



WIC During COVID-19

Participation and Benefit Redemption Since the Onset of the Pandemic

WIC During COVID-19

Participation and Benefit Redemption Since the Onset of the Pandemic

OCTOBER 2022

Acknowledgments

The Food Research & Action Center (FRAC) gratefully acknowledges major dedicated support of its work to strengthen and expand the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) from the following:

- ▶ Annie E. Casey Foundation
- ▶ Anonymous
- ▶ Elevance Health Foundation
- ▶ The From Now On Fund of the Tides Foundation
- ▶ The JPB Foundation
- ▶ Kaiser Foundation Health Plan
- ▶ Newman's Own Foundation

This report was written by FRAC's Katie Jacobs with technical expertise from FRAC's Olu Adeniran. The findings and conclusions presented in this report are those of FRAC alone.

About FRAC

The Food Research & Action Center (FRAC) improves the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. For more information about FRAC, or to [sign up](#) for FRAC's e-newsletters, go to www.frac.org.



Introduction

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


WIC improves participants' health, dietary intake, and birth and health outcomes.¹ The program 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 benefit redemption food costs during the first two years of the COVID-19 pandemic (March 2020 through February 2022) and offers recommendations to strengthen WIC now and beyond the pandemic.

Key Findings and Recommendations


WIC is an important resource for families with young children during the COVID-19 pandemic. WIC waivers and enhancements during the pandemic have simultaneously removed access barriers and increased the value of participating in WIC, resulting in overall increases in program participation. In February 2022, WIC reached 6.2 million participants, a 1.2 percent increase from February 2020. The change in WIC participation varies widely between WIC agencies based on a variety of factors, including the quality of implementation of pandemic-related WIC flexibilities and WIC agency outreach and capacity. WIC participation increased in 22 states and the District of Columbia, and decreased or had no change in 29 states (February 2022 compared to February 2020).



Quick Facts

OVER THE FIRST TWO YEARS OF THE PANDEMIC:

 **AVERAGE OF 6.25 million**
WIC served an average of **6.25 million** participants each month.

 **\$7 billion**
Redemption of WIC foods infused **\$7 billion** into local economies.

 There has been a **1.2 percent INCREASE** in WIC participation overall and a **8.7 percent INCREASE** in WIC participation among children (February 2020 to February 2022).

 WIC participation **INCREASED** in **21 states** and the **District of Columbia**, and **DECREASED** or had **NO CHANGE** in **30 states** (February 2020 to February 2022). 

Children make up more than half of all WIC participants, with 3.4 million children participating in WIC in February 2022. Enhancements to WIC spurred by the pandemic, including the ability to access WIC appointments and benefits remotely without having to go into WIC clinics, extended certification periods, and the increased value of WIC's fruit and vegetable benefit, contributed to a significant 8.7 percent increase in WIC participation among children from February 2020 to February 2022. This was the first time child participation in WIC increased in more than a decade.

Despite overall modest growth, WIC is still reaching too few eligible people. To widen WIC's reach, it is important to act on lessons learned during the pandemic by making permanent the enhancements that have strengthened and improved access for families with young children including:

- ▶ making permanent the flexibilities enacted during the pandemic that allow for remote enrollment, services, and benefits issuance, and that allow for facilitation of online ordering and payments; and

- ▶ funding and permanently increasing the value of WIC's fruit and vegetable benefit to levels recommended by the National Academies of Science, Engineering and Medicine (NASEM).

To make the continuation of these enhancement successful, a full range of crucial improvements are needed including:

- ▶ better coordinating of health and participation data between the health care sector and WIC, particularly between Medicaid, health clinics, and WIC to ensure the ability to continue access to remote WIC services, and with other program operators, including Head Start, child care subsidy programs, and the Supplemental Nutrition Assistance Program (SNAP);
- ▶ increasing funding for infrastructure, technical assistance, electronic benefit transfer (EBT) technology, and management information systems to ensure remote service offerings are successful; and
- ▶ maximizing opportunities to coordinate with community partners to conduct community-centered and innovative WIC outreach.

¹ Hartline-Grafton, H. (2019). WIC is a Critical Economic, Nutrition, and Health Support for Children and Families. *Food Research & Action Center*. Available at: <https://frac.org/research/resource-library/wic-is-a-critical-economic-nutrition-and-health-support-for-children-and-families>.

WIC Participation

WIC participation is a measure of the total number of infants, children, and pregnant or postpartum individuals enrolled in WIC and receiving WIC benefits in a given month. WIC served an average of 6.25 million participants each month during the first two years of the COVID-19 pandemic.² Before the pandemic, WIC participation had been decreasing nationally since 2010. However, there has been an overall increase during the first two years of the pandemic (February 2020 compared to February 2022).

Overall, participation has increased 1.2 percent in the two years since the onset of the pandemic (February 2022 compared to February 2020) (Figure 1). This increase is concentrated in the first year of the COVID-19 pandemic with participation decreasing during the second year. During the first year of the pandemic, from February 2020 to February 2021, WIC participation increased from 6.11 million to 6.26 million participants, an increase of almost 150,000 participants or 2.4 percent. Looking at the second

year of the pandemic, participation fell in the first half of the year, and is now increasing again. Overall, from February 2021 to February 2022, WIC participation decreased by 1.2 percent, a decrease of 76,000 participants.

WIC is not reaching enough eligible individuals during the pandemic, and WIC coverage rates, i.e., the proportion of individuals eligible for WIC who are participating, were already low before the pandemic. In 2019, 57.4 percent of eligible individuals participated in WIC, and just 44.8 percent of eligible children participated.³ WIC eligibility data lags behind participation data, so coverage rates are not available during the pandemic, but we know that the fall out from the COVID-19 crisis increased unemployment and economic hardship, making many families newly eligible for WIC. WIC did not grow at a similar rate to SNAP, which also provides nutrition benefits to families with low incomes. From February 2020 to February 2022, SNAP grew by 11.7 percent (4.3 million people) to help meet the increased need brought on by the pandemic.⁴

