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WIC Use Decreased During and After COVID-19

LITTLE ROCK — Researchers at the University of Arkansas for Medical Sciences (UAMS) found significant declines in WIC participation during and after the COVID-19 pandemic, according to a study published in the American Journal of Public Health.

The researchers — led by student-researcher and UAMS College of Medicine student Savannah Busch — measured changes in participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) among more than 10 million Medicaid-covered births across the United States between 2016 and 2022. During this time period, researchers found that participation in WIC went from 66.6% to 57.9%.

In addition to significant declines in WIC participation during and after the pandemic, researchers discovered even greater reductions in the program's participation among individuals of minority race/ethnicity.

“WIC services have been consistently shown to improve infant outcomes at birth, as well as throughout infancy, while providing other maternal health benefits,” said researcher Clare Brown, Ph.D., MPH, an assistant professor in the UAMS Fay W. Boozman College of Public Health. “Anything that suggests reduced utilization of WIC for those who may need WIC services is a bad thing, and we found that the COVID-19 pandemic reduced the use of WIC services overall, and there were even larger reductions for individuals of minority races or ethnicities.”

According to the U.S. Department of Agriculture's Food and Nutrition Services, WIC provides “supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at a nutritional risk.”

To apply for WIC, women must visit a health professional to determine whether they are at a nutritional risk. The availability of such processes and other eligibility screenings, Brown said, was greatly impacted during the pandemic, as many clinics and agencies had reduced or limited hours and many populations faced new transportation challenges,

particularly in areas that more commonly use public transportation. Additionally, for individuals who speak limited or no English, or who work during daytime hours, applying for WIC can be even more challenging, she said.

“When we see that the use of WIC declines for a community who’s already at increased risk of bad infant and maternal health outcomes, those bad health outcomes might get even worse,” Brown said. “Many public health programs have strict eligibility requirements. Understanding what those requirements are and finding ways to create flexibilities in those requirements is really important, particularly for reducing health disparities.”

For the WIC program, those flexibilities could include increased hours of clinics and agencies that facilitate the WIC application process, providing non-English applications and resources, allowing various proofs of residency, increasing the number of stores that participate in the WIC program, and increasing WIC-eligible food products.

Brown added that Native Hawaiian and other Pacific Islander groups saw one of the greatest relative declines in WIC participation over the study’s six-year period. This is a critical finding for mothers in Arkansas — a state that was recently ranked worst in the nation for maternal mortality and given the state’s large population of Marshallese mothers.

The study, Association of the COVID-19 Pandemic With Women, Infants and Children (WIC) Receipt Among Pregnant Individuals: United States, 2016-2022, can be viewed at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2023.307525>. For more information about WIC, visit fns.usda.gov/wic.

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