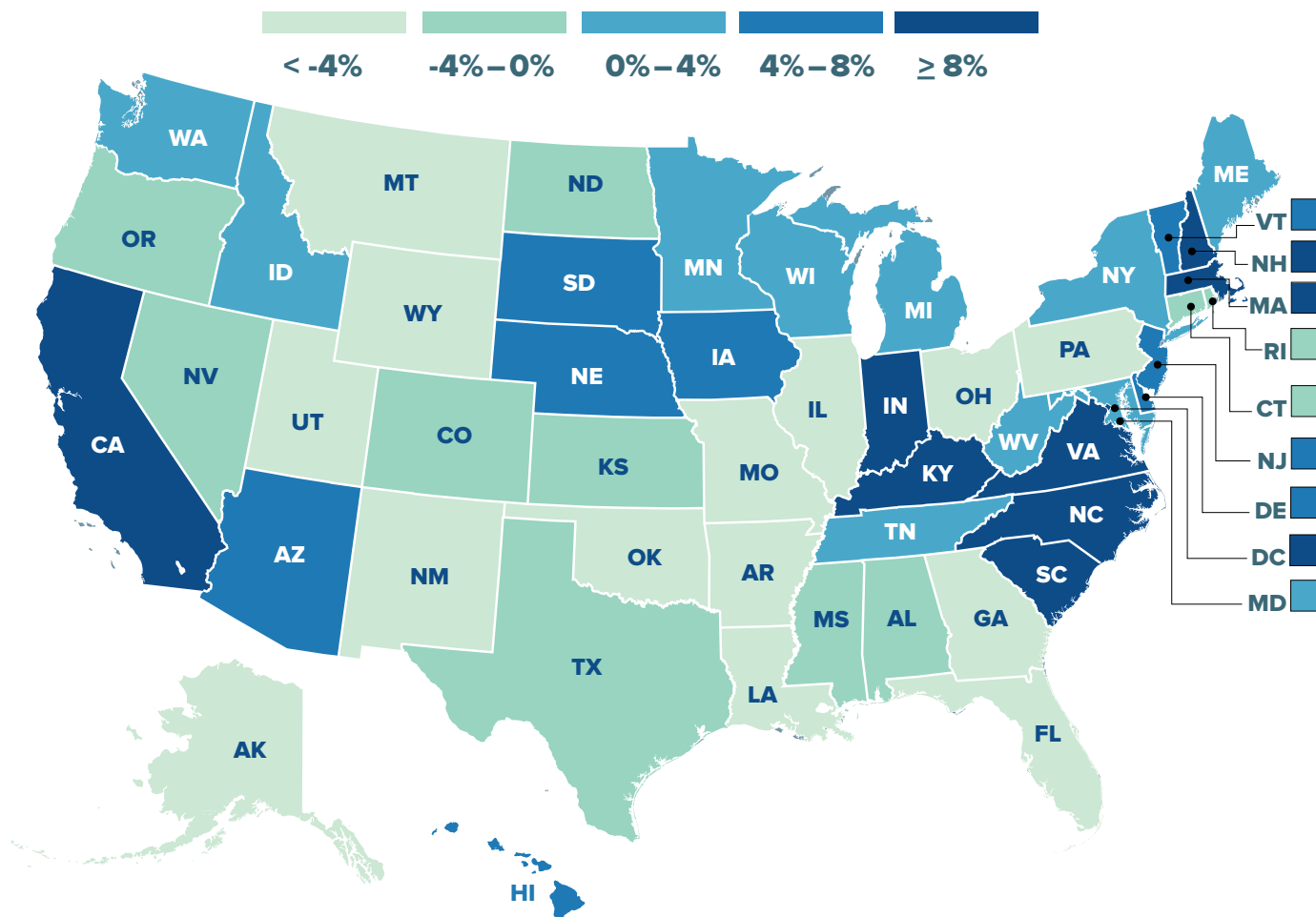
The top five states with the highest increases in participation are North Carolina (20.0 percent), California (17.6 percent), Kentucky (17.0 percent), New Hampshire (16.6 percent), and the District of Columbia (16.5 percent). The five states with the most severe declines in participation are Arkansas (-21.4 percent), Missouri (-12.6 percent), Utah (-11.2 percent), Ohio (-10.0 percent), and Illinois (-9.4 percent).