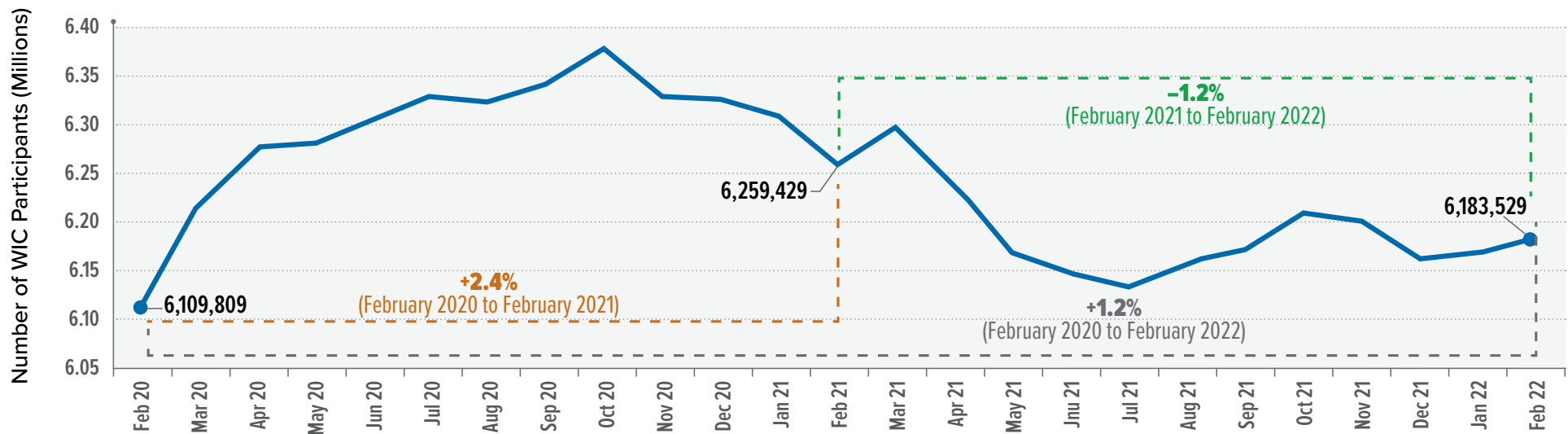
How WIC Is Structured

WIC is administered by the U.S. Department of Agriculture (USDA) and is operated by 90 WIC state agencies including:

- ▶ 50 state health departments
- ▶ 33 Tribal organizations
- ▶ the District of Columbia
- ▶ five territories (American Samoa, Guam, Northern Mariana, Puerto Rico, and the Virgin Islands)

WIC's services are provided through local clinics for each state agency, including county health departments, health clinics and hospitals, schools, and Indian Health Service facilities. WIC state agencies and local clinics comply with federal standards. During the COVID-19 pandemic, there are temporary flexibilities and benefit changes being applied to WIC. WIC waivers have allowed participants to enroll and re-enroll in WIC without visiting a WIC clinic, and defer height, weight, and blood work requirements. WIC agencies also have been allowed to issue benefits remotely, meaning most participants can receive their monthly food package benefits without having to go to WIC clinics. Through congressional action, WIC's fruit and vegetable benefit has also been increased to better meet participants' needs, enhancing the value of the food package overall.

Figure 1: Number of Total WIC Participants, by Month, February 2020–February 2022



² WIC participation data described is the output of FRAC analysis of USDA WIC Data Tables.

³ USDA FNS. (April 2022). WIC 2019 Eligibility and Coverage Rates. Available at: <https://www.fns.usda.gov/wic/2019-eligibility-coverage-rates>.

⁴ FRAC analysis of USDA FNS SNAP Data Tables.

Participation by Participant Type

The change in WIC participation during the first two years of the COVID-19 pandemic varied by participant type. Children make up more than half of all WIC participants, with 3.4 million children participating in WIC in February 2022. This represents an 8.7 percent increase in participation among children compared to February 2020. Child participation increased rapidly in the first year of the pandemic, increasing 9.7 percent from February 2020 to February 2021. During the second year (March 2021 to February 2022), child WIC participation has leveled off with some seasonal fluctuations (Figure 2).

Diverging from the upward trend in child WIC participation, there was a 5.4 percent decrease for pregnant and

postpartum individuals, and a 7.7 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. This is the first time child participation in WIC has increased in more than a decade.

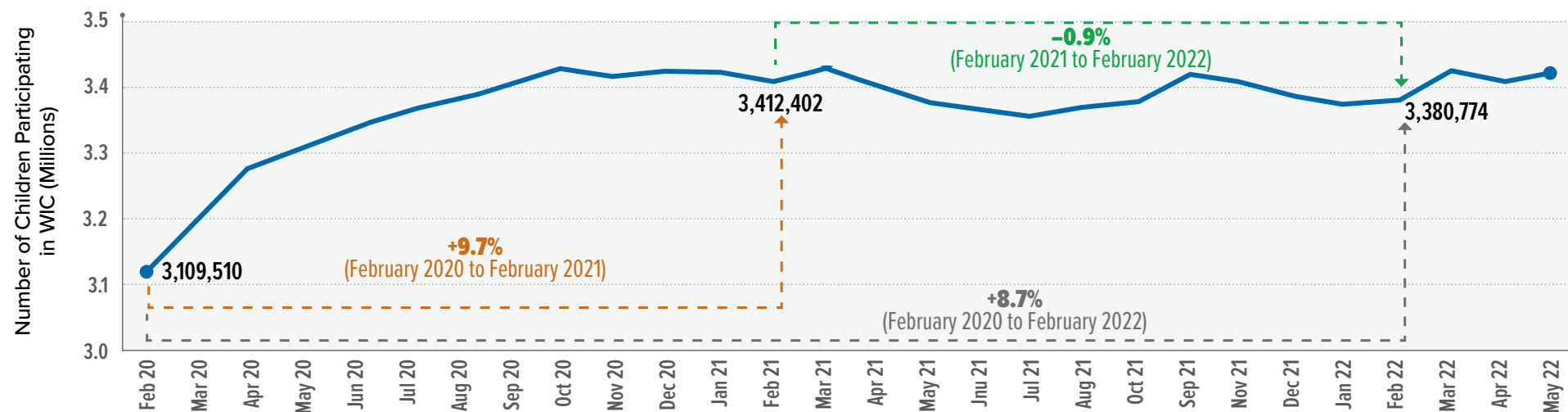
Several factors contributed to the declines in infant and pregnant/postpartum individuals' participation. An overall decrease in births during the pandemic compared to 2019 partially accounts for the drop. There were 3.6 million births in the United States in 2020, a 3.8 percent drop from 2019, [according to the Centers for Disease Control and Prevention](#). From 2020 to 2021, there was a 1 percent increase in births, yet the number of births in 2021 was 2 percent lower than the number of births in 2019.



Table 1: Total Number of WIC Participants in February 2020, 2021, and 2022, by Participant Type

Participant Category	February 2020	February 2021	February 2022	Number Change: 2020 to 2022	Percentage Change: 2020 to 2022
Pregnant and Postpartum Individuals	1,454,679	1,378,160	1,376,776	-77,903	-5.4%
Infants	1,545,620	1,468,867	1,425,979	-119,641	-7.7%
Children	3,109,510	3,412,402	3,380,774	271,264	8.7%
Total WIC	6,109,809	6,259,429	6,183,529	73,720	1.2%

Figure 2: Number of Children Participating in WIC, by Month, February 2020–February 2022



Regional Participation Changes

Regionally⁵, the change in WIC participation from February 2020 to February 2022 ranged from an increase of 8.4 percent in the Western region to a decrease of 8.6 percent in the Mountain Plains region to (Table 2).

