



# WIC Works for Families: Strengthening WIC in New York State

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## Introduction

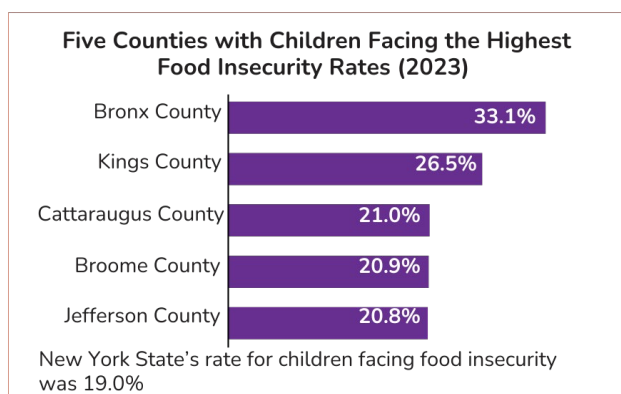
Since 1975, the federal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has helped to safeguard the health and wellbeing of infants, young children, and pregnant individuals through nutrition and support services.

Targeted at low-income individuals and families, and without regard to immigration status, WIC serves families during some of the most critical stages of life—during pregnancy and in the early years of a child’s life. WIC is uniquely positioned to address both the health and nutritional needs of families with young children.

Despite the benefits of WIC, thousands of eligible families nationwide, including in New York, are not participating in the program.<sup>1</sup> New York State has the opportunity, through dedicated resources and intentional outreach efforts, to expand access to WIC so more children and families can benefit from the program.

## Landscape

New York ranks among the top ten states that have experienced statistically significant growth in food insecurity since 2018. In 2023, 14.5% of New Yorkers reported food insecurity—meaning they sometimes or often did not have enough to eat—compared to 10.7% in 2019.<sup>2</sup> And roughly one in five New York children (19%) were food insecure in 2023.<sup>3</sup> What is more, recent federal policy and funding changes mean that fewer New Yorkers will be able to rely on the Supplemental Nutrition Assistance Program (SNAP)—formerly known as Food Stamps—to help meet their household’s food needs.



Source: Feeding America. (2025). 2023 Food Insecurity in New York.

Food insecurity is widespread across New York State, impacting New Yorkers in urban, rural, and suburban communities. However, food insecurity does not affect all New Yorkers equally. Some counties are hit harder than others—including the Bronx and Kings Counties, which are also home to some of the highest populations of Black and Latino residents.<sup>4</sup> Research published in the *American Journal of Preventive Medicine* reveals another stark disparity: non-citizens are nearly twice as likely to be food-insecure as U.S.-born and naturalized citizens.<sup>5</sup>

These disparities in food access contribute to devastating health outcomes. Black mothers are twice as likely to experience infant mortality as white mothers.<sup>6</sup> In addition to barriers to quality health care, factors like food insecurity, low birth weight, and diabetes have been shown to have a correlation with infant mortality.<sup>7</sup> The link between nutrition access and maternal-infant health outcomes is clear and significant.

WIC is uniquely situated at the intersection of health and food access and is specifically targeted at a critical life period: pregnancy, postpartum, and early childhood. Research demonstrates that WIC participation among pregnant individuals lowers the risk of infant mortality.<sup>8</sup>

## About WIC

The federal WIC program was established in the late 1960s, with its permanent legislation enacted on October 7, 1975. The program was designed to support low-income families and expectant parents by alleviating financial strain and providing essential nutrition and health assistance. WIC is available to low-income families, including pregnant and new parents, and children under age five, providing access to resources that promote health and wellbeing during critical developmental periods.

**Source:** Bartholomew, A., Adedze, P., Soto, V., Funanich, C., Newman, T., & MacNeil, P. (2017). [Historical perspective of the WIC program and its breastfeeding promotion and support efforts](#). *Journal of Nutrition Education and Behavior*, 49(7).

U.S. Department of Agriculture. Food and Nutrition Service. (2021). [FNS-101: Special supplemental nutrition program for women, infants, and children \(WIC\)](#).