State-by-state changes in average monthly participation during the first year of COVID-19 (March 2020 through February 2021) compared to the same months of the previous year (March 2019 through February 2020) follow a similar pattern in the change in total participation from February 2020 to February 2021 (Appendix B).

TABLE 2. Percentage Change in WIC Participation During the First Year of COVID-19 (February 2021 Compared to February 2020), by USDA Region

USDA-FNS REGION	February 2020	February 2021	Number Change	Percentage Change
Mid-Atlantic	712,787	720,264	7,477	1.0%
Midwest	937,646	932,730	-4,916	-0.5%
Mountain Plains	308,283	294,336	-13,947	-4.5%
Northeast	565,307	579,633	14,326	2.5%
Southeast	1,288,273	1,316,406	28,133	2.2%
Southwest	1,146,485	1,099,727	-46,758	-4.1%
Western	1,150,665	1,292,467	141,802	12.3%
Total WIC	6,109,446	6,235,563	126,117	2.1%

FIGURE 2. Percentage Change in WIC Participation, February 2021 Compared to February 2020, by State



State and Local WIC Agency Factors in Varying Participation Trends

WIC Outreach: States have varying levels of WIC outreach, promotion, and coordination with other sectors. State and local WIC outreach and referral partnerships and coordination with the health care sector, social service providers, advocates, emergency food providers, and community partners are necessary to increase WIC participation and address health inequities.

WIC Benefit Delivery Systems: The majority of states use Electronic Benefit Transfer (EBT) cards (a card that looks

like a debit card) to deliver benefits with a few still issuing paper vouchers. Remote benefit delivery was not possible for states using the less common offline EBT systems that require benefits downloaded to EBT cards in person rather than through the cloud. All nine states (Arkansas, Louisiana, Missouri, New Mexico, Ohio, Pennsylvania, Texas, Utah, and Wyoming) with an [offline EBT system](#) experienced a decrease in WIC participation during COVID-19. States made an effort to accommodate this system limitation by setting up drive-through downloads and other options; however, offline EBT still poses a greater barrier to receiving benefits than online EBT or even paper vouchers received through the mail.

Staff Capacity: Entering COVID-19, states had varying levels of capacity to manage the increased number of families eligible for services. Some state and local agencies may be understaffed and overburdened by increased caseloads, unable to meet demand. Some public health departments redirected WIC staff time to COVID-19 contact tracing and other tasks.

Government Rules: Local and state government rules on procurement, technology, and staffing may have impacted the ability of WIC staff to quickly get the equipment and support necessary to pivot to remote service delivery (cell phones, laptops, IT support, etc).

Regardless of the reason, more needs to be done to increase WIC participation and meet the increased demand prompted by COVID-19, throughout the economic recovery and in the future.

Benefit Redemption Food Costs

The amount of money provided to local grocery stores and farmers' markets when WIC participants redeem their WIC food package benefits is called food costs. Despite an increase in total WIC participation and [food prices](#) during COVID-19, total WIC food costs decreased 3.4 percent from February 2020 (\$253 million) to February 2021 (\$244 million). This finding is a result of decreased benefit redemption in some areas due to supply chain disruption and social distancing requirements but also may be partially explained by the decrease in the number of women and infants participating in WIC during COVID-19. The WIC food package for children has a lower monetary value than the average food package for infants and many women; therefore, increases in the proportion of children participating can decrease the overall average food cost per participant.

Waivers help facilitate WIC benefit redemption, but they need to be strengthened and promoted to WIC participants to offset the challenges posed by the pandemic. Barriers to redeeming WIC food benefits during COVID-19 include

- disruptions in the food supply chain;
- fear of contracting COVID-19 at the grocery store, coupled with the lack of online purchasing options for WIC foods; and
- lack of awareness of approved WIC food and shopping flexibilities.

