U.S. DEPARTMENT OF AGRICULTURE

Third National Survey of WIC Participants (NSWP-III)

BRIEF REPORT 7: WIC PARTICIPANT USE OF OTHER ASSISTANCE PROGRAMS

This research was supported by the U.S. Department of Agriculture, Food and Nutrition Service. The findings and conclusions in this publication are those of the author(s) and should not be construed to represent any official USDA or U.S. Government determination or policy.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF EXHIBITS

ABSTRACT

Background: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social service programs for low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk. The National Survey of WIC Participants (NSWP) series is designed to provide national estimates of WIC participants, State agencies' (SAs) and local agencies' (LAs) characteristics, and improper payments resulting from participant certification errors in WIC. NSWP is conducted approximately every 10 years. This brief is part of a series of 10 briefs that describe findings from the NSWP-III study, which collected data in 2019.

Objective: This brief provides information on WIC participants' health insurance coverage, receipt of information on and referrals to Medicaid, participation in other nutrition assistance programs, and WIC's impact on the use of those programs. This report also includes findings from a case study of former WIC participants that assessed former participants' involvement in other assistance programs.

Methods: Data were collected from the following sources during the summer and fall of 2019: a nationally representative survey completed by current WIC participants that was administered either in person or over the telephone (weighted n = 6,397,412; unweighted n = 1,648) and a telephone interview with a convenience sample of 125 former WIC participants.

Findings:

- Since 2009, the percentage of adult WIC participants reporting no insurance coverage for themselves decreased significantly ($p < 0.05$) from 32.2 percent to 14.2 percent. Additionally, the percentage of participants reporting no insurance coverage for their children significantly decreased ($p < 0.05$) from 6.8 percent in 2009 to 2.6 percent in 2019.
- More than half of adult WIC participants (56.0 percent) and the majority of child WIC participants and children of adult participants (78.9 percent) reported that they used Medicaid for their health insurance.
- More than half of WIC participants (66.1 percent) reported that, at the time of the survey, they or members of their family were currently receiving food from at least one of the food assistance programs other than WIC. Specifically, half of participants (50.0 percent) reported that they or members of their family currently received food from the Supplemental Nutritional Assistance Program (SNAP) and a third (33.0 percent) currently received meals from the National School Lunch Program (NSLP) or School Breakfast Program (SBP).
- Many former WIC participants (84.8 percent; n = 106) indicated they were enrolled in at least one other assistance program during the time of their most recent WIC participation. Most of the former WIC participants interviewed (79.2 percent; n = 99) reported they were concurrently enrolled in Medicaid.

Conclusion: Referrals help WIC families access other community resources that they might not otherwise have known about. The study revealed positive findings regarding WIC participant use of other assistance programs. Future research could gather information from WIC LAs and participants regarding the facilitators and barriers to participating in other social services programs.

INTRODUCTION

Background

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social services programs for low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) administers WIC by providing Federal grants to 89 State agencies (SAs), including 50 States and the District of Columbia; 33 Indian Tribal Organizations (ITOs); and the 5 U.S. Territories of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. In 2019, the average monthly WIC participation was 6.4 million participants nationwide.[1]

SAs are responsible for the effective and efficient administration of WIC in accordance with Federal regulations.[2] In addition, SAs are responsible for guiding their local agencies (LAs) on all aspects of program operations, including allocating funds, extending technical assistance, and providing oversight for LA compliance with Federal regulations and SA policies and procedures. LAs provide WIC participants with locations where they can apply for WIC benefits, engage with qualified WIC staff to determine eligibility, and complete the certification process to receive a food benefit package that meets their nutritional needs.[3] SAs and LAs also provide WIC participants with information on other health-related and public assistance programs. In addition, SAs and LAs refer participants to these programs, when appropriate.[4]

The National Survey of WIC Participants (NSWP) series is designed to provide information on the characteristics of nationally representative samples of WIC participants, SAs, and LAs, and to produce estimates of improper payments resulting from participant certification errors in WIC. The first NSWP study was conducted in 1998, and NSWP-II was conducted in 2009.[5,6]

The NSWP-III findings in this brief are based on data collected from two surveys during the summer and fall of 2019; the Program Experiences Survey (PES) administered to a nationally representative of current WIC participants, and the Former Participant Survey (FPS), a telephone interview with a convenience sample of 125 former WIC participants.

