

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 have a specified nutritional risk to qualify. This includes medically-based risks such as anemia or high-risk pregnancy, or dietary risks such as inadequate nutrition.^{1,2}

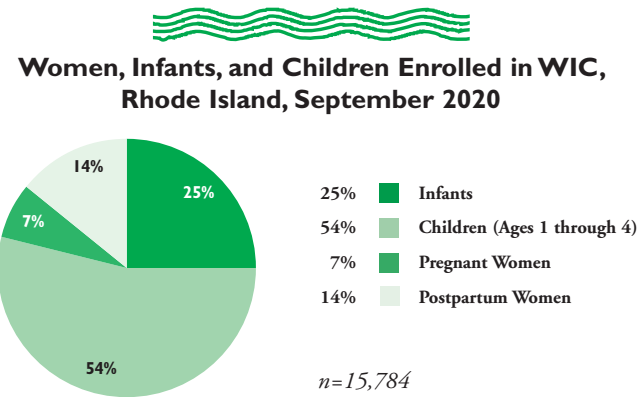
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC participation also may decrease

household food insecurity (families that do not have regular access to enough food for an active, healthy life).³ Food insecurity in early childhood can lead to impaired cognitive, behavioral, and psychosocial development, and can limit academic achievement.⁴ Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.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 abuse and neglect, increase child immunization rates, and increase access to preventive medical care.^{6,7}

Revisions made in 2014 to the WIC food package increased access to a wider variety of nutritious foods and strengthened breastfeeding support.⁸ WIC consistently promotes breastfeeding as the optimal method of infant feeding.⁹ In Rhode Island in Federal Fiscal Year (FFY) 2020, 79% of mothers participating in WIC initiated breastfeeding. Sixteen percent of infants participating in WIC were breastfed at three months of age, and 14% were breastfed at six months of age.¹⁰

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



Source: Rhode Island Department of Health, WIC Program, September 2020.

- ◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2020 in Rhode Island. Women accounted for over one-fifth (7% pregnant and 14% postpartum) of the population being served.**¹²
- ◆ **In September 2020, 3% of WIC participants in Rhode Island were Asian, 17% were Black, 3% were Native American, 67% were white, and 10% identified as another race or more than one race. Fifty-six percent of WIC participants identified as Hispanic. Hispanics are included in the preceding racial categories.**¹³
- ◆ **Three of the four core cities had participation rates exceeding the statewide enrollment rate of 48% in June 2020 – Central Falls (59%), Providence (56%), and Woonsocket (56%).**¹⁴
- ◆ **WIC is not an entitlement program. Congress determines funding annually, and WIC is not funded at a level that is sufficient to serve all eligible women and children.**¹⁵ Rhode Island received \$16.9 million in federal WIC funding during FFY 2020, the same level as FFY 2019 funding.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, 5,753 WIC participants purchased fresh produce at 23 farmers' markets through the FMNP in FFY 2020.¹⁸

Table 13. Women, Infants, and Children Enrolled in WIC, June 2020

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER ENROLLED	% OF ELIGIBLE ENROLLED
Barrington	168	49	29%
Bristol	319	152	48%
Burrillville	376	116	31%
Central Falls	1,958	1,148	59%
Charlestown	167	52	31%
Coventry	770	245	32%
Cranston	2,665	1,239	46%
Cumberland	694	228	33%
East Greenwich	172	37	22%
East Providence	1,500	622	41%
Exeter	137	45	33%
Foster	95	32	34%
Glocester	165	28	17%
Hopkinton	180	107	59%
Jamestown	36	2	6%
Johnston	912	399	44%
Lincoln	477	147	31%
Little Compton	48	10	21%
Middletown	428	217	51%
Narragansett	117	27	23%
New Shoreham	27	0	0%
Newport	767	462	60%
North Kingstown	540	176	33%
North Providence	1,126	474	42%
North Smithfield	222	73	33%
Pawtucket	4,620	2,240	48%
Portsmouth	230	100	43%
Providence	13,535	7,624	56%
Richmond	118	20	17%
Scituate	190	48	25%
Smithfield	306	108	35%
South Kingstown	414	96	23%
Tiverton	281	116	41%
Warren	254	105	41%
Warwick	2,011	661	33%
West Greenwich	100	42	42%
West Warwick	1,266	459	36%
Westerly	593	171	29%
Woonsocket	2,909	1,630	56%
Four Core Cities	23,022	12,642	55%
Remainder of State	17,871	6,865	38%
Rhode Island	40,893	19,507	48%



Stigma Associated With Participation in WIC

◆ Individuals may feel stigma associated with 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}



Cultural Relevance of WIC

◆ Nationally, one-half of WIC participants are from culturally diverse groups with a variety of eating patterns, traditions, and food sensitivities. Many WIC participants feel forced into Western food patterns and habits that may not be as healthy as their own eating habits. Changes to federal regulations to allow states to grant food substitutions and flexibility to offer regionally or locally available, culturally appropriate foods that reflect the cultural diet of participants would help to address the nutritional needs of participants while still honoring cultural norms and traditions.²¹

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, June 2020.

Note: WIC participation rates in this Factbook are based on a single date in June. 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).

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

References

- U.S. Department of Agriculture. (n.d.). *The Special Supplemental Nutrition Program for Women, Infants and Children (WIC program)*. Retrieved January 27, 2021, from www.fns.usda.gov
- Carlson, S., & Neuberger, Z. (2021). *WIC Works: Addressing the nutrition and health needs of low-income families for more than four decades*. Washington, DC: Center on Budget and Policy Priorities.
- Coleman-Jensen, A., McFall, W., & Nord, M. (2013). *Food insecurity in households with children: Prevalence, severity, and household characteristics, 2010-11*, EIB-113. Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- U.S. Department of Health and Human Services, Office on Women's Health. (2019). *Pregnancy: Staying healthy and safe*. Retrieved January 27, 2021, from www.womenshealth.gov
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

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