

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 a high-risk pregnancy.^{1,2}

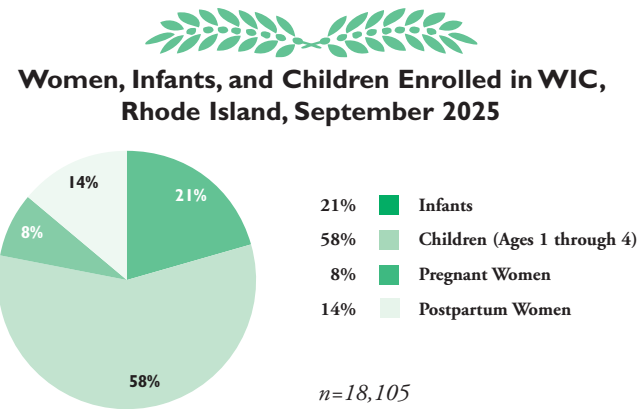
WIC improves the quality of participants' diets and promotes healthy eating habits. Studies have shown that WIC participants access more nutritious foods, including more produce, whole grains, and low-fat dairy. WIC

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.^{2,4}

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 the risk of child neglect and abuse, increase child immunization rates, and increase access to preventive medical care.^{2,5}

Revisions to the WIC food package that were implemented in 2009 and expanded in 2024 increased access to a wider variety of fresh foods, increased state flexibility to provide culturally appropriate foods, and strengthened breastfeeding support.^{2,6} In Rhode Island as of September 30, 2025, 41% of infants participating in WIC were breastfed, and 59% of infants were fully formula fed.⁷

In 2020, WIC began providing an EBT (electronic benefit transfer) card called eWIC to all Rhode Island users.⁸



Source: Rhode Island Department of Health, WIC Program, September 2025.

- ◆ In September 2025, infants and children ages one through four comprised more than three-quarters (79%) of the population served by WIC in Rhode Island. Women accounted for over one-fifth (8% pregnant and 14% postpartum) of the population served.⁷
- ◆ In September 2025, 4% of WIC participants in Rhode Island were American Indian or Alaskan Native, 2% were Asian, 18% were Black, 62% were white, and 12% identified as another race or more than one race. Sixty-three percent of WIC participants were Hispanic. Hispanic women and children may be included in any race category.⁷
- ◆ In September 2025, all five of the core cities had participation rates above the statewide participation rate of 48%: Central Falls (61%), Newport (60%), Pawtucket (49%), Providence (59%), Woonsocket (53%).⁷
- ◆ 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.⁹ Rhode Island received \$21.1 million in federal WIC funding during FFY 2025, up from \$20.1 million in FFY 2024.^{7,10}
- ◆ 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.¹¹ In Rhode Island, 5,389 WIC participants purchased fresh produce at 79 farmers' markets through the FMNP in FFY 2025.⁷

Table 13.

Women, Infants, and Children Enrolled in WIC, September 2025

| CITY/TOWN | ESTIMATED NUMBER ELIGIBLE | NUMBER ENROLLED | % OF ELIGIBLE ENROLLED |
|--------------------|---------------------------|-----------------|------------------------|
| Barrington | 114 | 26 | 23% |
| Bristol | 247 | 124 | 50% |
| Burrillville | 311 | 112 | 36% |
| Central Falls | 1,835 | 1,120 | 61% |
| Charlestown | 123 | 65 | 53% |
| Coventry | 696 | 212 | 30% |
| Cranston | 2,556 | 1,069 | 42% |
| Cumberland | 629 | 259 | 41% |
| East Greenwich | 123 | 37 | 30% |
| East Providence | 1,322 | 576 | 44% |
| Exeter | 76 | 13 | 17% |
| Foster | 92 | 31 | 34% |
| Glocester | 139 | 39 | 28% |
| Hopkinton | 148 | 42 | 28% |
| Jamestown | 34 | 4 | 12% |
| Johnston | 965 | 380 | 39% |
| Lincoln | 495 | 184 | 37% |
| Little Compton | 30 | 7 | 23% |
| Middletown | 341 | 190 | 56% |
| Narragansett | 112 | 36 | 32% |
| New Shoreham | 20 | 4 | 20% |
| Newport | 680 | 405 | 60% |
| North Kingstown | 389 | 96 | 25% |
| North Providence | 980 | 323 | 33% |
| North Smithfield | 206 | 53 | 26% |
| Pawtucket | 4,073 | 1,986 | 49% |
| Portsmouth | 234 | 86 | 37% |
| Providence | 12,626 | 7,475 | 59% |
| Richmond | 136 | 30 | 22% |
| Scituate | 120 | 9 | 8% |
| Smithfield | 270 | 71 | 26% |
| South Kingstown | 332 | 102 | 31% |
| Tiverton | 230 | 97 | 42% |
| Warren | 214 | 91 | 42% |
| Warwick | 1,902 | 652 | 34% |
| West Greenwich | 103 | 21 | 20% |
| West Warwick | 1,062 | 448 | 42% |
| Westerly | 428 | 176 | 41% |
| Woonsocket | 2,720 | 1,454 | 53% |
| Unknown | 247 | - | NA |
| Five Core Cities | 21,934 | 12,440 | 57% |
| Remainder of State | 15,176 | 5,665 | 37% |
| Rhode Island | 37,357 | 18,105 | 48% |



Stigma Associated with Participation in WIC

◆ 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, streamlining the selection process through technology like apps, and allowing self-checkout for WIC items may help to reduce stigma.^{12,13}



Underutilization and Policy Recommendations

◆ Allowing WIC applicants and participants the option of telephone and videoconference appointments for enrollment and recertification reduces the time and effort associated with in-person visits. This eases the burden, particularly on those who live in areas with limited or no access to public transportation, and means participants save time and money on travel to WIC clinics. Offering evening and weekend appointments, allowing participants to submit eligibility documents electronically, and developing mobile apps or portals for participants to make and change appointments may improve participation rates and program retention. These flexibilities also limit participants' need to miss work or school.¹⁴

Source of Data for Table/Methodology

Estimated Number Eligible: Rhode Island Executive Office of Health and Human Services, Medicaid Management Information System, September 30, 2025.

Number Enrolled: Rhode Island Department of Health, WIC Program, September 2025.

Note: WIC participation rates in this Factbook are based on a single date in September. Since 2007, the "estimated number eligible" has been 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.

EOHHS data indicated that there were 247 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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