

Women and Children Participating in WIC

DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants, and children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

SIGNIFICANCE

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded preventive program that provides participants with nutritious food, nutrition education, and referrals to health care and social services. WIC serves pregnant, postpartum, and breastfeeding women, infants, and children under age five living in low-income households. Any individual who participates in SNAP, RIte Care, Medicaid, or Rhode Island Works is automatically income-eligible for WIC. Participants also must be at nutritional risk to qualify. This can include inadequate nutrition, or medical risks such as anemia or high-risk pregnancy.^{1,2}

WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease

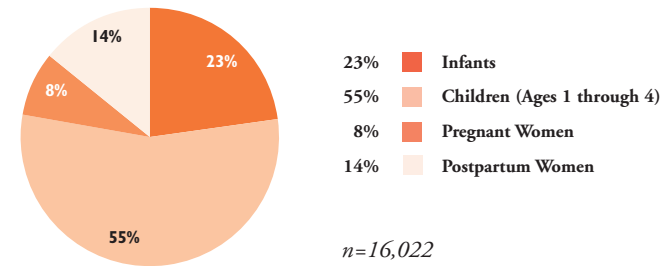
household food insecurity (families that do not have regular access to enough food for an active, healthy life). Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement. Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.^{3,4,5}

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), improve cognitive development, reduce risk of child neglect and abuse, increase child immunization rates, and increase access to preventive medical care.^{6,7}

Revisions to the WIC food package that were implemented in 2009 increased access to a wider variety of nutritious foods, increased state flexibility to provide culturally appropriate foods, and strengthened breastfeeding support.^{8,9} In Rhode Island in Federal Fiscal Year (FFY) 2022, 36% of infants participating in were breastfed, and 64% of infants were fully formula fed.¹⁰

In 2020, WIC began providing an EBT (electronic benefit transfer) card called eWIC to all Rhode Island users.¹¹


Women, Infants, and Children Enrolled in WIC, Rhode Island, September 2022



Source: Rhode Island Department of Health, WIC Program, September 2022.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population served by WIC in September 2022 in Rhode Island. Women accounted for over one-fifth (8% pregnant and 14% postpartum) of the population served.**¹²

◆ **In September 2022, 3% of WIC participants in Rhode Island were Asian, 17% were Black, 3% were Native American, 65% were white, and 13% identified as another race or more than one race. Fifty-eight percent of WIC participants identified as Hispanic. Hispanic women and children may be included in any race category.**¹³

◆ **Three of the four core cities had participation rates at or exceeding the statewide participation rate of 40% in September 2022: Providence (49%), Central Falls (45%), Woonsocket (45%).**¹⁴

◆ **WIC is not an entitlement program (there is not enough funding for all eligible women and children to participate). Congress determines funding for WIC annually.¹⁵ Rhode Island received \$19.8 million in federal WIC funding during FFY 2022, slightly higher than the \$17.1 million received in FFY 2021.**¹⁶

◆ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.¹⁷ In Rhode Island, 8,252 WIC participants purchased fresh produce at 26 farmers' markets and 14 farm stands through the FMNP in FFY 2022, an increase of 7,237 participants from the previous year.**¹⁸

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Table 14. Women, Infants, and Children Enrolled in WIC, June 2022

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	139	31	22%
Bristol	323	101	31%
Burrillville	393	71	18%
Central Falls	1,943	883	45%
Charlestown	140	41	29%
Coventry	771	225	29%
Cranston	2,700	1,156	43%
Cumberland	674	198	29%
East Greenwich	121	30	25%
East Providence	1,528	525	34%
Exeter	122	30	25%
Foster	114	23	20%
Glocester	162	32	20%
Hopkinton	174	115	66%
Jamestown	25	2	8%
Johnston	1,003	400	40%
Lincoln	530	174	33%
Little Compton	41	6	15%
Middletown	356	140	39%
Narragansett	142	33	23%
New Shoreham	25	0	0%
Newport	731	348	48%
North Kingstown	447	114	25%
North Providence	1,166	353	30%
North Smithfield	184	70	38%
Pawtucket	4,275	1,633	38%
Portsmouth	206	51	25%
Providence	13,009	6,387	49%
Richmond	155	9	6%
Scituate	158	19	12%
Smithfield	331	105	32%
South Kingstown	377	86	23%
Tiverton	251	87	35%
Warren	266	89	34%
Warwick	1,921	614	32%
West Greenwich	107	24	22%
West Warwick	1,197	398	33%
Westerly	545	130	24%
Woonsocket	2,848	1,289	45%
Four Core Cities	22,075	10,192	46%
Remainder of State	17,768	5,830	33%
Rhode Island	39,843	16,022	40%



Stigma Associated With Participation in WIC

◆ Individuals may feel uncomfortable participating in WIC and be less likely to use their benefits. Nationally, many participants express frustration that stores do not have signs indicating which items are WIC-eligible and feel stigmatized by store employees and other customers during checkout. Granting flexibility for the quantity of items purchased, improving signage for eligible products, allowing WIC items to be rung up along with SNAP and other food purchases, and allowing self-checkout for WIC items may help to reduce stigma.^{19,20}



COVID-19 and WIC Participation

◆ Waivers granted by the federal government in response to the COVID-19 pandemic provided flexibility in enrollment, benefit issuance, and redemption. Nationally, WIC participation increased 1.2% overall and 8.7% among children in February 2022 compared to February 2020 (pre-pandemic). Changes in participation varied widely and 28 states had declines in participation, including in Rhode Island, which had a 5.6% decline in the number of participants over this period. Community outreach and coordination with other program operators can help increase access to WIC.²¹

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2022.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2022.

Note: WIC participation rates in this Factbook are based on a single date in September. Factbooks from 2020-2022 used a reference date in June, and Factbooks prior to 2020 used a September 30 reference date, with the exception of the 2011 Factbook, which used a July reference date. Additionally, since 2007, the “estimated number eligible” is based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants, and children under age five who live in families with an income less than 185% of the federal poverty level. In previous years, the “estimated number eligible” was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

EOHHS data indicated that there were 246 women, infants, or children eligible who had an unknown residence. These are included in the Rhode Island state total but not assigned to any city or town.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

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