

Remote Access may be Key that what Helped Families Stay with WIC

A recent study found that declining retention in the Special Supplemental [Nutrition Program](#) for Women, Infants, and Children (WIC) reversed following the introduction of remote access, but increasing the cash value of program benefits was not associated with further changes in retention.



Study

The researchers conducted a repeated [cross-sectional study](#) using an interrupted time-series analysis of six years of Massachusetts WIC administrative data on 238,482 children who participated in WIC. In the baseline year, the dataset included 105,782 children, with the mean age being 17 months.

Between January 2017 and March 2020, [retention](#) declined by 0.006 percentage points per month. In March 2020, 96% of eligible children aged 1-11 months were retained in the program, versus 68%, 56%, and 48% for children aged 12-23 months, 24-35 months, and 36-47 months, respectively.

After remote services were introduced, the retention trend reversed, though at different rates when stratified by [age](#).

In the and 36-47 months, respectively. [Infant retention](#) (children aged 1-11 months) was already high and showed no statistically significant change. The increase in the cash-value benefit was not associated with changes in retention rates overall.

However, when both retention and [benefit usage](#) were combined as a secondary outcome, increased cash-value benefits were associated with small immediate increases in this outcome among children in the two intermediate age strata (12-35 months). These increases were 2.85 percentage points among children aged 12-23 months and 3.03 percentage points among those aged 24-35 months, after which levels remained stable.

However, the introduction of remote services was not associated with changes in the secondary outcome. The changes in retention trends did not differ significantly by race or ethnicity, [maternal education](#), or language spoken at home.

A qualitative study conducted in parallel with this analysis showed that participants appreciated remote services as removing participation barriers. Conversely, [pandemic](#)-related disruptions to supply availability and in-person shopping might have limited corresponding increases in benefit usage, as suggested by the same study.

Similar results have been reported in earlier studies that showed, for instance, that the use of [electronic cards](#) instead of paper vouchers to facilitate ease of use was associated with a 9% increase in participation. Some states introduced remote access to benefit delivery during the pandemic and registered higher WIC participation rates than states that allowed only in-person benefit reloading.

Findings

The study is limited to Massachusetts, and it excluded children who first enrolled in WIC after infancy so the researchers could accurately calculate [population-level retention](#) estimates. This limits the generalizability of the study to all WIC-participating children, as well as to populations outside Massachusetts. There was no comparison group.

The causes underlying these changes might have been pandemic- or policy-related, though other [policy changes](#) assessed here did not show an association with retention rates.

Other social support policy changes were also introduced in March 2020 to help [low-income households](#) cope with pandemic-related hardships. However, the authors argued that these might instead have been expected to reduce WIC retention by making participation less economically imperative, the reverse of what was actually observed.

The increased cash value benefits were implemented alongside the pre-existing remote service waivers. Therefore, the researchers could not determine whether the [cash-value benefit](#) increase would have affected retention plus benefit use in the absence of remote services. Future studies should evaluate the impact of these policies in more controlled settings.

Conclusion

The study suggests that implementing [remote access](#) to WIC services was associated with increased retention, whereas increasing the cash-value benefit was not associated with further changes in retention. The latter was associated with small immediate increases in both retention and benefit use, however, among children aged 12-35 months.

The authors recommend, therefore, that “Policy efforts to streamline WIC services and make [remote services](#) permanent, such as the More Options to Develop and Enhance Remote Nutrition in WIC Act of 2025 should be prioritized.”

Source:

<https://www.news-medical.net/news/20260929/What-helped-families-stay-with-WIC-Remote-access-may-be-key.aspx>