## WIC in NYS

In New York State, WIC supports hundreds of thousands of people; in 2024, the program served 437,619 women, infants and children.<sup>9</sup> These families and individuals are served by program staff at 85 WIC local agencies across the state—housed within community health centers, community-based organizations, and county health departments.<sup>10</sup>

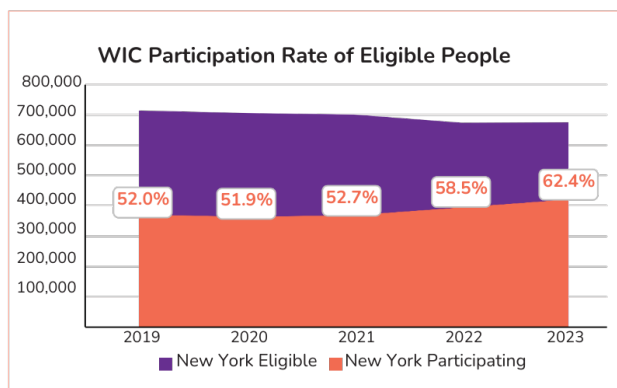
WIC participants receive monthly food benefits that are designed to fit the life stage of their families. For instance, an infant’s benefits may include formula—and even, sometimes, a specific formula based on their needs—while a family with a three-year-old, for example, will receive certain allotments for food groups like dairy, fruits and vegetables, and legumes. Participants also meet regularly with program staff, who monitor the child’s health and development and often provide referrals to additional services to help meet the family’s needs. Children in income-eligible families can receive WIC benefits through age four, with eligibility redeterminations annually.<sup>11</sup>

## WIC Works: The Impacts of WIC on the Health and Wellbeing of Children and Families

The impacts of the WIC program are significant and multifaceted. Research demonstrates that the program improves birth outcomes, fosters healthy growth and development, and enhances dietary intake among participants.<sup>12</sup> Participation in WIC has been shown to improve health outcomes, support cognitive and educational development, and alleviate food insecurity and poverty.<sup>13</sup> Further, WIC participation has also been shown to promote economic stability and reduce healthcare and societal costs by improving birth outcomes, reducing child poverty, and easing the strain on public health and welfare systems.<sup>14</sup> The program also encourages and

supports referrals and interactions with other social support systems, which in turn can contribute to improved outcomes. For example, families enrolled in WIC are more likely to keep up with regular doctor appointments, leading to higher immunization rates and better health outcomes for both children and mothers.<sup>15</sup>

## Barriers to Increased Participation



Source: USDA's Food and Nutrition Service. (2025). WIC Eligibility and Participation by State Over Time.

Despite the benefits associated with WIC, thousands of eligible families in New York do not participate in the program for a variety of reasons, including lack of awareness of their eligibility, administrative barriers, and limited capacity at local agencies.<sup>16</sup> In fact, only 62.4% of eligible New Yorkers participated in WIC in 2023, which, while above the national average, leaves significant room for improvement—nearly 40% of eligible pregnant and postpartum individuals, infants, and young children are missing out on the program's benefits.<sup>17</sup>

To meet community needs and integrate with other community resources, WIC services are delivered by local health departments, health centers, and nonprofit agencies. However, the decentralized nature of administering the program this way means that outreach strategy and practice vary significantly across programs and regions. While this inconsistency poses challenges, it also presents an opportunity to implement targeted outreach—possibly through pilots—tailored to meet the specific needs of a population or geographic area.

Informal data collected from conversations with WIC outreach workers in New York's Capital Region suggest local WIC offices have experienced a significant increase in individuals seeking benefits over the past two years. Currently, local WIC administrators rely on outreach strategies such as social media campaigns, referrals from medical and insurance providers, referrals through the state's virtual assistant, Wanda, and word of mouth to connect with potential clients.<sup>18</sup> With demand rising, the need for additional funding is growing more urgent to ensure the program can continue to effectively meet the needs of all eligible families.

At a June 2025 stakeholder roundtable that included WIC recipients, site staff, representatives from the Department of Health, and the Community Health Care Association of New York State (CHCANYS), convened by the Schuyler Center for Analysis and Advocacy, WIC participants emphasized the program's critical role during challenging times, with one father noting, "WIC got me through some tough times." Participants praised the ease of enrollment in the program, the value of the fruits-and-vegetables benefit, the flexibility of virtual appointments that accommodate participants' work schedules, and referrals to support services. They also reported that the transition to the WIC card and mobile app has simplified shopping, though participants noted ongoing challenges with retailer acceptance and product availability at certain stores. Parents also expressed a strong interest in greater flexibility to adjust benefit

packages month-to-month based on family needs. They also recommended more promotion outside doctors' offices, especially for new fathers, as a way to help WIC reach more eligible families.

### Innovations that Increase Participation: Virtual Waiver

To address some of the participation barriers and to increase WIC uptake, New York State strategically implemented a federal waiver that allows for virtual participation in the program. This waiver allows local agencies to meet virtually with participants if/when participants choose. The flexibility of this virtual option has enabled programs to increase the number of clients they are able to serve and made participation easier for program participants by reducing barriers including transportation and the need to take time off of work for an in-person WIC appointment.