From February 2020 to February 2022, all regions experienced an increase in WIC participation among children, except the Mountain Plains region, which experienced a 3.9 percent decrease. The Northeast, Southeast, and Western regions all experienced a double-digit percentage increase in WIC participation among children. Appendices 3 and 4 list total WIC participation and child WIC participation respectively for each region.



Table 2: Number of WIC Participants in February 2020, 2021, and 2022, by Region

Region	February 2020	February 2021	February 2022	Number Change: 2020 to 2022	Percentage Change: 2020 to 2022
Mid-Atlantic	712,787	718,284	698,619	-14,168	-2.0%
Midwest	937,646	933,993	904,103	-33,543	-3.6%
Mountain Plains	308,646	294,329	282,088	-26,558	-8.6%
Northeast	565,307	586,029	603,729	38,422	6.8%
Southeast	1,288,273	1,333,097	1,328,311	40,038	3.1%
Southwest	1,146,485	1,100,054	1,119,287	-27,198	-2.4%
Western	1,150,665	1,293,643	1,247,392	96,727	8.4%
Total WIC	6,109,809	6,259,429	6,183,529	73,720	1.2%

⁵ USDA Food and Nutrition Service separates states and territories into regions. For additional information on which states and territories are included in each region, visit the [FNS Regional Offices Contact webpage](#).

State Participation Changes

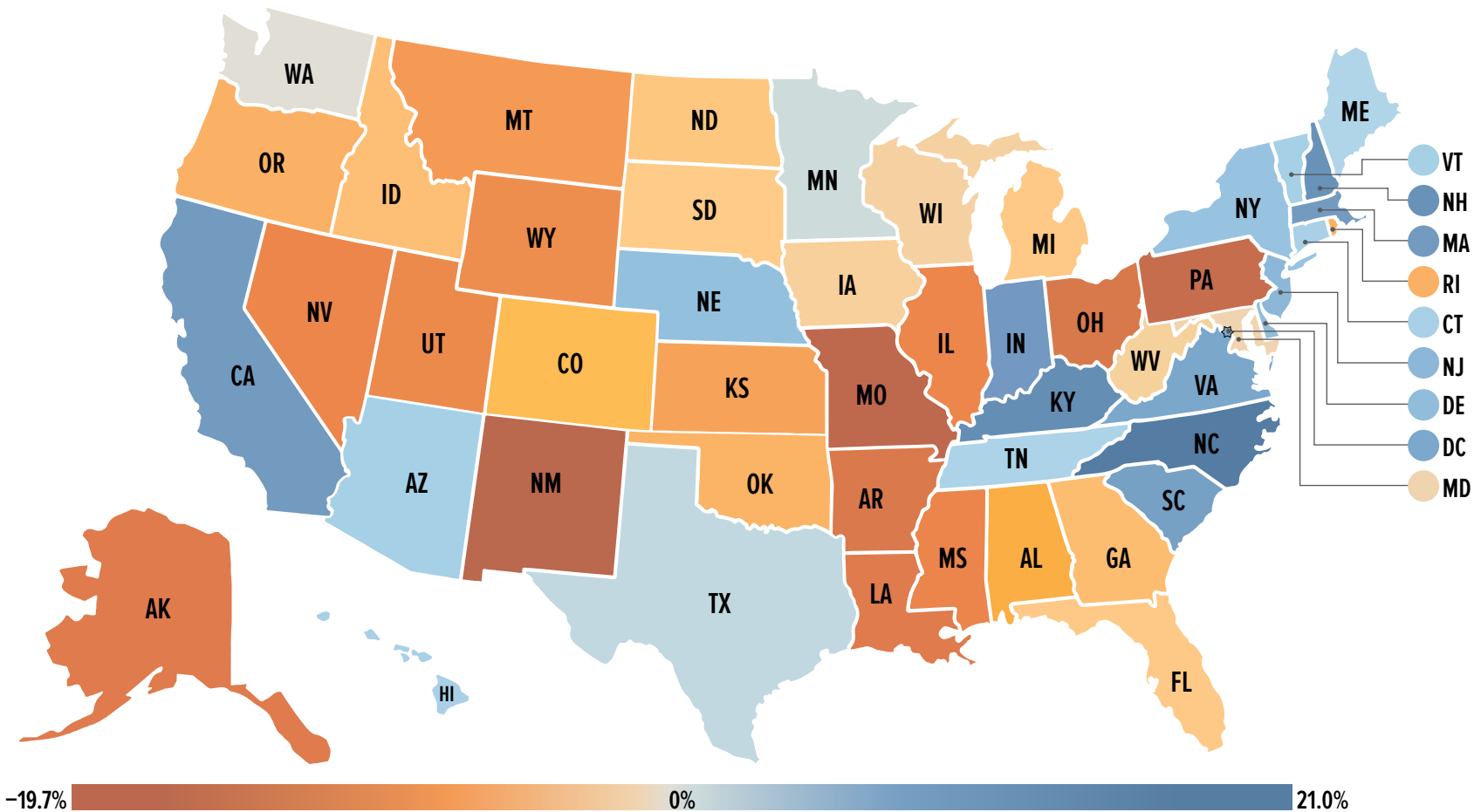
The change in total WIC participation during the COVID-19 pandemic varied widely by state. From February 2020 to February 2022, participation changes ranged from an increase of 21 percent in North Carolina to a decrease of 19.7 percent in New Mexico. Overall, 29 states experienced a decrease or flatline in total WIC participation. Other states experienced significant participation increases — nine states experienced double-digit growth in total participation. Figure 3 categorizes states based on

their percentage change in WIC participation, and Appendix 1 lists participation changes for each state.

The top five states with the largest increases in participation are North Carolina (21.0 percent), Kentucky (16.6 percent), New Hampshire (15.7 percent), California (13.9 percent), and Massachusetts (13.9 percent). The five states with the most severe declines in participation are New Mexico (-19.7 percent), Missouri (-18.9 percent), Pennsylvania (-17.7 percent), Ohio (-14.5 percent), and Arkansas (-14.0 percent).

The change in WIC participation among children from February 2020 to February 2022 ranged from an increase of 40 percent in the District of Columbia to a decrease of 20.8 percent in New Mexico. Seventeen states experienced a decrease in WIC participation among children during this time period, with New Mexico, Pennsylvania, Louisiana, Missouri, and Arkansas experiencing percentage declines in the double digits. Appendix 2 lists WIC participation changes among children by state.