---

[1] U.S. Department of Agriculture, Food and Nutrition Service. (2019). *WIC Program: National level annual summary*. https://fns-prod.azureedge.net/sites/default/files/resource-files/wisummary-6.pdf

[2] Government Publishing Office. (2020). *Electronic Code of Federal Regulations 7 CFR Part 246*. https://www.ecfr.gov/cgi-bin/text-idx?SID=a6828ac000f6e75ae4679d5beecb637c&mc=true&node=pt7.4.246&rgn=div5#se7.4.246_13

[3] U.S. Department of Agriculture, Food and Nutrition Service. (2019, October). *About the WIC program*. https://www.fns.usda.gov/wic/state-agency

[4] Government Publishing Office. (2020). *Electronic Code of Federal Regulations 7 CFR Part 246.7(b).* https://www.ecfr.gov/cgi-bin/text-idx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5

[5] U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. (2001). *National Survey of WIC Participants: Final report.* Alexandria, VA.

[6] U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. (2012). *National Survey of WIC Participants II.* Alexandria, VA.

Research Objective and Questions

One component of NSWP-III is to provide information on WIC participants' use of other assistance programs and health services. Specifically, this brief report addresses the following research questions:

Health Insurance Coverage and Medicaid Referrals

- What types of health insurance coverage do participants and their children have, and what proportion of participants uses each type of health insurance specified?
- What proportion of participants are provided with information about the Medicaid Program (referrals) during the application or reapplication process (certification process) for WIC?
- What proportion of participants was referred to Medicaid by WIC?

Participation in Assistance Programs and Other Social Services

- What proportion of participants receive information on other health-related and public assistance programs (referrals)?
- What proportion of the sampled participants and other members of the family/economic unit participate in what social service, educational (Head Start/Early Head Start), public assistance (Temporary Assistance for Needy Families), and other nutrition assistance programs (including but not limited to SNAP, NSLP, SBP, Summer Food Service Program, CACFP)?
- Which social service, educational, public assistance, and other nutrition assistance programs have these participants participated in previously (including Commodity Supplemental Food Program)?
- What percentage of WIC participants was previously enrolled in these programs?
- What is the estimated duration of participation? How long did participation for each of those programs last for the sampled participants?
- For SNAP participants, what proportion enrolled in SNAP after enrolling in WIC?
- According to WIC participants, how does WIC participation affect their food purchasing with other resources?
- To what extent do WIC participants supplement their food purchasing with other resources (e.g., TANF)?

Former WIC Participant Enrollment in Other Programs

- What proportion of former participants is enrolled in other programs (e.g., SNAP, NSLP, SBP, SFSP, CACFP, Medicaid, TANF)?

Report Organization

The following sections of this brief report detail the findings related to the research questions referenced above. The report concludes with a summary of key findings and discussion of the study limitations and recommendations for future research. The report also references appendices which include technical details of the survey methodology, a copy of the surveys, and analytic tables.

STUDY METHODOLOGY

Source of Data

The findings in this brief are based on data collected from two NSWP-III instruments during the summer and fall of 2019. Table 1 lists the survey fielded and associated operational details.

Table 1. NSWP-III Survey Summary

Instrument	Type of Data Collection	Mode of Data Collection	Estimated Length of Survey	Data Collection Period	Number of Completed Instruments	Response Rate[a]	Cooperation Rate[b]
PES	National sample	In-person and telephone survey[c]	30 minutes	June 23, 2019–November 10, 2019	1,648	36.2%	66.4%
FPS	Case study	Telephone interview	30 minutes	June 24, 2019–October 25, 2019	125	-	67.0%

[a] Response rate equals the number of completed cases divided by the sum of the number of completed cases, number of refusal cases, and nonrespondents.
[b] Cooperation rate equals the number of completed cases divided by the sum of the number of completed cases and number of refusal cases. Since the FPS is a case study, the cooperation rate is a more suitable calculation than a response rate.
[c] Field interviewers administered the PES in person if the respondent was also sampled to complete the CS. Telephone interviewers administered the PES by telephone if the respondent was sampled only for the PES.

Survey Content

The PES and FPS instruments were developed in collaboration with FNS and were reviewed by an independent panel that included experts in WIC policy and operations. In addition, each survey was pilot tested with nine respondents to assess ease of comprehension (e.g., confusing wording or layout, failure to grasp concepts) and length of time to complete. Topics included in each survey are shown in Table 2.

Table 2. Topics Included in the NSWP-III Surveys

Survey	Topics Included
PES (Appendix B)	▪ WIC participation (new or prior participation) ▪ Reasons for leaving WIC if participated previously ▪ Participant satisfaction with WIC services, staff, and benefits ▪ Farmer's Market Nutrition Program participation ▪ Use of WIC food benefits ▪ Food security ▪ Participation in other programs
FPS (Appendix C)	▪ Reasons why former participants discontinued WIC participation ▪ Former participants' satisfaction with WIC ▪ Former participants' involvement in other assistance programs

For the PES, the majority of the questions were close-ended; however, there were some open-ended questions asking about what WIC could have done differently. There also were some questions that had predetermined response options in addition to "other specify." The interviewer was instructed not to read those options aloud but instead let the respondent answer freely. If the respondent did not provide a response that matched the predetermined response options, the interviewer collected that information under the "other specify" option. The Study Team coded those responses thematically. For the FPS, the majority of questions were open-ended since that component of the study was a qualitative case study. For additional details and copies of the instruments, please see Appendices B and C.