WIC waivers related to the WIC shopping experience need to be continued to ensure families can fully use their WIC benefits. The previously listed barriers highlight the need for access to online shopping options and an outreach component of WIC to help people sign up for the program and inform families of shopping flexibilities.

Significance

WIC is an important resource for families with young children during COVID-19. Waivers have allowed WIC staff to serve eligible and participating families over the phone and issue benefits remotely. The increased flexibility has contributed to the 2.1 percent national increase in WIC participation from 6.1 million participants in February 2020 to 6.2 million women, infants, and young children in February 2021. WIC participation increased in 26 states and the District of Columbia, but unfortunately decreased in 24 states (February 2020 compared to February 2021).

Despite overall modest growth and the success of some expansion efforts, WIC is still reaching too few eligible people. More must be done to increase access to WIC. As discussed earlier, it is important to act on lessons learned during COVID-19 about the value of service and benefits flexibilities, and what is still needed to facilitate access to WIC. A full range of crucial improvements are needed to strengthen and expand access to the WIC program:

- make permanent the flexibilities enacted during COVID-19 that allow for remote enrollment, services, and benefits issuance, and that allow for facilitation of online ordering;
- establish a WIC community partners outreach program, patterned on the successful SNAP outreach program, which would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach;
- coordinate health and participation data between the health care sector and WIC, particularly between Medicaid and WIC, and with other program operators including Head Start, child care subsidy programs, and SNAP; and
- increase funding for infrastructure, technical assistance, and management information systems to ensure remote service offerings are successful.

APPENDIX A. Total WIC Participation, February 2020 and February 2021, by State

State	February 2020	February 2021	Number Change	Percentage Change
Alabama	111,756	111,554	-202	-0.2%
Alaska	15,693	14,550	-1,143	-7.3%
Arizona	123,804	131,560	7,756	6.3%
Arkansas	62,468	49,123	-13,345	-21.4%
California	808,898	951,659	142,761	17.6%
Colorado	79,367	78,443	-924	-1.2%
Connecticut	43,781	43,385	-396	-0.9%
Delaware	16,365	17,255	890	5.4%
District of Columbia	12,355	14,388	2,033	16.5%
Florida	413,243	390,383	-22,860	-5.5%
Georgia	197,930	183,463	-14,467	-7.3%
Hawaii	24,924	25,919	995	4.0%
Idaho	29,935	30,418	483	1.6%
Illinois	171,076	155,078	-15,998	-9.4%
Indiana	137,528	154,111	16,583	12.1%
Iowa	56,845	59,351	2,506	4.4%
Kansas	46,082	44,509	-1,573	-3.4%
Kentucky	91,447	106,996	15,549	17.0%
Louisiana	96,684	88,346	-8,338	-8.6%
Maine	16,417	16,982	565	3.4%
Maryland	118,850	119,322	472	0.4%
Massachusetts	100,766	112,784	12,018	11.9%
Michigan	203,402	210,911	7,509	3.7%
Minnesota	98,788	100,128	1,340	1.4%
Mississippi	76,681	73,671	-3,010	-3.9%
Missouri	100,775	88,115	-12,660	-12.6%
Montana	15,037	14,298	-739	-4.9%
Nebraska	32,673	34,706	2,033	6.2%
Nevada	57,737	55,852	-1,885	-3.3%
New Hampshire	11,980	13,970	1,990	16.6%
New Jersey	132,393	140,987	8,594	6.5%
New Mexico	38,013	34,711	-3,302	-8.7%
New York	361,106	361,077	-29	0.0%
North Carolina	210,580	252,787	42,207	20.0%
North Dakota	10,071	9,958	-113	-1.1%
Ohio	184,435	166,002	-18,433	-10.0%
Oklahoma	64,924	60,114	-4,810	-7.4%
Oregon	77,530	76,211	-1,319	-1.7%
Pennsylvania	190,476	173,871	-16,605	-8.7%
Rhode Island	17,401	16,830	-571	-3.3%
South Carolina	74,698	85,404	10,706	14.3%
South Dakota	13,852	14,577	725	5.2%
Tennessee	110,784	110,851	67	0.1%
Texas	677,718	659,725	-17,993	-2.7%
Utah	41,160	36,530	-4,630	-11.2%
Vermont	10,783	11,638	855	7.9%
Virginia	108,735	122,239	13,504	12.4%
Washington	120,858	124,845	3,987	3.3%
West Virginia	33,158	33,205	47	0.1%
Wisconsin	85,572	87,149	1,577	1.8%
Wyoming	7,321	6,948	-373	-5.1%
TOTAL WIC	6,109,446	6,235,563	126,117	2.1%