Figure 3: Percentage Change in WIC Participation, February 2022 Compared to February 2020, by State



Native American Communities, and Tribal Organization WIC Agency, Participation Changes

Native American and American Indian Tribal Organizations can choose to directly administer WIC as a state agency. Tribal Nations' sovereignty in WIC program administration is essential to meeting the unique needs of Native American communities and helps ensure culturally relevant care for Native Americans accessing WIC's services. In 2020, over 476,000 American Indian and Alaska Native infants and children were served through WIC, and 6.8 percent of all WIC participants identified as American Indian.⁶ Many of these Native American and American Indian WIC participants were served by Tribal Organization WIC agencies. During the first two years of the pandemic, Tribal Organization WIC agencies served an average of 46,000 infants, children, and pregnant and postpartum individuals each month.

Among Tribal Organization WIC agencies, there has been an overall decrease in participation during the first two years of the COVID-19 pandemic. Most of that decrease occurred in the first year of the pandemic. From February 2020 to February 2021, there was a 5.6 percent decrease in participation and from February 2021 to February 2022, there was a 2.1 percent decrease, resulting in an overall decrease of 7.6 percent during the first two years of the pandemic (Table 3).

The change in total WIC participation during the pandemic varied widely by Tribal Organization. From February 2020 to February 2022, WIC participation increased in eight Tribal Organization WIC agencies, up to a 28 percent increase (Osage Tribal Council WIC agency). Conversely, participation decreased in 25 Tribal Organization WIC agencies. Appendices 5 and 6 list total WIC participation and child WIC participation, respectively, for each Tribal Organization administering WIC.

The decline in WIC participation among Tribal Organization WIC agencies is a reflection of the many additional WIC access barriers faced by Native American communities. Barriers to WIC participation can include low access to food, limited number of stores accepting WIC benefits, longer travel distances to WIC clinics and food stores, and limited public transportation infrastructure. Additionally, limited phone and internet services⁷ make remote appointments increasingly difficult. During the pandemic, American Indian and Alaska Native communities also experienced higher COVID-19 mortality rates.⁸ Despite disproportionately high rates of poverty, hunger, unemployment, and poor health, both before and during the pandemic,⁹ Tribal Nations and the WIC agencies that serve them remain resilient and are vital leaders in the WIC landscape.

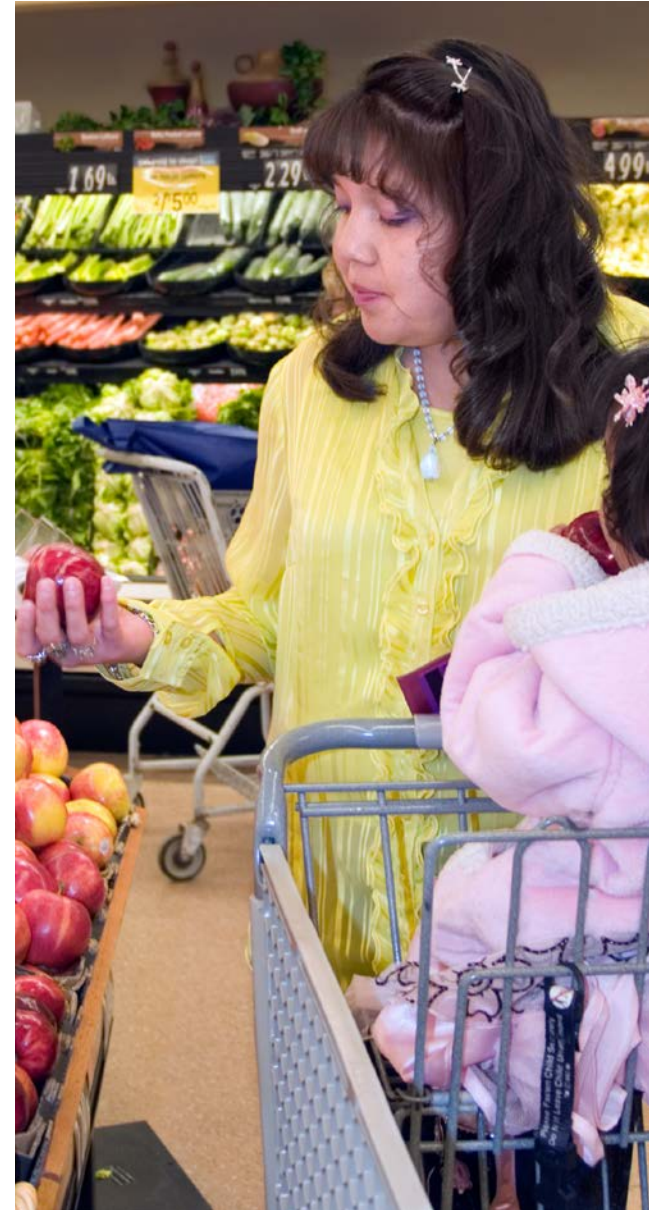


Table 3: Number of WIC Participants served by Tribal Organization WIC State Agencies in February 2020, 2021, and 2022

Participant Category	February 2020	February 2021	February 2022	Number Change: 2020 to 2022	Percentage Change: 2020 to 2022
Tribal Organization WIC Agencies	47,215	44,562	43,641	-3,574	-7.6%
Total WIC	6,109,809	6,259,429	6,183,529	73,720	1.2%

6 Kline, N., Zvavitch, P., Wroblewska K., Worden, M., Mwombela, B., & Thorn, B. (2022). *WIC Participant and Program Characteristics 2020*. U.S. Department of Agriculture, Food and Nutrition Service.

7 Federal Communications Commission. (June 2020). 2020 Broadband Deployment Report. Available at: <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2020-broadband-deployment-report>.

8 Akee, R., Reber, S. (February 2021). American Indians and Alaska Natives are dying of COVID-19 at shocking rates. *Brookings*. Available at: <https://www.brookings.edu/research/american-indians-and-alaska-natives-are-dying-of-covid-19-at-shocking-rates/>.

9 Lacko, A.M., Henchy, G. (May 2021). Hunger, Poverty, and Health During COVID-19 SPOTLIGHT: American Indian and Alaska Native (AIAN) Communities. *Food Research & Action Center*. Available at: <https://frac.org/research/resource-library/hunger-poverty-and-health-during-covid-19-spotlight-american-indian-and-alaska-native-ai-an-communities>.