Analysis

WEIGHTING

PES data. The PES data were weighted to represent the 2019 population of WIC participants. As such, the weighted descriptive results are representative of all 6,397,412 WIC participants nationally. The population of WIC participants, grouped by certification category and FNS Region, was used and was derived from the fiscal year (FY) 2019 Monthly Data State Level Participation by Category and Program Cost, Estimated from Oct 2018–Sept 2019, as of December 4, 2019.[7] Please see Appendix B for more details.

FPS data. As a list of all former WIC participants does not exist and due to the use of qualitative research methods for the former participants survey, the FPS was a telephone interview with a convenience sample of 125 former WIC participants. A convenience sample is a non-probability sample in which the researcher uses participants that are available to participate in the research study. Therefore, sampling adjustments and weighting are not applicable. Although these data were obtained from a diverse sample of WIC participants across multiple SAs, the results from this survey are not weighted to be representative of the national WIC population and should not be interpreted as such.

SURVEY RESULTS

PES results are presented as weighted percentages and means. Tables with comparisons to NSWP-I (conducted in 1998) and NSWP-II (conducted in 2009) were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix G (PES data). Two-tailed *t*-tests were conducted to determine if there were difference in the estimates between the two survey years at a 5 percent level of significance.

The FPS required the use of a comprehensive qualitative analysis approach. Thematic content analysis was conducted to develop the FPS findings.[8,9] This report includes quotes from FPS respondents to supplement the findings when applicable. Detailed findings from this case study can be found in Appendix H.

[7] U.S. Department of Agriculture, Food and Nutrition Service. (2020, July). *WIC Data Tables*. https://www.fns.usda.gov/pd/wic-program

[8] Daly, J., Kellehear, A., & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.

[9] Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 80–92.

NONRESPONSE BIAS ANALYSIS

The Office of Management and Budget (OMB) recommends nonresponse bias analysis any time the survey response rate is less than 80 percent. The PES achieved 36.2 percent response rate, so nonresponse bias analyses were conducted to determine whether there were respondent characteristics significantly associated with nonresponse that may have potentially introduced bias into the survey. Conducting a nonresponse bias analysis requires that the characteristics examined be available for both respondents and nonrespondents.[10] Therefore, the Study Team reviewed the sampling frame, which came from administrative data provided by States, to identify variables that were available for all respondents sampled for the survey. Language spoken at home and WIC certification category were identified as statistically significant factors associated with the participants' likelihood to complete the PES. These variables were then used to calculate adjustment factors to represent those who did not respond to the survey.

As per OMB guidelines, an item nonresponse analysis should be conducted if item response rate is less than 70 percent.[10] Item nonresponse bias analysis was not applicable to the PES because a response was required on all questions.

[10] Office of Management and Budget. (2006, September). *Office of Management and Budget: Standard guidelines for statistical surveys*. https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf.

MAIN FINDINGS

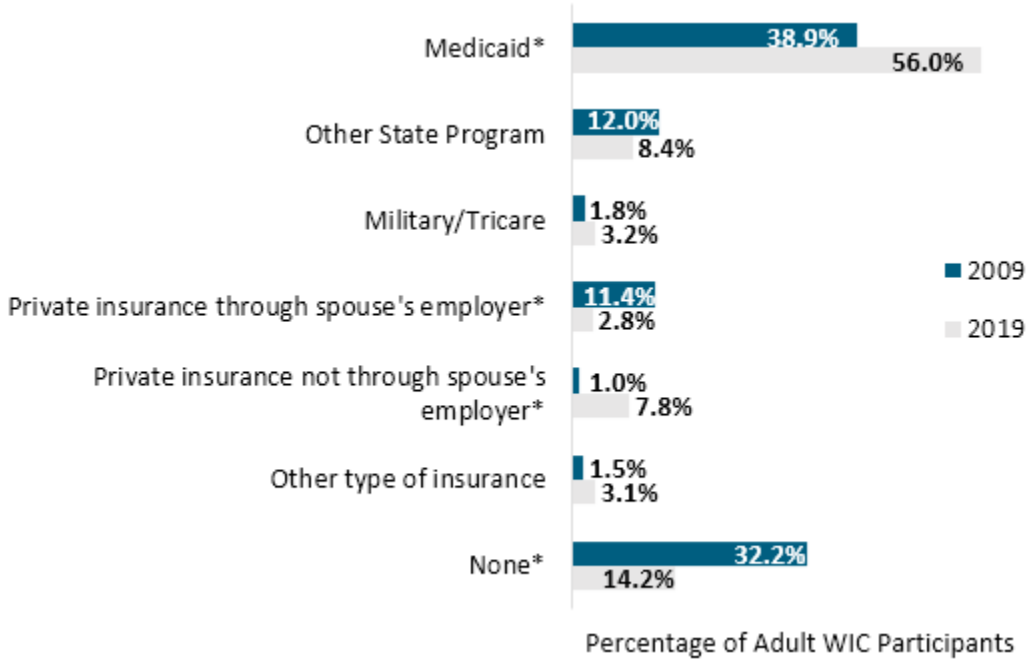
Health Insurance Coverage and Medicaid Referrals

