

# WIC Nutrition Program increased enrollment shifting from paper vouchers to electronic

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The U.S. government's Special Supplemental Nutrition Program for Women, Infants, and Children, usually abbreviated as WIC, saw a jump in enrollment of nearly 8 percent in states that implemented a federally mandated switch from paper vouchers to electronic benefit cards (EBTs), according to a study led by researchers at the Perelman School of Medicine at the University of Pennsylvania.

The finding, published in *JAMA Pediatrics*, supports the rationale for the switch, which was to increase participation by making it easier and less stigmatizing to obtain and redeem WIC benefits.

"The broad takeaway from this study is that making benefit programs more user friendly may be a good way to help these programs reach the children and families who need them," said study lead author Aditi Vasan MD, a postdoctoral fellow in the National Clinician Scholars Program at Penn Medicine, and a pediatric hospitalist and health services researcher at Children's Hospital of Philadelphia.

WIC is a federal welfare program, established in 1972, that offers money to [states](#) for nutrition education, health care referrals, and nutritious foods for low-income mothers or mothers-to-be, and to infants and young children who are at nutritional risk.

Initially, states gave WIC participants paper vouchers to be used to

obtain food under the program. However, in 2010, Congress passed legislation mandating that states shift WIC benefits from vouchers to EBT cards by 2020. WIC participation at that point totaled only about 50 percent of eligible recipients, and the hope was that the shift to the more user-friendly cards could boost participation.

"One mother who lived in a state with the paper [voucher](#) system described it to me as a scavenger hunt, in which she goes to the store and tries to match the vouchers to the goods they cover, and then at checkout, hopes the cashier is trained to deal with WIC vouchers—because if not, she could be standing there a long time, with everyone in the line staring at her," Vasan said. "It can be a really stressful and stigmatizing experience."

In the states that have switched to EBT, a WIC participant can use his or her EBT like a debit card at store checkout counters, streamlining the process and making it far less stigmatizing.

In the study, Vasan and colleagues examined federal government data on state-by-state WIC participation from October 2014 through November 2019. Their main finding was that, on average, states that switched during the study window saw WIC participation increase by 7.8 percent in the three years after the switch, compared to states that didn't switch. That equates to about 220,000 more WIC beneficiaries in those EBT-switching states.

The analysis found that WIC participation increased by 7.22 percent among pregnant and postpartum women, 4.96 percent among infants less than a year old, and 9.12 percent among children ages 1-4 years.

Adjusting the results for state population changes, poverty rates and other potentially relevant factors did not alter the basic findings.

"These findings suggest that one small policy change aimed at making a [program](#) a little more user friendly can have a big impact," Vasan said. "And I think this points to an opportunity to implement similar interventions to reduce the administrative burdens that often prevent families from getting government benefits that could really help them."

Provided by Perelman School of Medicine at the University of Pennsylvania

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