

Background

For over 35 years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has provided benefits to low-income pregnant and postpartum women, infants, and young children who are at nutritional risk. The National Survey of WIC Participants II (NSWP-II) was conducted to gather information on participant characteristics, the policies and operations of State and local WIC agencies, and the level of improper payments to recipients.¹

Methods

NSWP-II collected data from (1) all State WIC agencies, (2) over 500 of the approximately 2,300 local WIC agencies, (3) two national samples of participants in 2009 (including 2,538 telephone interviews and 1,210 in-person interviews with randomly selected respondents from the telephone interview), and (4) paid food instrument redemption records for participants in the in-person interview sample.

Telephone interviews with clients focused on their characteristics and experiences with WIC. In-person interviews collected data to determine the eligibility of each participant. These data combined with food instrument data were used to estimate the cost of improper certifications. State and local agency questions focused on policies, procedures, services and staffing.

Findings: Participant Characteristics and Views

The WIC population is young, ethnically and racially diverse, and has less formal education than the U.S. population average for this age group. The average age of pregnant, breastfeeding, and postpartum participants is 25.5 years. Just under half (45%) of all participants are Hispanic/Latino and one-fifth are African American. Two-thirds (67%) of pregnant,

¹This study consists of four volumes: volume 1 focuses on participant characteristics, volume 2 focuses on State and local WIC agencies, volume 3 focuses on improper payments, and volume 4 focuses on study methodology.

breastfeeding, and postpartum participants have a high school education or less. In contrast, among the 18–29 age group of the general population, 59% have more than a high school education.²

In addition, most WIC clients (53%) are SNAP participants, indicating that their incomes are at or below 130% of poverty – well below WIC’s income limit.³

The majority of WIC participants reported making positive changes to their lifestyles as a result of their participation in group education sessions. At least 70 percent of participants in all but smoking cessation groups reported positive lifestyle changes. Participants were most likely to report positive change following group education sessions on educating one’s child (84 percent) and nutrition or preparing nutritious meals (87 percent). Participants in one-on-one nutrition counseling sessions overwhelmingly said that the sessions were useful (94 percent).

The majority of participants were very satisfied with WIC staff and services and the clinic location and facility (see Figure 1). Most participants rated the benefits they receive favorably in terms of offering foods that they like to eat (90 percent rated them as excellent, very good or good).

Findings: Local Agency Characteristics

Almost three-fourths of local agencies’ main sites are located in a health department, health clinic or health center. Other sites include non-profit organizations (13%), social services agencies (7%) or hospitals (6%).

²U.S. Census Bureau. 2008 Current Population Survey. Retrieved from <http://www.census.gov/population/www/socdemo/education/cps2008.html>

³This finding aligns with evidence in the latest administrative report on WIC participant characteristics, which shows that about 70% of WIC participants are at or below the poverty line, with 34% falling below 50 % of poverty (See Food and Nutrition Service, *WIC Participant and Program Characteristics 2010*, December 2011).

The majority of local agencies (53%) report some degree of staffing shortage. More than three-quarters (78%) report difficulty retaining, recruiting and hiring staff, including nutritionists, registered dietitians, nurses, and physicians' assistants.

One-on-one nutrition education is available at almost all WIC local agencies, while 75% offer group classes and 32% include web-based nutrition education. Over half (56%) provide 10 to 19 minutes of nutrition education during the initial visit. About 84% have staff speaking at least one language in addition to English, most commonly Spanish (available at 70% of local agencies).

Enrollment in the State Children's Health Insurance Program (SCHIP) appears to increase with WIC involvement: 15 percent of children who are new to WIC are enrolled in SCHIP compared with 23 percent of continuing WIC children. Adult participants also appear to significantly benefit from WIC services and referrals. Over one-third (35%) of adult participants new to WIC reported no health insurance coverage, while fewer (28%) continuing adult participants report having no health insurance.

Findings: Certification Accuracy

Slightly more than 3 percent of cases were improperly certified for benefits and slightly less than 3 percent of benefits were paid in error. The case error rate was 3.05 percent, with the highest rates of error among infants and breastfeeding participants and the lowest among children. Dollar error was calculated from redemption data for respondents for the period from May through July 2009. Because State agencies receive rebates on the cost of formula from manufacturers, these rebates are included when calculating the cost of improper payments. The total post-rebate error amount was approximately \$131 million out of a total post-rebate program food cost of \$4.4 billion—a dollar error rate of 2.98 percent.

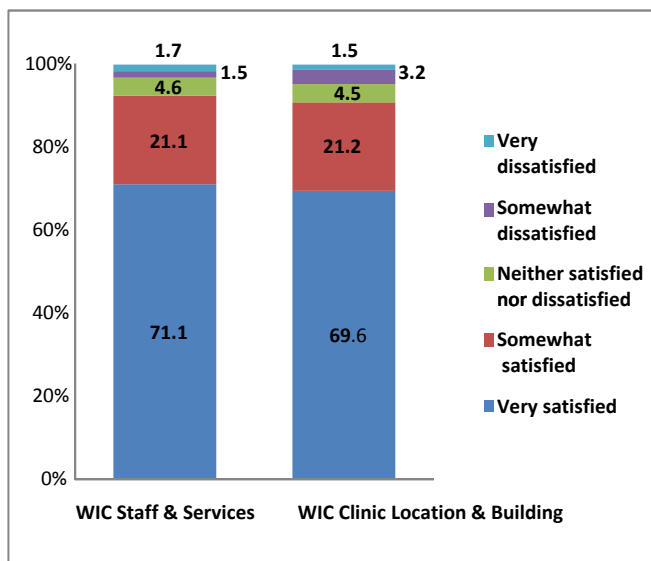
Conclusion

The survey findings underscore the success of WIC in delivering targeted benefits to low-income families at a critical point in children's growth and development. In doing so, the program achieves high levels of customer satisfaction among its clients, and accomplishes these results with a very low rate of error.

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Figure 1

Participant Satisfaction Ratings of WIC (n=2,538)



Almost all children in WIC families (93 percent) are covered by health insurance, while fewer adults (68 percent) reported coverage for themselves. Of children and adults covered by health insurance, approximately 8.4% of children and 12.4% of adults have private health insurance.

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