Access to health insurance continues to be relevant to WIC's mission of safeguarding the health of women and children. Therefore, WIC participants were asked about the specific type of health insurance they have for themselves and their child(ren), if applicable. Since 2009, the percentage of adult WIC participants reporting no insurance coverage for themselves has decreased from 32.2 percent to 14.2 percent—a statistically significant difference at $p < 0.05$ (Exhibit 1). When the results for adult WIC participants who reported no insurance coverage in 2019 were segmented by food security status, almost one-fifth were classified as low food security status (19.3 percent), followed by those with marginal food security (17.1 percent), high food security (13.3 percent), and very low food security (10.9 percent) (Appendix G, Table 6a.1).

Similar to adult insurance findings, the percentage of participants reporting no insurance coverage for their children has decreased from 6.8 percent in 2009 to 2.6 percent in 2019, which is also statistically significant at $p < 0.05$ (Appendix G, Table 6a.4).[11] The percentage of adult WIC participants reporting private insurance from a spouse's employer has decreased in this same time period (11.4 percent to 2.8 percent), while the percentage reporting private insurance not from a spouse's employer has increased (1.0 percent to 7.8 percent) (Exhibit 1). Overall, more than half of adult WIC participants (56.0 percent) and the majority of child WIC participants and children of adult participants (78.9 percent) reported that they used Medicaid for their health insurance (Appendix G, Tables 6a.1 and 6a.2).

[11] Please note that these findings could be influenced by the Affordable Care Act, passed in 2010.

Exhibit 1. Type of Health Insurance Coverage for Adult WIC Participants in 2009 and 2019



* The difference between 2009 and 2019 is statistically significant ($p < 0.05$).
Notes: For 2009, weighted *n* = unavailable; Unweighted *n* = 1,506. For 2019, weighted *n* = 1,514,822, unweighted *n* = 992
Source: Appendix G, Table 6a.3; NSWP-III Program Experiences Survey, question 36.

As part of the survey, all WIC participants were asked whether they were given information about Medicaid during their or their child's WIC certification process, regardless of whether they reported having health insurance as part of their earlier survey responses. [12] The percentage of participants receiving and not receiving information about Medicaid during the WIC certification process was fairly evenly split, with 45.9 percent reporting they were given information and 47.1 percent reporting they were not given information (Appendix G, Table 6b). Less than 10 percent (6.9 percent) were unsure whether they were given information about Medicaid during WIC certification. Differences within subgroups were most prominent between participants with very low food security, for which 70.7 percent reported they were not given information about Medicaid during the WIC certification process, and 29.3 percent reported they were given this information (Appendix G, Table 6b).

In a similar question, WIC participants were asked whether they were referred to Medicaid during their or their child's WIC visit. Again, this question was asked of all WIC participants. Most WIC participants (62.5 percent) reported they were not referred to Medicaid during their or their child's WIC visit. Approximately one-third of participants (31.3 percent) indicated that they were referred to Medicaid by

[12] While the survey question just stated "information" about Medicaid, it is assumed that the question was referencing information on referrals to Medicaid.

WIC, and 6.0 percent of participants were unsure whether they were referred to Medicaid by WIC (Appendix G, Table 6c).[13]

Participation in Assistance Programs and Other Social Services

An integral part of WIC is to provide referrals to health and social services programs for women and children. As such, WIC participants were asked whether the WIC office provided them with a list of nearby places they could go to get information on health-related and public assistance programs (other than WIC) or whether they were made aware that such lists were available. Most participants (62.8 percent) reported they did receive such information, but 32.1 percent reported they did not. The remaining 5.0 percent of participants were unsure whether they received information on other health and social services programs (Appendix G, Table 5e).[14]

Participants were also asked if they, or members of their family, had ever received or were currently receiving food or meals through any of the following social services programs:

- **Supplemental Nutritional Assistance Program** (SNAP)[15] — SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.
- **Head Start/Early Head Start**[16] — These Federally funded programs are designed to promote school readiness for children from low-income families. The program also provides nutritious meals to participating children. Early Head Start serves pregnant women and families with children under age 3. Head Start programs serve children ages 3 to 5 years old.
- **National School Lunch or School Breakfast Program** (NSLP and SBP)[17] — NSLP and SBP are Federally assisted school meal programs that operate in public and nonprofit private schools and residential childcare institutions. These programs provide nutritionally balanced, low-cost or free school meals to children each school day.
- **Summer Food Service Program** (SFSP)[17] —SFSP is a Federally funded, State-administered program that reimburses program operators that serve free healthy meals and snacks to children and teens in low-income areas during the summer months when school is not in session.