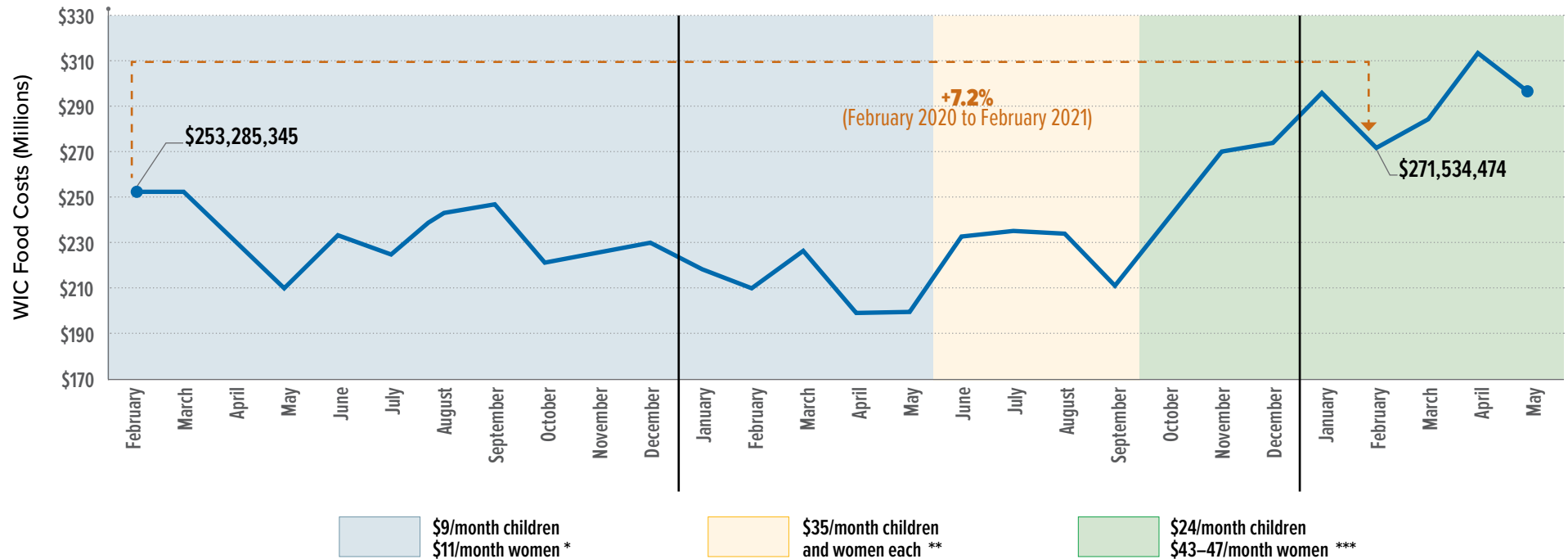
Food Package Benefit Redemption

The amount of money provided to local grocery stores and farmers markets when WIC participants redeem their WIC food package benefits is called benefit redemption costs. During the first two years of the COVID-19 pandemic (March 2020 through February 2022), WIC food package benefit redemptions infused \$7 billion into local economies. A combination of the overall increase in total WIC participation, increased food prices, and enhanced fruit and vegetable benefits, resulted in a 7.2 percent

increase in WIC benefit redemption food costs from February 2020 (\$253 million) to February 2022 (\$272 million). The immense impact of the enhanced fruit and vegetable benefit is evident in Figure 4, which shows increased benefit redemption food costs after the onset of the benefit enhancements. In the year since the start of the increased benefit (June 2021–May 2022) WIC benefit redemptions have infused \$3.2 billion into local economies, \$476 million (17.7 percent) more than the previous year (June 2020–May 2021).



Figure 4: Total WIC Benefit Redemption Food Costs, by Month, February 2020–May 2022



* WIC agencies were required to develop and submit a plan to USDA to opt in to the \$35/month increase. While all state agencies opted into the provision, not all were able to implement all four months of increased benefits by the September 30, 2021, deadline. A few state agencies began distributing the \$35 benefit in April or May 2021.

** Not all WIC agencies were able to switch from the \$35/month benefit to the benefit level recommended by the National Academies of Science, Engineering and Medicine (\$24/month and \$43–\$47/month) seamlessly from September to October 2021, and benefits dropped to the previous \$9 and \$11 amounts for this month.

***The end of February 2022 marks the closure of an Abbott Nutrition infant formula production plant in Sturgis, Michigan, due to recalled formula. The closure and subsequent national infant formula shortage may have impacted benefit redemption food costs in February 2022 and the following months.

Factors Impacting WIC Access and Participation

Enhanced WIC Fruit and Vegetable Benefit

WIC's food packages are tailored to participants' needs and include specific foods in specific amounts, for example, one dozen eggs or one jar of peanut butter. The fruit and vegetable benefit within the WIC food package differs from other foods in the package in that it has a specific cash value, which enables participants to choose the fruits and vegetables that meet their family's needs and cultural preferences.

"That's what my kids eat most is the fruit and vegetables. It's also more flexible. You can go periodically and it won't go to waste. I also get them [the fruit and vegetable benefit] as well because I'm still breastfeeding. I think that outweighs the juice and bread and other contents on the [WIC food package] list" – WIC participant

WIC's fruit and vegetable cash value benefit began in 2009 and provided a mere \$9/month for children and \$11/month for pregnant and postpartum WIC participants. During the COVID-19 pandemic, Congress has increased the value of WIC's fruit and vegetable cash value benefit, incentivizing WIC eligible families to participate in the program. The American Rescue Plan increased the monthly value of fruits and vegetables in WIC food packages to \$35/month per participant for up to four months.¹⁰ This benefit level was in effect for most WIC agencies from June through September 2021.¹¹ Congress extended the WIC benefit increase at the amount

recommended by the National Academies of Science, Engineering and Medicine. The new enhanced benefit provides \$24/month for children, \$43 for pregnant and postpartum participants, and \$47 for breastfeeding participants to spend on fruits and vegetables. Congress has extended the benefit four times through continuing

resolutions and appropriations. The enhanced benefit remains in effect through December 2022.^{12,13,14}

The enhanced fruit and vegetable benefit has positive impacts for WIC participants and the communities they live in, as well as for WIC providers. Increased WIC fruit and vegetable benefits:

- ▶ improve access to fruits and vegetables for WIC families, supplementing their health, food security, and financial stability during the pandemic;
- ▶ bolster local economies as dollars are spent at local grocery stores and other authorized WIC vendors such as farmers markets;
- ▶ increase demand for and turnover of fresh produce in local food stores, thereby, improving food environments and supporting fruit and vegetable producers; and
- ▶ enhance the overall value of the pregnant and postpartum individuals' and children's food packages, which incentivizes more eligible families to participate in WIC.

