Modernizing WIC Enrollment to Improve Access to Healthy Food for Children and Families

Population Health Sciences

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In 2020, 1 in every 4 children across the United States lived in a household experiencing food insecurity, where their access to food was limited by their families' financial resources.

The federal Special Supplemental Nutrition Program for Women, Infants, and Children, or **WIC**, provides nutritional support and nutrition education to food-insecure pregnant women and children under the age of 5 who are living in poverty. Since launching in 1975, WIC has clear health benefits for children who participate, including lower rates of food insecurity and improved nutrition. Unfortunately, the U.S. Department of Agriculture (USDA) estimates that only about 50% of eligible women and children across the country currently receive WIC.

One reason for these low participation rates is that WIC benefits have historically been issued in the form of paper vouchers, which have to be reviewed and scanned individually by a trained store cashier. These paper vouchers can make the checkout process logistically challenging for beneficiaries and stigmatize the receipt of WIC benefits. Fortunately, the Healthy, Hunger-Free Kids Act passed by Congress in 2010 required that all states transition WIC benefits from paper vouchers to electronic benefits transfer (EBT) cards by 2020.

In a study published this week in *JAMA Pediatrics*, our research team studied the effect of this transition on WIC participation, comparing participation rates over time in states that did and did not implement WIC EBT between 2014 and 2019. We found that three years after WIC EBT implementation, **participation in the program increased by 7.78% in states that implemented EBT** compared to states that continued to use paper vouchers. Our estimates suggest that the transition to EBT led to **more than 220,000 additional women and children enrolling in WIC** between 2014 and 2019. These findings demonstrate that interventions focused on reducing the inconvenience and stigma associated with government benefit programs can lead to meaningful increases in program participation.

Increasing Access to Programs that Support Families During the COVID-19 Pandemic and Beyond

These results are especially relevant in the context of the current COVID-19 pandemic and recession. With food insecurity and unemployment rates at record highs, a growing number of families will likely need to rely on WIC, the Supplemental Nutrition Assistance Program (SNAP), and other government benefit programs in the coming months and years. These programs are particularly essential for families with school-aged children, since many of these children have lost access to school-based meals over the past year due to school closures.

To help families access these critical resources, our research supports making government benefit programs **more convenient and less stigmatizing for beneficiaries**. States could do this by improving and expanding upon existing initiatives, like WIC EBT and the SNAP online purchasing pilot, which allows SNAP recipients to

buy groceries online. States could also implement and publicize new programs like Pandemic EBT, which allows families to receive EBT cards equivalent to the value of their children's school-based meals.

In addition, state WIC agencies could take advantage of recent USDA flexibilities intended to make it easier for families to access benefits during the pandemic, while also supporting safe social distancing. These flexibilities allow local WIC agencies to change the way benefits are delivered and redeemed, for example:

- by waiving the requirement that families travel to WIC offices in person for recertification
- by allowing WIC agencies to deliver up to four months of benefits on EBT cards at once
- by permitting families to purchase certain non-WIC foods with their benefits in the event that WIC-approved foods are not available in stores

Helping Caregivers Navigate Enrollment to Reach Food-insecure Families

It may be helpful for states to sustain and build on these innovations intended to streamline the WIC enrollment and utilization process even after social distancing restrictions are lifted. For instance, WIC offices could more effectively reach families with barriers to transportation or difficulty with child care by offering them the option of phone or video visits rather than requiring that they travel to WIC offices in person with their qualifying children. State WIC agencies could also make it easier for working families to enroll in the program by allowing parents and caregivers to schedule their WIC appointments online, at any time, rather than requiring that they call their local office during business hours.

In addition, pediatric health care systems could consider partnering with community-based organizations to implement programs that provide eligible families with assistance enrolling in WIC, SNAP, and other government benefit programs during or after a clinic visit or hospital admission. By helping families navigate complicated application and enrollment processes, these interventions could boost WIC and SNAP participation rates and help children and families access the benefits they need. These enrollment assistance programs could build on and enhance the services provided by existing clinic-based food pantries and medical-financial partnerships, providing food-insecure families with long-term nutrition assistance that could have beneficial effects on their children's health and development.

These innovations are urgently needed to help ensure that WIC and SNAP—which are among our most effective tools in the fight against child hunger—are able to reach food-insecure children and families across the U.S.

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