[13] The WIC regulations require SAs and LAs to provide WIC applicants and participants with information on other health-related and public assistance programs (which includes Medicaid) and, when appropriate, shall refer applicants and participants to such programs. The study did not collect information on potential reasons why participants were not given information about Medicaid or referred to Medicaid. However, 56.0 percent of surveyed participants reported already participating in Medicaid, so it's understandable that they wouldn't be referred to Medicaid by WIC.

[14] For findings related to WIC participant satisfaction with referrals to other programs or health services from WIC staff, please see *Brief Report 6: WIC Participant Satisfaction and Shopping Experience.*

[15] U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). *Supplemental Nutrition Assistance Program (SNAP)*. https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.

[16] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. (n.d.). *Head Start and Early Head Start.* https://childcare.gov/consumer-education/head-start-and-early-head-start. Please note that all Head Start and Early Start programs are required to participate in CACFP.

[17] U.S. Department of Agriculture, Food and Nutrition Service. (n.d.) *Child Nutrition Programs.* https://www.fns.usda.gov/cn.

- **The Emergency Food Assistance Program** (TEFAP)[18] — TEFAP is a Federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost.
- **Child and Adult Care Food Program** (CACFP)[17] — CACFP is a Federal program that provides reimbursements for nutritious meals and snacks served to eligible children and adults who are enrolled for care at participating childcare centers, family day care homes, and adult day care centers.
- **Local/community food bank or pantry**[19] — These are a community resource from which needy families can receive food.
- **Commodity Supplemental Food Program** (CSFP)[20] — CSFP works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA Foods.

More than half of participants (66.1 percent) reported that, at the time of the survey, they or members of their family were currently receiving food from at least one of the social services programs other than WIC (Exhibit 2). Half of participants (50.0 percent) reported that they or members of their family currently received food from SNAP, and a third (33.0 percent) reported that they or members of their family currently received food from the NSLP or SBP. Ten percent or less of participants indicated they or members of their family were participating in the community food bank or pantry, Head Start/Early Head Start, CACFP, SFSP, TEFAP, and CSFP (Exhibit 2).[21]

From 1998 to 2009, there was a significant ($p < 0.05$) increase in the percentage of WIC participants receiving any non-WIC food assistance, from 46.8 percent to 66.1 percent (Appendix G, Table 6d.7). Since 2009, the percentage of WIC participants or members of their family currently participating in SNAP significantly decreased ($p < 0.05$) by 3 percentage points (53.1 percent to 50.0 percent) while the percentages of WIC participants or members of their family currently participating in CACFP and local/community food bank or pantry significantly increased ($p < 0.05$) (4.3 percent to 8.0 percent and 7.0 percent to 10.0 percent, respectively). The percentage of WIC participants or members of their family currently participating in NSLP/SBP, SFSP, and CSFP was generally stable between 2009 and 2019 with no significant differences observed (Appendix G, Table 6d.7).