WIC Fruit and Vegetable Benefit Increase Timeline

Pre-Pandemic and Beginning of Pandemic	March 2021	June 2021	September 2021	December 2021	March 2022	September 2022
Original benefit amount: ▶ \$9/month for children ▶ \$11/month for pregnant, postpartum, and breastfeeding individuals	The American Rescue Plan is enacted, including a provision that expands access to fruits and vegetables for mothers and children participating in WIC by increasing benefit amount to \$35/month per person for up to four months.	WIC agencies begin implementing the \$35 per month, per participant, fruit and vegetable benefit through September 2021.	Via a continuing resolution, fruit and vegetable benefit increase extended through December 2021 at these levels: ▶ \$24/month for children ▶ \$43–47/month for pregnant, postpartum, and breastfeeding individuals	Via a continuing resolution, enhanced benefit extended through March 2022	Via 2022 Appropriations Act, enhanced benefit extended through September 2022	Enhanced benefit extended through December 2022

¹⁰ USDA to Incentivize Purchase of Fruits and Vegetables under WIC for 4 Months with American Rescue Plan Funding. (April 2021). Available at: <https://www.usda.gov/media/press-releases/2021/04/28/usda-incentivize-purchase-fruits-and-vegetables-under-wic-4-months>.

¹¹ WIC State Agency Opt-In Elections for Temporary Cash Value Voucher/Benefit Increases Under the American Rescue Plan Act of 2021 (P.L. 117-2). (April 2021). Available at: <https://www.fns.usda.gov/wic/state-agency-elections-temporary-cv-benefit-increases-arp-2021>.

¹² Implementation of the Extending Government Funding and Delivering Emergency Assistance Act Temporary Increase in the CVV Benefit for Fruit and Vegetable Purchases. (October 2021). Available at: <https://www.fns.usda.gov/wic/extending-government-funding-and-delivering-emergency-assistance>.

¹³ Extending the Temporary Increase in the Cash-Value Voucher/Benefit. (December 2021). Available at: <https://www.fns.usda.gov/wic/policy-memo-2022-2-extending-temporary-increase-cash-value-voucher-benefit>.

¹⁴ Implementation of PL 117-103 Extending the Temporary Increase in the Cash-Value Voucher/Benefit for Fruit. (March 2022). Available at: [https://www.fns.usda.gov/wic/wpm-2022-3#:~:text=Section%20787%20of%20the%20Act,fiscal%20year%20\(FY\)%202022](https://www.fns.usda.gov/wic/wpm-2022-3#:~:text=Section%20787%20of%20the%20Act,fiscal%20year%20(FY)%202022).

Remote Services and Benefit Issuance

During the COVID-19 pandemic, physical presence and remote benefit issuance waivers have allowed WIC participants to conduct appointments over the phone or via telehealth and to receive benefits remotely without the burden of travelling to the WIC clinic. These flexibilities are in effect until 30 days after the end of the nationally declared public health emergency. Remote benefits and appointments are valuable to program participants. In interviews we conducted with parents currently participating in WIC about their experiences in the program, participants indicated that remote benefits and services saved them time and travel costs, was a more secure method for them and their families amidst health risks posed by COVID-19, and resulted in high-quality service.

“With having to work full time even through COVID-19 and with the kids, getting the phone calls was so much easier and I was thankful for that because the services didn’t stop and we were able to get the information over the phone.”

— current WIC participant

Remote benefits and services helped to remove barriers to WIC participation and contributed to the increase in child participation during the pandemic. Continuing remote benefits and services is vital for program access. Evidence for this is seen when looking at the declines in participation for WIC agencies that could not fully utilize remote benefits.

The majority of WIC agencies use Electronic Benefit Transfer cards (a card that looks like a debit card) to deliver WIC benefits. Despite waivers allowing WIC agencies to issue benefits remotely to EBT cards, not all states were able to take advantage of this innovation because of limitations in their EBT delivery systems.



Offline EBT systems (versus online) require benefits to be loaded in person rather than online. WIC agencies with offline EBT experienced a 7.6 percent decrease in participation from February 2020 to February 2022, while WIC agencies with online EBT had a 3.9 percent increase in participation. Texas is the only offline EBT WIC agency with an increase in participation (1.2 percent). Additionally, all states with double-digit percentage declines in child WIC participation (New Mexico, Pennsylvania, Louisiana, Missouri, and Arkansas) use offline EBT systems.

Legislative action must be taken quickly to make permanent the flexibilities enacted during the COVID-19 pandemic that allow for remote enrollment, services, and benefit issuance to avoid a disruption in WIC’s vital benefits for families with young children. This includes expanding WIC online ordering and payments that extend remote access to WIC benefit redemption. To ensure the success of remote WIC services, there must be better coordination and secure data sharing between WIC and the health care sector to maintain WIC’s access to relevant nutrition and health

assessment data necessary for enrollment and food package customization. Additionally, it is imperative that state agencies with offline EBT systems begin the process to transition to online EBT to ensure remote benefit access as needed in the future.

“I’ve been on the WIC program for a little over two months now and I didn’t experience it pre-pandemic. Hearing about how others previously had to go into the WIC office and it would have been a two- to three-hour thing, I would have been discouraged and probably wouldn’t have applied. Everything was through the phone, and it was super easy and everyone that I talked to was super nice, the lactation consultant, the nutritionist. They called me back the day after I applied. It’s been really helpful.”

— current WIC participant

WIC Agency Outreach and Staff Capacity

WIC agencies 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.

Additionally, entering the pandemic, 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, and unable to meet demand. Some public health departments redirected WIC staff’s time to COVID-19 contact tracing and other tasks.

Leveraging Lessons From COVID-19 to Strengthen WIC's Future

With only a modest 1.2 percent increase in WIC participation from February 2020 to February 2022, more needs to be done to increase WIC participation and meet the increased demand prompted by the COVID-19 pandemic, throughout the economic recovery and in the future. It is important to act on lessons learned during the pandemic and make permanent the enhancements that have strengthened and improved access for families with young children in the first two years of the pandemic. A full range of critical improvements are needed. Stakeholders at all levels can take action to modernize and strengthen WIC, streamlining access for eligible families.

Recommendations for Congress

- ▶ Make permanent the flexibilities enacted during the COVID-19 pandemic that allow for remote enrollment, services, and benefits issuance, and that allow for facilitation of online ordering and payments.
- ▶ Fund and permanently increase the value of WIC's fruit and vegetable benefit to levels recommended by the National Academies of Science, Engineering and Medicine.
- ▶ Provide investments to better coordinate and securely share health and participation data between the health care sector and WIC, particularly between Medicaid, health clinics, and WIC to ensure ability to continue access to remote WIC services.

- ▶ Provide funding for infrastructure, technical assistance, electronic benefit transfer technology, and management information systems to ensure remote service offerings are successful.

Recommendations for WIC Agencies

- ▶ Offer the full range of WIC services and benefit issuance options, including maximizing remote access to WIC through phone appointments and remote benefit issuance.
- ▶ Maximize partnerships and data sharing with health care providers, Medicaid, and other program operators including Head Start, child care subsidy programs, and SNAP, to streamline processes at WIC clinics, limit unnecessary paperwork, and reduce participant burden.
- ▶ Coordinate with community partners to conduct community-centered and innovative WIC outreach. Effective outreach by community partners can 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.