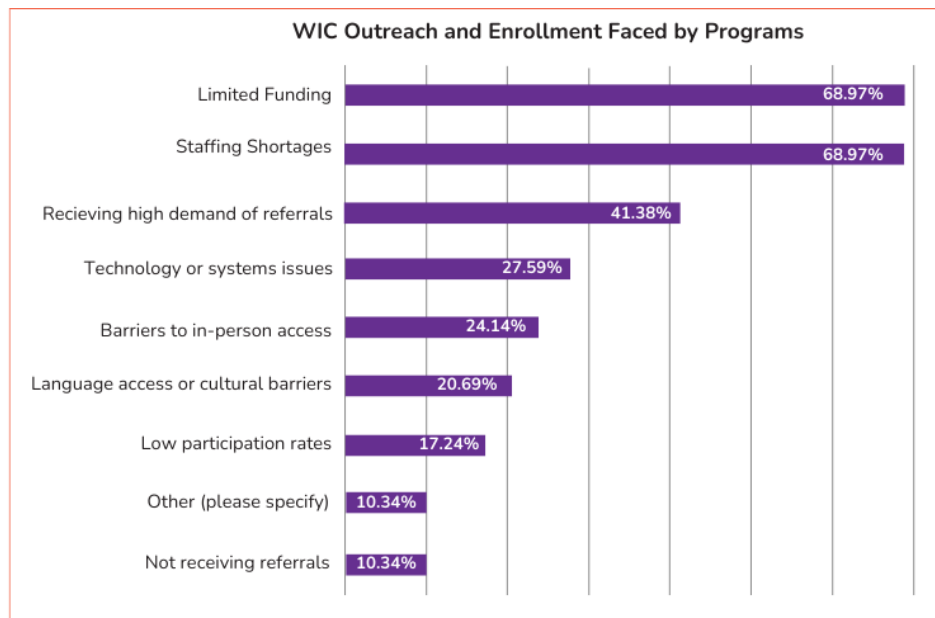
The option for virtual participation has also eased pressure on WIC sites, many of which are operating above their funded capacity due to rising demand that has outpaced available funding. One Capital Region WIC site increased its caseload by eight percent—from 2,394 to 2,589 clients—between 2023 and 2024, while simultaneously losing a staff member, dropping to about six and a half staff members. This means the site now serves about 396 clients per staff member, compared to 340 the previous year—a 16.5% increase in caseload per worker. Virtual meetings have allowed staff to serve more families each day with fewer resources.<sup>19</sup> A fall 2025 WIC survey found that WIC agency staff were worried about their inability to keep up with the uptake should the federal virtual waiver expire in September 2026, which would require them to shift back to in-person interviews and meetings with WIC participants, and leave them up against time and space constraints.<sup>20</sup>

### Funding Constraints Inhibit Broader WIC Participation

While evidence shows WIC has significant positive outcomes, including reducing maternal and child health disparities and alleviating the effects of poverty, it faces critical challenges. Key among those challenges is insufficient funding to meet the need in many communities.<sup>21</sup> As a result, local offices and nonprofits responsible for processing WIC applications are often struggling to operate beyond their funded capacity.<sup>22</sup>

Funding for the staffing and administration of WIC flows from the federal government to states and then to local programs. Each program's annual budget is determined based on the previous year's budget and an estimated caseload, based on the number of participants served.<sup>23</sup> As a result, when communities experience an increase in the number of families eligible for WIC, agencies administering the benefits operate at a disadvantage and often struggle to meet the demand, as their funding is tied to prior participation rather than the total number of eligible families. This funding system further exacerbates the administrative and outreach challenges of the WIC program, making it difficult to expand the program to more families. Strengthening WIC Services: Findings from a Statewide Survey

In Fall 2025, the Schuyler Center for Analysis and Advocacy, in partnership with the Community Health Care Association of New York State (CHCANYS), conducted a statewide survey titled *"Strengthening WIC Services and Policy through Field and Organizational Insights"* to learn from organizations that refer clients to or administer WIC about their experiences with enrollment and service delivery in New York. The 31 survey respondents represented local WIC agencies, federally qualified health centers (FQHCs), hospital/health systems, and primary care offices. Twenty-nine respondents operate WIC sites, while two refer clients to WIC.



### Key Challenges: Funding and Staffing

Limited funding and staffing shortages emerged as the top challenges affecting WIC sites' ability to serve participants. Twenty respondents cited these as equally significant barriers. Several respondents noted that, too often, WIC staff leave for better-paying positions, and that some agencies are operating with computers that are over 10 years old.