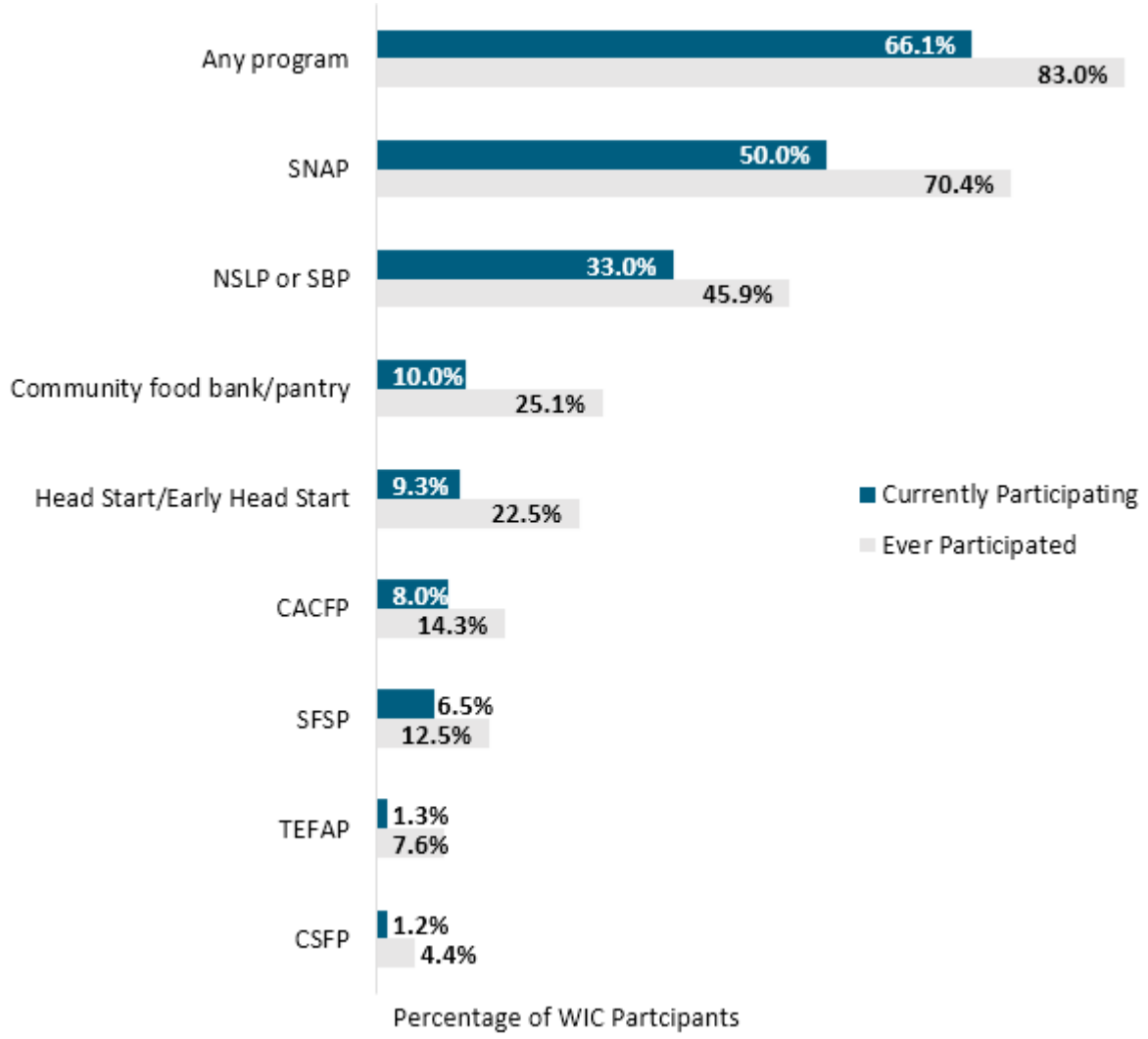
[18] U.S. Department of Agriculture, Food and Nutrition Service. (n.d.) *The Emergency Food Assistance Program*. https://www.fns.usda.gov/tefap/emergency-food-assistance-program

[19] Waite, T. (2019, February). *What is the difference between a food bank and food pantry?* https://www.feedingamerica.org/hunger-blog/what-difference-between-food-bank-and-food-pantry

[20] U.S. Department of Agriculture, Food and Nutrition Service. (n.d.) *Commodity Supplemental Food Program*. https://www.fns.usda.gov/csfp/commodity-supplemental-food-program

[21] Please note that the survey had two distinct response options for TEFAP and the community food bank or pantry; however, in some cases, these programs could be one in the same.

Exhibit 2. WIC Participants' or Their Family Members' Participation in Other Social Services Programs



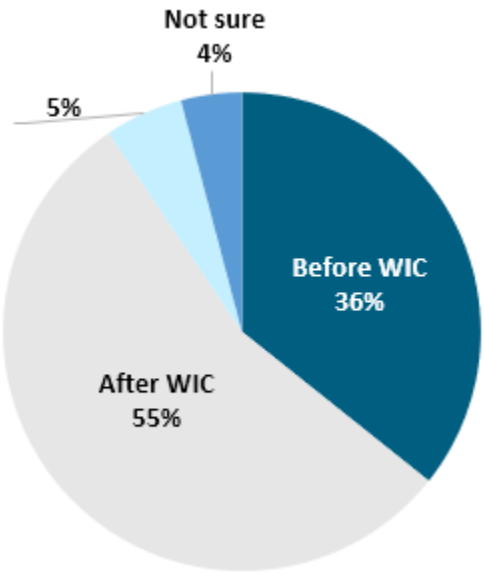
Notes: Weighted *n* = 6,397,412; Unweighted *n* = 1,648.
Source: Appendix G, Table 6d.1 and Table 6d.2; NSWP-III Program Experiences Survey, questions 38B and 38A.