Want More Information?



- ▶ [Explore the WIC during COVID-19 interactive webpage, including interactive supplemental data tables.](#)



Appendix 1: Total WIC Participation, February 2020 and February 2022, by State

State	February 2020	February 2022	Number Change	Percentage Change
Alabama	111,756	106,669	-5,087	-4.6%
Alaska	15,693	13,522	-2,171	-13.8%
Arizona	123,804	128,421	4,617	3.7%
Arkansas	62,468	53,745	-8,723	-14.0%
California	808,898	921,421	112,523	13.9%
Colorado	79,367	76,491	-2,876	-3.6%
Connecticut	43,781	45,097	1,316	3.0%
Delaware	16,365	17,588	1,223	7.5%
District of Columbia	12,355	13,728	1,373	11.1%
Florida	413,243	402,879	-10,364	-2.5%
Georgia	197,930	189,870	-8,060	-4.1%
Hawaii	24,924	25,687	763	3.1%
Idaho	29,935	28,798	-1,137	-3.8%
Illinois	171,076	151,971	-19,105	-11.2%
Indiana	137,528	156,202	18,674	13.6%
Iowa	56,845	55,988	-857	-1.5%
Kansas	46,445	42,943	-3,502	-7.5%
Kentucky	91,447	106,609	15,162	16.6%
Louisiana	96,684	83,288	-13,396	-13.9%
Maine	16,417	16,790	373	2.3%
Maryland	118,850	117,676	-1,174	-1.0%
Massachusetts	100,766	114,757	13,991	13.9%
Michigan	203,402	198,284	-5,118	-2.5%
Minnesota	98,788	99,621	833	0.8%
Mississippi	76,681	67,996	-8,685	-11.3%
Missouri	100,775	81,725	-19,050	-18.9%
Montana	15,035	13,763	-1,272	-8.5%
Nebraska	32,673	34,896	2,223	6.8%
Nevada	57,737	51,322	-6,415	-11.1%
New Hampshire	11,980	13,859	1,879	15.7%
New Jersey	132,393	143,127	10,734	8.1%
New Mexico	38,013	30,514	-7,499	-19.7%
New York	361,106	382,939	21,833	6.0%
North Carolina	210,580	254,813	44,233	21.0%
North Dakota	10,071	9,782	-289	-2.9%
Ohio	184,435	157,609	-26,826	-14.5%
Oklahoma	64,924	61,388	-3,536	-5.4%
Oregon	77,530	73,225	-4,305	-5.6%
Pennsylvania	190,476	156,838	-33,638	-17.7%
Rhode Island	17,401	16,431	-970	-5.6%
South Carolina	74,698	84,304	9,606	12.9%
South Dakota	13,852	13,534	-318	-2.3%
Tennessee	110,784	113,783	2,999	2.7%
Texas	677,718	685,923	8,205	1.2%
Utah	41,160	36,765	-4,395	-10.7%
Vermont	10,783	11,161	378	3.5%
Virginia	108,735	121,366	12,631	11.6%
Washington	120,858	120,881	23	0.0%
West Virginia	33,158	32,667	-491	-1.5%
Wisconsin	85,572	84,428	-1,144	-1.3%
Wyoming	7,321	6,575	-746	-10.2%
Total WIC	6,109,809	6,183,529	73,720	1.2%

Appendix 2: Child WIC Participation, February 2020 and February 2022, by State

State	February 2020	February 2022	Number Change	Percentage Change
Alabama	53,232	54,559	1,327	2.5%
Alaska	8,587	7,812	-775	-9.0%
Arizona	64,360	72,653	8,293	12.9%
Arkansas	27,311	23,449	-3,862	-14.1%
California	456,739	560,944	104,205	22.8%
Colorado	42,063	41,934	-129	-0.3%
Connecticut	22,116	24,450	2,334	10.6%
Delaware	8,019	9,868	1,849	23.1%
District of Columbia	5,456	7,640	2,184	40.0%
Florida	209,394	213,437	4,043	1.9%
Georgia	90,719	100,723	10,004	11.0%
Hawaii	13,328	14,888	1,560	11.7%
Idaho	15,545	16,083	538	3.5%
Illinois	81,213	75,049	-6,164	-7.6%
Indiana	70,480	89,409	18,929	26.9%
Iowa	30,157	30,547	390	1.3%
Kansas	24,277	23,694	-583	-2.4%
Kentucky	44,413	59,902	15,489	34.9%
Louisiana	39,416	32,583	-6,833	-17.3%
Maine	9,229	9,918	689	7.5%
Maryland	61,415	63,265	1,850	3.0%
Massachusetts	56,097	69,417	13,320	23.7%
Michigan	108,812	114,736	5,924	5.4%
Minnesota	55,284	58,253	2,969	5.4%
Mississippi	36,010	34,318	-1,692	-4.7%
Missouri	45,976	38,245	-7,731	-16.8%
Montana	8,172	7,895	-277	-3.4%
Nebraska	17,549	20,351	2,802	16.0%
Nevada	30,909	28,349	-2,560	-8.3%
New Hampshire	6,949	8,692	1,743	25.1%
New Jersey	68,797	81,527	12,730	18.5%
New Mexico	19,110	15,130	-3,980	-20.8%
New York	190,352	216,791	26,439	13.9%
North Carolina	104,949	142,327	37,378	35.6%
North Dakota	5,524	5,709	185	3.3%
Ohio	78,076	79,522	1,446	1.9%
Oklahoma	31,401	30,696	-705	-2.2%
Oregon	44,581	44,261	-320	-0.7%
Pennsylvania	100,831	82,772	-18,059	-17.9%
Rhode Island	9,373	8,850	-523	-5.6%
South Carolina	32,381	44,649	12,268	37.9%
South Dakota	7,512	7,871	359	4.8%
Tennessee	47,393	54,015	6,622	14.0%
Texas	310,528	326,630	16,102	5.2%
Utah	21,359	19,620	-1,739	-8.1%
Vermont	6,588	7,096	508	7.7%
Virginia	53,127	67,844	14,717	27.7%
Washington	67,377	70,878	3,501	5.2%
West Virginia	16,429	18,159	1,730	10.5%
Wisconsin	47,047	49,128	2,081	4.4%
Wyoming	3,830	3,567	-263	-6.9%
Total WIC	3,109,510	3,380,774	271,264	8.7%