APPENDIX B. Total WIC Participation, First Full Year of COVID-19 (Average of March 2020 Through February 2021) Compared to the Previous Year (Average of March 2019 Through February 2020, by State

State	March 2019 through February 2020 Average	March 2020 through February 2021 Average	Number Change	Percentage Change
Alabama	114,245	116,654	2,409	2.1
Alaska	15,671	14,868	-803	-5.1
Arizona	126,048	130,864	4,817	3.8
Arkansas	64,540	53,671	-10,868	-16.8
California	881,164	929,810	48,646	5.5
Colorado	80,707	79,128	-1,579	-2.0
Connecticut	44,676	43,508	-1,168	-2.6
Delaware	16,226	16,850	624	3.8
District of Columbia	12,012	14,252	2,240	18.6
Florida	421,487	413,678	-7,809	-1.9
Georgia	201,868	183,594	-18,274	-9.1
Hawaii	25,363	26,116	753	3.0
Idaho	30,341	30,852	511	1.7
Illinois	178,175	155,696	-22,479	-12.6
Indiana	138,381	152,338	13,957	10.1
Iowa	57,476	59,992	2,516	4.4
Kansas	47,550	45,818	-1,732	-3.6
Kentucky	93,112	105,486	12,374	13.3
Louisiana	98,883	91,253	-7,630	-7.7
Maine	16,924	16,527	-398	-2.3
Maryland	121,426	122,972	1,546	1.3
Massachusetts	102,389	110,358	7,969	7.8
Michigan	205,202	217,162	11,960	5.8
Minnesota	99,569	101,519	1,950	2.0
Mississippi	77,732	76,278	-1,454	-1.9
Missouri	104,293	94,223	-10,070	-9.7
Montana	15,381	14,683	-697	-4.5
Nebraska	33,360	34,215	855	2.6
Nevada	58,126	57,355	-771	-1.3
New Hampshire	12,030	13,558	1,528	12.7
New Jersey	134,386	134,724	339	0.3
New Mexico	37,446	36,745	-701	-1.9
New York	368,948	363,712	-5,236	-1.4
North Carolina	209,191	249,666	40,475	19.3
North Dakota	10,395	10,012	-383	-3.7
Ohio	189,947	175,082	-14,865	-7.8
Oklahoma	65,810	64,886	-924	-1.4
Oregon	79,383	77,872	-1,511	-1.9
Pennsylvania	196,794	179,264	-17,530	-8.9
Rhode Island	17,774	16,463	-1,311	-7.4
South Carolina	80,478	84,760	4,283	5.3
South Dakota	14,459	14,259	-200	-1.4
Tennessee	109,230	111,907	2,677	2.5
Texas	680,010	672,592	-7,418	-1.1
Utah	42,256	39,182	-3,074	-7.3
Vermont	11,148	11,495	347	3.1
Virginia	109,268	119,666	10,398	9.5
Washington	125,658	125,372	-287	-0.2
West Virginia	33,011	34,077	1,066	3.2
Wisconsin	86,842	88,637	1,795	2.1
Wyoming	7,404	7,122	-281	-3.8
TOTAL WIC	6,274,393	6,303,555	29,161	0.5