As expected, the percentage of WIC participants or members of their family ever participating in each of the programs was higher than the percentage of WIC participants or members of their family currently participating in those programs (Exhibit 2). The majority of participants (83.0 percent) reported that they or members of their family had ever received food assistance from one of the programs listed in the exhibit above. About two-thirds (70.4 percent) had previously received assistance from SNAP, and almost half of participants (45.9 percent) had previously received assistance from the NSLP or SBP. One-quarter or less of participants indicated previously participating in the local/community food bank or pantry, Head Start/Early Head Start, CACFP, SFSP, TEFAP, and CSFP (Exhibit 2).

WIC participants that reported ever participating in one of these other programs also were asked the average duration of their participation in the programs. The average duration of participation ranged from 29 months for SFSP to 67 months for CSFP. The average participation across all programs was 43 months (Appendix G, Table 6d.3).

When participants were asked whether they enrolled in SNAP or WIC first, more than half (54.7 percent) reported that they enrolled in WIC first, more than a third (35.6 percent) enrolled in SNAP first, and 5.3 percent stated that they enrolled in both programs on the same day (Exhibit 3).

Exhibit 3. Timing of SNAP Enrollment Among WIC Participants



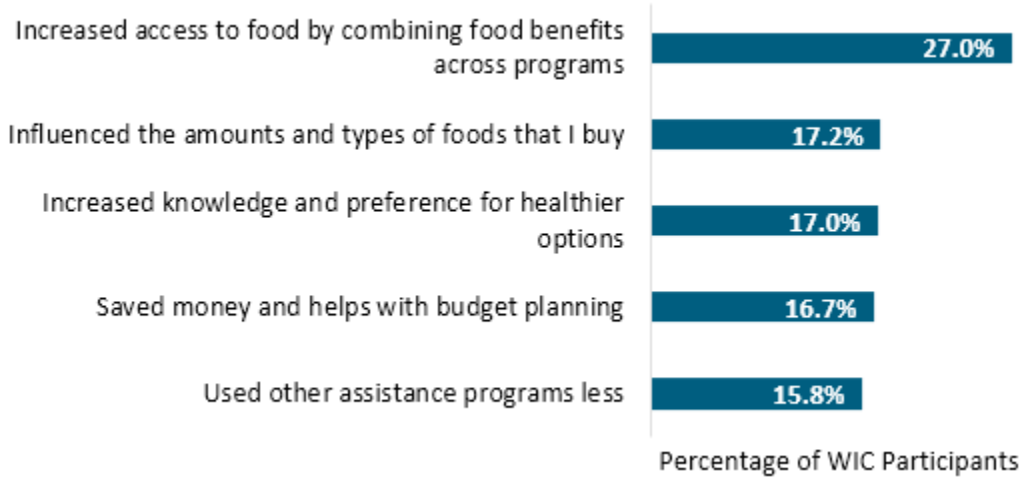
Notes: Weighted *n* = 4,503,539; Unweighted *n* = 1,107.
Source: Appendix G, Table 6d.4; NSWP-III Program Experiences Survey, question 39.

WIC PARTICIPATION IMPACT ON USE OF OTHER PROGRAMS

Participants who reported ever having received food assistance from one of the programs mentioned above were asked whether participating in WIC has changed how they use these other programs. If participants answered yes, they were asked to explain. Most of these WIC participants (68.1 percent) indicated that their participation in WIC did not change their use of other food assistance programs, while 28.1 percent indicated that WIC participation did change how they used other food assistance programs (Appendix G, Table 8a).

Among those who said participating in WIC has changed their use of other programs (28.1 percent), some found participating in multiple programs increased their access to food by combining food benefits across programs (27.0 percent). Others said participating in WIC influenced how much and what kinds of food they purchased (17.2 percent) and that their knowledge of and preference for healthier options had increased (17.0 percent) (Exhibit 4).

Exhibit 4. Top Five Ways WIC Impacted the Use of Other Programs



Notes: Weighted *n* = 1,490,266; Unweighted *n* = 329. This survey question allowed the respondent to select all options that applied; percentages will not sum to 100.
Source: Appendix G, Table 8a; NSWP-III Program Experiences Survey, question 40.

In addition, 19.3 percent of participants who indicated that participating in WIC had changed how they use other programs reported that they were able to use their Temporary Assistance for Needy Families (TANF) benefits for other expenses; 62.0 percent indicated they were not able to use their TANF benefits for other expenses; and 17.2 percent of participants were unsure whether they could use their TANF benefits for other expenses (Appendix G, Table 8b).