Appendix 3: Total WIC Participation, February 2020 and February 2022, by Region

Region	February 2020	February 2022	Number Change	Percentage Change
Mid-Atlantic	712,787	698,619	-14,168	-2.0%
Midwest	937,646	904,103	-33,543	-3.6%
Mountain Plains	308,646	282,088	-26,558	-8.6%
Northeast	565,307	603,729	38,422	6.8%
Southeast	1,288,273	1,328,311	40,038	3.1%
Southwest	1,146,485	1,119,287	-27,198	-2.4%
Western	1,150,665	1,247,392	96,727	8.4%
Total WIC	6,109,809	6,183,529	73,720	1.2%

Appendix 4: Child WIC Participation, February 2020 and February 2022, by Region

Region	February 2020	February 2022	Number Change	Percentage Change
Mid-Atlantic	377,913	387,446	9,533	2.5%
Midwest	471,069	496,644	25,575	5.4%
Mountain Plains	156,732	150,601	-6,131	-3.9%
Northeast	302,185	346,607	44,422	14.7%
Southeast	619,110	704,718	85,608	13.8%
Southwest	536,331	543,708	7,377	1.4%
Western	646,170	751,050	104,880	16.2%
Total WIC	3,109,510	3,380,774	271,264	8.7%

Appendix 5: Total WIC Participation, February 2020 and February 2022, by Tribal Organization WIC State Agency

Tribal Organization WIC State Agency	February 2020	February 2022	Number Change	Percentage Change
Acoma, Canoncito & Laguna, NM	346	305	-41	-11.8%
Cherokee Nation, OK	5,795	4,931	-864	-14.9%
Cheyenne River Sioux, SD	644	478	-166	-25.8%
Chickasaw Nation, OK	3,386	3,543	157	4.6%
Choctaw Indians, MS	616	749	133	21.6%
Choctaw Nation, OK	4,459	5,499	1,040	23.3%
Citizen Potawatomi Nation, OK	1,457	1,381	-76	-5.2%
Eastern Cherokee, NC	538	639	101	18.8%
Eight Northern Pueblos, NM	234	177	-57	-24.4%
Five Sandoval Pueblos, NM	261	137	-124	-47.5%
Indian Township, ME	65	44	-21	-32.3%
Inter-Tribal Council, AZ	7,192	6,555	-637	-8.9%
Inter-Tribal Council, NV	1,130	556	-574	-50.8%
Inter-Tribal Council, OK	705	593	-112	-15.9%
Isleta Pueblo, NM	1,043	881	-162	-15.5%
Muscogee Creek Nation, OK	2,230	2,250	20	0.9%
Navajo Nation, AZ	6,781	4,212	-2,569	-37.9%
Northern Arapahoe, WY	168	150	-18	-10.7%
Omaha Sioux, NE	174	176	2	1.1%
Osage Tribal Council, OK	3,076	3,938	862	28.0%
Otoe-Missouria Tribe, OK	340	236	-104	-30.6%
Pleasant Point, ME	47	31	-16	-34.0%
Rosebud Sioux, SD	962	825	-137	-14.2%
San Felipe Pueblo, NM	245	136	-109	-44.5%
Santee Sioux, NE	73	37	-36	-49.3%
Santo Domingo Tribe, NM	170	125	-45	-26.5%
Shoshone Tribe, WY	163	95	-68	-41.7%
Standing Rock Sioux Tribe, ND	471	263	-208	-44.2%
Three Affiliated Tribes, ND	177	128	-49	-27.7%
Ute Mountain Ute Tribe, CO	146	129	-17	-11.6%
Wichita, Caddo & Delaware (WCD), OK	3,446	3,888	442	12.8%
Winnebago Tribe, NE	127	98	-29	-22.8%
Zuni Pueblo, NM	548	456	-92	-16.8%
Total Tribal Organization WIC State Agencies	47,215	43,641	-3,574	-7.6%
Total WIC	6,109,809	6,183,529	73,720	1.2%

Appendix 6: Child WIC Participation, February 2020 and February 2022, by Tribal Organization WIC State Agency

Tribal Organization WIC State Agency	February 2020	February 2022	Number Change	Percentage Change
Acoma, Canoncito & Laguna, NM	172	190	18	10.5%
Cherokee Nation, OK	2,807	2,406	-401	-14.3%
Cheyenne River Sioux, SD	420	296	-124	-29.5%
Chickasaw Nation, OK	1,717	1,940	223	13.0%
Choctaw Indians, MS	296	403	107	36.1%
Choctaw Nation, OK	2,362	3,375	1,013	42.9%
Citizen Potawatomi Nation, OK	748	832	84	11.2%
Eastern Cherokee, NC	323	385	62	19.2%
Eight Northern Pueblos, NM	121	113	-8	-6.6%
Five Sandoval Pueblos, NM	114	77	-37	-32.5%
Indian Township, ME	30	22	-8	-26.7%
Inter-Tribal Council, AZ	4,336	4,143	-193	-4.5%
Inter-Tribal Council, NV	613	368	-245	-40.0%
Inter-Tribal Council, OK	373	300	-73	-19.6%
Isleta Pueblo, NM	610	433	-177	-29.0%
Muscogee Creek Nation, OK	1,299	1,389	90	6.9%
Navajo Nation, AZ	3,958	2,538	-1,420	-35.9%
Northern Arapahoe, WY	75	53	-22	-29.3%
Omaha Sioux, NE	113	97	-16	-14.2%
Osage Tribal Council, OK	1,600	2,252	652	40.8%
Otoe-Missouria Tribe, OK	172	111	-61	-35.5%
Pleasant Point, ME	25	21	-4	-16.0%
Rosebud Sioux, SD	563	496	-67	-11.9%
San Felipe Pueblo, NM	140	84	-56	-40.0%
Santee Sioux, NE	45	20	-25	-55.6%
Santo Domingo Tribe, NM	104	88	-16	-15.4%
Shoshone Tribe, WY	73	42	-31	-42.5%
Standing Rock Sioux Tribe, ND	280	146	-134	-47.9%
Three Affiliated Tribes, ND	92	51	-41	-44.6%
Ute Mountain Ute Tribe, CO	100	87	-13	-13.0%
Wichita, Caddo & Delaware (WCD), OK	1,877	2,393	516	27.5%
Winnebago Tribe, NE	68	47	-21	-30.9%
Zuni Pueblo, NM	336	283	-53	-15.8%
Total Tribal Organization WIC State Agencies	25,962	25,481	-481	-1.9%
Total WIC	3,109,510	3,380,774	271,264	8.7%



Food Research & Action Center

1200 18th Street, NW, Suite 400
Washington, DC 20036
202.986.2200 | www.frac.org



[@fractweets](https://twitter.com/fractweets)



facebook.com/foodresearchandactioncenter



[@fracgram](https://www.instagram.com/fracgram)



[linkedin.com/company/ food-research-and-action-center](https://linkedin.com/company/food-research-and-action-center)