### The Power of WIC

Despite these challenges, survey respondents overwhelmingly expressed the significant positive impact of WIC on families. One respondent wrote, "WIC is an invaluable program that plays a vital role in the lives of the participants we serve every day." Respondents shared how families consistently express appreciation for the nutritious food packages, breastfeeding support from trained counselors, nutrition education, and the way the program helps improve their family's overall health and wellbeing.

One pediatrician shared a powerful story about a single mother from Mexico who had recently moved to the Bronx with her newborn: "She was struggling to afford formula after being unable to breastfeed due to latching problems. She was afraid to apply for WIC because she worried it might affect her immigration status. We connected her with a Spanish-speaking WIC counselor who guided her through the process and provided formula and healthy food benefits right

away. At her baby's next visit, she was visibly relieved, her baby was growing well, and she told me she finally felt 'un poquito de paz' [a little bit of peace]."

Another respondent serving refugee families described: "Many of our WIC participants are refugees who have fled war-torn countries with nothing but the clothes on their backs. They arrive with no resources for food, clothing, or basic necessities, and rely heavily on the support services we provide."

However, multiple respondents noted that fear of immigration consequences is causing some eligible families to avoid enrolling in WIC, despite the program not requiring citizenship and having no impact on immigration status. Some administrators also expressed concern that the current federal administration may limit access to the program in the future.

### Virtual Services Expand Access

A significant finding from the survey was the critical importance of federal waivers that allow WIC appointments to be conducted virtually rather than only in person. These waivers, implemented during the COVID-19 pandemic, have dramatically improved access to WIC: respondents estimated 75-99.9% of their clients regularly complete their appointments virtually. Virtual appointments allow working parents to complete appointments during lunch breaks, eliminate transportation barriers (especially critical in areas with limited public transit), and enable participation from families living outside traditional service areas.

One respondent explained: "Parents and participants now have the flexibility to schedule services at times that work best for them. Returning to a rigid, in-person-only structure would add unnecessary stress in an already demanding world."

Multiple respondents expressed serious concern about maintaining current participation levels if the federal virtual waivers expire, warning that agencies would lose staff and participants would drop from the program if forced to return to in-person-only appointments.

### Policy Considerations

At this moment, when federal changes pose real threats to our safety net programs, it is more important than ever to ensure the programs that remain widely available are bolstered to support families in meaningful ways.

Through intentional investment, cross-system coordination, and targeted outreach, New York State has the opportunity to optimize the potential of WIC and bring critical services and support to more eligible families. To do this, New York State should:

- **Increase State Funding to Help Local Programs Meet the Need**
  - Increase the state's investment in the WIC program to \$30 million to help ensure that local programs can provide essential health and nutrition services to infants, children, and pregnant and postpartum parents. Administration and staffing costs for WIC exceed the federal grant allowance in NYS, and with increased outreach to eligible families and individuals, additional funding is needed. An additional \$30 million in funding should be allotted to WIC.

- **Improve Outreach and Increase Participation**

- Work with the federal government to ensure the virtual waiver is made permanent, to allow families flexibility in how and when they complete WIC “visits.” A permanent virtual participation option will allow program sites to serve greater numbers of participants, when compared to in-person only participation, and enable referrals between program sites to balance capacity issues so all WIC participants can be enrolled in a timely manner.
- Continue to strengthen coordination with programs that share similar eligibility criteria, such as Medicaid and SNAP. Since these programs often overlap in income thresholds, leveraging their networks provides an efficient opportunity to identify and engage families who qualify for both SNAP and WIC. New York State has begun a data matching project between WIC and Medicaid. Continuing to advance this work, including doing targeted outreach to those WIC-eligible families identified through the data match, will help ensure more families are aware of their eligibility for WIC.
- As funding becomes available at levels sufficient to meet current need and outreach efforts are expanded, the state could consider targeted outreach approaches. Establishing a targeted outreach pilot, for example, would allow the state to test outreach approaches while enabling local programs to sustainably increase their capacity. A pilot could either be targeted to a specific population, such as pregnant individuals, or to a particular geographic region with existing capacity to serve new clients. Through a demonstration pilot, the state could test direct outreach strategies to those identified as likely eligible through data matching with other programs (e.g., Medicaid), while avoiding overwhelming programs already operating at or beyond their funded capacity.

## Conclusion

WIC has demonstrated significant potential to support young children and families at a critical juncture in their lives, with the potential for long-term outcomes. As federal cuts threaten to leave many families without essential support, WIC stands as a program uniquely positioned to fill critical gaps—if New York State provides the resources to expand its reach.

With intentional collaboration with stakeholders and targeted State investment in outreach, coordination, and program enhancements, WIC can serve as both a nutrition program and a vital access point for families losing assistance elsewhere. WIC not only offers food support but also connection to healthcare, breastfeeding support, and community resources. With the right investments, the resources WIC offers can help families who may be unable to access SNAP, child care assistance, and households impacted by recent Medicaid changes during these uncertain times.

Now, more than ever, New York has an opportunity—and a responsibility—to shore up programs like WIC that provide families with nutrition and critical health supports when they need them most. By investing in WIC's capacity and accessibility today, New York can work to ensure that no young child or pregnant parent falls through the cracks as federal support erodes. Investing in WIC is how New York protects its youngest residents and the families raising them: by strengthening the programs that work, precisely when families need them most.

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- <sup>1</sup> Schweitzer, J. (2022). [How to address the administrative burdens of accessing the safety net](#). Center for American Progress.
- <sup>2</sup> Feeding America. (2025). [Map the Meal Gap](#).
- <sup>3</sup> Feeding America. (2025). [Map the Meal Gap](#).
- <sup>4</sup> Maternal and Child Health Bureau. (n.d.). [III.B. Overview of the State - New York – 2023](#). Health Resources and Services Administration.
- <sup>5</sup> Sharareh, N., Seligman, H. K., Adesoba, T. P., Wallace, A. S., Hess, R., & Wilson, F. A. (2023). [Food insecurity disparities among immigrants in the U.S. AJPM Focus](#), 2(3), Article 100113.
- <sup>6</sup> Carlson, S., & Neuberger, Z. (2021). [WIC works: Addressing the nutrition and health needs of low-income families for more than four decades](#). Center on Budget and Policy Priorities.
- <sup>7</sup> Cassidy-Vu, L., Way, V., & Spangler, J. (2022). [The correlation between food insecurity and infant mortality in North Carolina](#). *Public Health Nutrition*, 25(4), 1038–1044.
- <sup>8</sup> Carlson, S., & Neuberger, Z. (2021). [WIC works: Addressing the nutrition and health needs of low-income families for more than four decades](#). Center on Budget and Policy Priorities.
- <sup>9</sup> New York State Office of the State Comptroller. (n.d.). [Nutritional assistance](#).
- <sup>10</sup> New York State Department of Health. (n.d.). [Offices \(local agencies\) that provide WIC services](#).
- <sup>11</sup> Center on Budget and Policy Priorities. (2025). [Policy Basics: Special Supplemental Nutrition Program for Women, Infants, and Children](#).
- <sup>12</sup> Foster, E. M., Jiang, M., & Gibson-Davis, C. M. (2010). [The effect of the WIC program on the health of newborns](#). *Health services research*, 45(4), 1083–1104.
- <sup>13</sup> Food Research and Action Center. (2019). [WIC IS A CRITICAL ECONOMIC, NUTRITION, AND HEALTH SUPPORT FOR CHILDREN AND FAMILIES](#).
- <sup>14</sup> Food and Nutrition Service. (2024). [How WIC Helps](#). U.S. Department of Agriculture.
- <sup>15</sup> Food and Nutrition Service. (2024). [How WIC Helps](#). U.S. Department of Agriculture.  
<https://www.fns.usda.gov/wic/helps>
- <sup>16</sup> Schweitzer, Justin, (2022). [How to address the administrative burdens of accessing the safety net](#). Center for American Progress.
- <sup>17</sup> USDA’s Food and Nutrition Service. (2025). [WIC Eligibility and Participation by State Over Time](#).
- <sup>18</sup> New York State WIC Program. (2025). [Wanda](#) [Virtual WIC Assistant]. Department of Health.
- <sup>19</sup> On file with the Schuyler Center for Analysis and Advocacy.
- <sup>20</sup> On file with the Schuyler Center for Analysis & Advocacy.
- <sup>21</sup> Neuberger, Z. (2024). [WIC coordination with Medicaid and SNAP](#). Center on Budget and Policy Priorities
- <sup>22</sup> Liu, C. H., & Liu, H. (2016). [Concerns and Structural Barriers Associated with WIC Participation among WIC-Eligible Women](#). *Public health nursing (Boston, Mass.)*, 33(5), 395–402.
- <sup>23</sup> New York State WIC Program. (2023). [NYS WIC Program Manual](#). National WIC Association.