Former WIC Participant Enrollment in Other Programs

Former WIC participants were asked whether they were enrolled in SNAP, NSLP or SBP, Food Distribution Program on Indian Reservations (FDPIR), SFSP, CACFP, Medicaid, or TANF during their WIC certification period. Many (84.8 percent; *n* = 106) former participants reported being enrolled in at least one other assistance program during the time of their most recent WIC participation. Most respondents (79.2 percent; *n* = 99) reported they were concurrently enrolled in Medicaid, while a smaller number of respondents were enrolled in SNAP (40.8 percent; *n* = 51) or NSLP (24.0 percent; *n* = 30). The fewest respondents reported being enrolled in various other programs (Table 3).

"I finally got Medicaid, but I got Share of Cost Medicaid, so since I got Share of Cost Medicaid, I still didn't qualify for WIC. Eventually I fell under . . . I was able to get full Medicaid. When I got full Medicaid, that's when they gave me WIC."

"I enrolled in WIC and food stamps and all that right when I found out I was pregnant. [Food stamps] didn't influence me to leave the program, but I'm glad I had it because it was a way for me to be able to provide food for myself that I was no longer receiving from WIC."

Table 3. Former WIC Participant Enrollment in Other Programs During Their Last WIC Certification Period

Former WIC Participants Enrolled In At Least One Other Program	Percentage	Number
Yes	84.8	106
No	15.2	19
Enrollment by Program		
Medicaid	79.2	99
SNAP	40.8	51
NSLP	24.0	30
TANF	9.6	12
SFSP	7.2	9
CACFP	6.4	8
FDPIR	1.6	2
Total		125

Notes: The findings are based on responses from 125 former WIC participants. Respondents could be enrolled in more than one program; these percentages will not sum to 100. Enrollment status is based on respondents' recollection of their participation in other programs at the time of their last certification.
Source: Appendix H, Table 3a.1; NSWP-III Former Participant Survey, question 30.

CONCLUSION

WIC is a comprehensive public health program that offers a variety of services that support a heathy life. One key component of those services is referrals to other social service programs. WIC families can have multiple, critical needs that can be alleviated by participation in other programs. Thus, referrals help WIC families access other community resources that they might not have known about otherwise.

The study findings revealed that more than half of WIC participants (66.1 percent) reported that, at the time of the survey, they or members of their family were currently receiving food from at least one social services program other than WIC. The study also showed positive trends regarding health insurance coverage. Notably, between 2009 and 2019, the percentage of adult WIC participants reporting no insurance coverage for themselves has decreased from 32.2 percent to 14.2 percent, and the percentage of participants reporting no insurance coverage for their children has decreased from 6.8 percent to 2.6 percent. These findings are likely influenced by the Affordable Care Act, which was passed in 2010**.**

Future research could gather information from WIC LAs and participants regarding the facilitators and barriers to participating in other social services programs. Specifically, focus groups with LAs could identify best practices for increasing awareness of these programs.

As with all research studies, limitations of the design and methodology are possible. The surveys were designed and tested to elicit accurate responses. Nevertheless, some response error is possible. Respondents may have unknowingly reported incorrect information or inadvertently checked the wrong response. Lastly, the former participant survey is a case study; thus, is not designed to be representative of all former WIC participants nationwide.

Prepared by Capital Consulting Corporation (CCC) and 2M Research Services for the USDA Food and Nutrition Service (Project Officer: Karen Castellanos-Brown)

Suggested citation:

Magness, A., Williams, K. Gordon, E., Morrissey, N., Papa, F., Garza, A., Okyere, D., Nisar, H., Bajowski, F., & Singer, B. (2021). *Third National Survey of WIC Participants: WIC Participant Use of Other Assistance Programs: Brief Report #7.* Prepared by Capital Consulting Corporation and 2M Research Services. Contract No. AG-3198-K-15-0077. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Project Officer: Karen Castellanos-Brown. Available online at: https://www.fns.usda.gov/research-and-analysis.

Acknowledgments:

The Study Team would like to thank the WIC State and local agency staff and the current and former WIC participants who participated in the study. We greatly appreciate the guidance provided throughout the entire project by our partners at the U.S. Department of Agriculture, Food and Nutrition Service, with special assistance from Karen Castellanos-Brown, Courtney Paolicelli, Jennifer Teters, Marta Kealey, Jessica Owen Day, and Karen Meade.

We also greatly appreciate the feedback and support from our Expert Panel Members: Carol Eyermann, Donna Hines, Mindy Jossefides, Julie Reeder, and Jackson Sekhobo. We appreciate Arpita Chakravorty, Paul Ruggiere, Mary Ann Latter, Kathleen Santos, Moyo Kimathi, Amy Wieczorek-Basl, Victoria Torrent, Yuhan Huang, Shu Li, and the rest of the data collection and analysis staff who contributed to this study. MacKenzie Regier, Cindy Romero, Gail Clark, and Joshua Townley provided invaluable quality assurance support throughout the study.

Non-Discrimination Statement: