

WIC Program Coverage: How Many Eligible Individuals Participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): 1994 to 2003?

Recently, the method used to calculate the number of individuals eligible for the WIC program was evaluated and an improved methodology was developed. These new, improved estimates provide better insight on the WIC program and should help improve the program in the future. The new estimates show that 13.5 million individuals were eligible for WIC and 7.7 million participated in WIC in 2003. This coverage rate of 57% is consistent with trends since 2000 and is similar to the coverage rate found in the Food Stamp Program.

Eligibility Versus Participation

WIC is a discretionary grant program, not an entitlement program, so enrollment in WIC depends on funding levels. Consequently, accurately estimating the number of people eligible for WIC benefits is very important. If the number of people eligible is underestimated, there could be funding constraints or waiting lists to serve eligible people. If the number of people is overestimated, it may unnecessarily limit appropriations to other programs. Knowing how many people are eligible also informs outreach activities, allowing WIC staff to target scarce resources effectively.

Estimates of Eligible Population Have Improved

In the past, the number of infants and postpartum women enrolled in the program exceeded the number estimated to be eligible by 20 to 30%. This raised questions about whether ineligible people were enrolled in the program or whether the estimates were wrong.

The Food and Nutrition Service (FNS) of the USDA recognized the need to improve these estimates and undertook a series of studies to improve the methodology. FNS commissioned studies that included a review of the nutritional risk criteria used in WIC eligibility, an examination of income variability among WIC participants, and a study to summarize the issues involved in estimating WIC eligibility. Ultimately, FNS asked the Committee on National Statistics of the National Research Council to review the old methodology and develop an alternate.

The old methodology used the March Income Supplement of the Bureau of the Census' Current

Population Survey (CPS) to estimate the number of infants and children who live in families with annual incomes below 185% of the poverty guidelines. The evaluation of the old methodology found that it failed to fully reflect current eligibility rules and regulations. Among its many short-comings is that it only partially accounted for those who are adjunctively eligible for WIC based on their enrollment in the Medicaid, Food Stamp, or Temporary Assistance to Needy Family (TANF) programs. Additionally, the old methodology did not account for changes in monthly income, which can have an impact on eligibility, especially for women who are pregnant or post-partum and may have fluctuations in income around the time of birth of their child. The old methodology also did not make any adjustment to the distribution of infants and children in the data from the CPS, so it overestimated the number of children while underestimating the number of infants that were eligible.

The Committee concluded that it would be most effective to focus on the estimation issues that seemed to have the largest overall impact on the number of people eligible for WIC. For this reason, the following issues were the center of the revised methodology: accuracy of the CPS in counting all infants and children; adjunctive eligibility through TANF, Food Stamp, and Medicaid programs; use of monthly income versus annual income to determine income eligibility; adjustment for 6-month certification

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as WIC, is a Federal grant program to States to provide food and nutrition education benefits and referral services to low-income pregnant and postpartum women, infants, and young children.

To be eligible for the WIC program, individuals must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional.

To be eligible based on income, applicants' income must fall at or below 185 percent of the U.S. Poverty Income Guidelines. A person who participates or has family members who participate in certain other benefit programs, such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income-eligibility requirement.

periods; alternative definitions of household units; and the number of individuals who are at nutritional risk among those who are income eligible.

Summary of New Methodology

The Committee on National Statistics of the National Research Council developed two strategies to estimate the number of individuals eligible for WIC. One strategy continues to use the CPS for annual estimates of the eligible population, but suggests improvements over the old methodology. The other strategy uses the Bureau of the Census' Survey of Income and Program Participation (SIPP), a survey that is based on a continuous series of national panels designed to capture labor force, program participation, and monthly income data.

CPS Estimation

There are both advantages and disadvantages of using data from the CPS for estimating the number of people eligible for WIC. One of the biggest advantages is the regular and timely release of the CPS data. It also has a large sample ensuring that there are enough infants and children on which to base eligibility estimates. The CPS also has many questions related to income sources and participation in other government programs.

The main disadvantage of the CPS is that it does not measure monthly income flows, which could result in substantial underestimation in the number of people eligible for WIC. For example, around the time of childbirth, many women leave the workforce temporarily and, thus, may experience a large drop in their monthly income which would result in their becoming eligible for WIC. Annual income measures may obscure this fact and make it appear that these women had a consistent income above the income-eligibility thresholds. It is also impossible to identify women who are pregnant, post-partum, or breastfeeding in the CPS.

Adjustments can be made to the CPS to account for many of these shortcomings. For example, an adjustment can be made to the annual income data in the CPS to account for monthly income fluctuations. Additionally, CPS estimates can use data on enrollment in TANF, Food Stamp, and Medicaid programs to account for adjunctive eligibility.

SIPP Estimation

A second strategy for estimating eligibility is to use data from the SIPP, which can provide some advantages over the CPS. SIPP collects monthly income data so it can more accurately determine eligibility in a given month. This also allows the observation of income and eligibility over the course of a woman's pregnancy, a time period that

can be identified because infants are identified during their birth month. SIPP also contains information on enrollment in TANF, Food Stamps, and Medicaid so it can account for adjunctive eligibility.

Despite these advantages, the SIPP methodology also has some disadvantages. For instance, like the CPS, it does not contain information on breastfeeding status. Additionally, mothers appear to be under-represented in the SIPP data compared to infants, leading to a potential underestimation of post-partum women. Because the SIPP data is very complex, the public release of the data lags behind the CPS. The data is not as timely, which is an important consideration in estimating WIC eligibility.

Estimating Eligibles

In the fall of 2004, the Food and Nutrition Service commissioned the Urban Institute to implement the methodology recommended by the Committee on National Statistics of the National Research Council. The estimates of WIC eligibles in this report were produced by the Urban Institute.

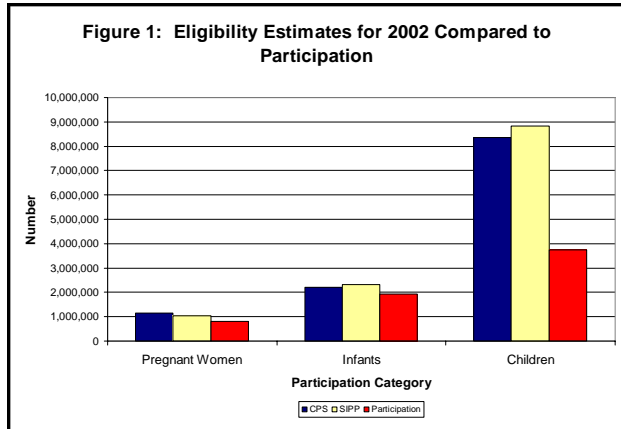
How Many Women, Infants, and Children Are Eligible for WIC?

In 2003, the CPS calculation estimates that there are close to 13.5 million people eligible for WIC (Table 1). More than half of those (63.1% or about 8.5 million) eligible are children aged 1 to 4. The next largest category of people eligible for WIC is infants (17.5% or about 2.4 million). Pregnant women make up 1.2 million of the population eligible for WIC. Altogether, 1.4 million post-partum (breastfeeding and non-breastfeeding) women make up the balance of people eligible for WIC.

Of the 13.5 million people estimated eligible for WIC in 2003, 71% had annual incomes below 185% of poverty. The rest were eligible due to enrollment in TANF, Food Stamps, or Medicaid, and/or because they had periods of WIC income eligibility within the year. Women and infants were most likely to have been eligible due to periods of low income within the year.

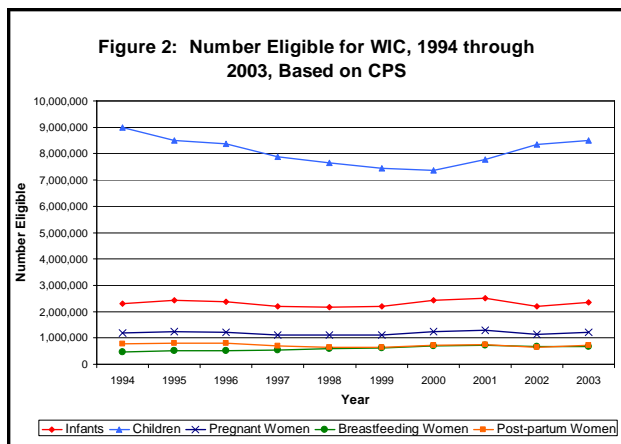
	Number Eligible	Number Participating	Coverage Rate
Pregnant Women	1,214,682	845,071	69.6%
Breastfeeding Women	671,869	457,592	68.1%
Post-partum Women	725,703	571,941	78.8%
Infants	2,357,452	1,959,486	83.1%
Children	8,498,839	3,850,275	45.3%
Total WIC Eligibles	13,468,545	7,684,365	57.1%

Comparing the CPS calculation to the SIPP calculation for the most recent year the SIPP is available (2002) shows that the SIPP calculation produces slightly higher eligible estimates for infants and children, but slightly lower numbers of pregnant women (see Figure 1). Overall, the numbers are similar and do not result in large biases in either direction. Because the results are so similar and the CPS data provides more timely estimates, the report focuses on the results generated by the CPS methodology.



How Has the Number of Eligible Women, Infants, and Children Changed Over Time?

The number of women, infants, and children eligible for WIC has remained fairly steady over time (see Figure 2). Between 1994 and 2003, the total number of persons eligible for WIC has ranged from a low of 12.0 million in 1999 to a high of 13.7 million people in 1994. As noted above, about 13.5 million people were eligible for WIC in 2003 (the most recent year for which data is available). When this trend is examined for each of the eligibility categories, we see that the trends over time are also fairly steady.



What Proportion of the Population Eligible for WIC Receives WIC?

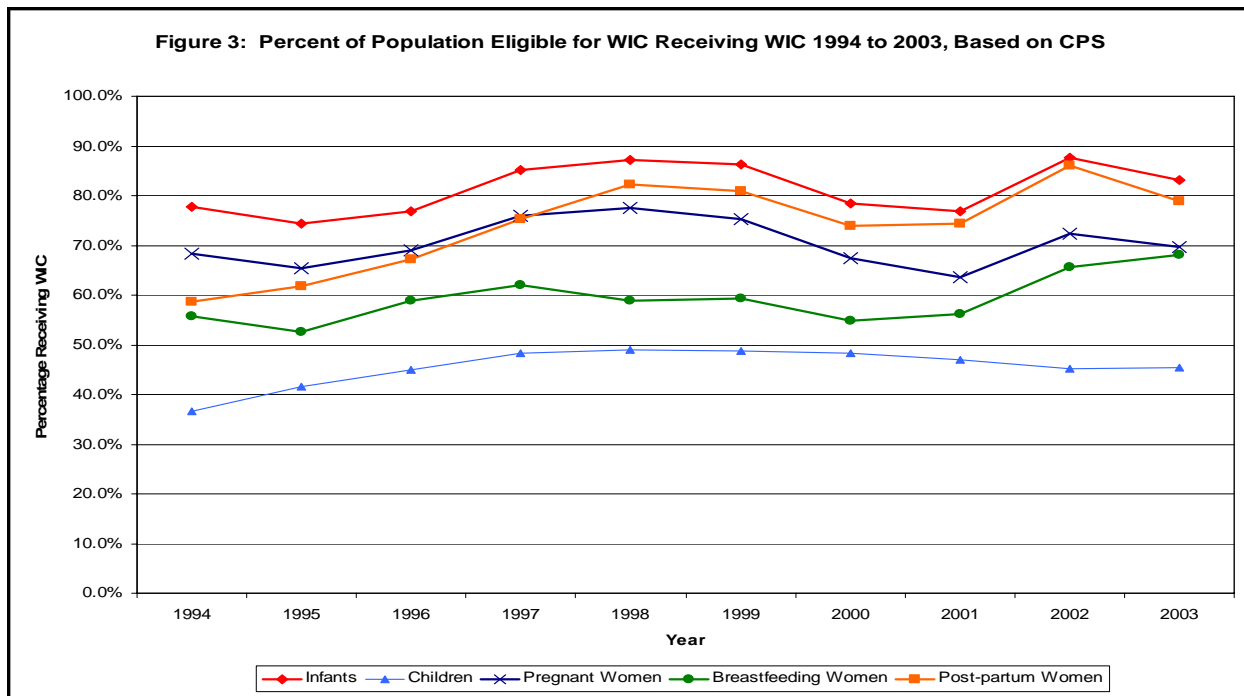
The proportion of the population eligible for WIC that actually participates in WIC has changed over time (see Figure 3). In 1994, 47% of those eligible for WIC actually participated. This proportion increased throughout the late 1990's, reaching a high of nearly 61% in 1999. This corresponds with both a decrease in the number of persons eligible and an increase in participation during this time when increased funding was available to the program. Since 2000 the proportion of the population eligible that participates has held steady at about 57%.

Within participation categories, the proportion of the population eligible that participates varies. The lowest participation rates for eligible persons are for children—with coverage rates ranging from 35.5% in 1994 to 49.2% in 1999; 45% of those eligible participated in 2003. Infants consistently have the highest coverage rates. The proportion of the eligible population that participates in WIC ranges from a low of 74.5% in 1995 to a high of 86.6% in 1998. Close to 83% of infants eligible for WIC participated in 2003.

Trends in WIC Funding

Although WIC is a discretionary program, it is important to note that the funding has been sufficient to provide benefits to eligible persons seeking services. There have not been waiting lists to participate in WIC in recent years.

The coverage rates for women can vary, depending on which certification category is being examined. The proportion of pregnant women who are eligible for and participate in WIC has ranged from 64% in 2001 to 77.6% in 1998; about 69% of those eligible participated in 2003. A smaller proportion of eligible breastfeeding women participate in WIC compared to postpartum women who do not breastfeed; however, the proportion of eligible breastfeeding women who participate has increased over time, reaching a high of 67.4% in 2003. The proportion of postpartum women has ranged from a low of 56.7% in 1994 to a high of 81.9% in 1998; nearly 78% of those eligible participated in 2003.



Conclusions

The new methodology provides more accurate estimates of the number of people eligible for WIC. The more accurate numbers help establish appropriate funding levels and assist program operations and outreach activities.

Over time, the trends in the eligible population have fluctuated slightly as have trends in participation. However, the percentage of the eligible population who participates in WIC has never been above 90% for any certification category. Children have consistently had the lowest coverage of any group; estimates of childrens' coverage have never exceeded 50%. For all groups eligible for WIC combined, the coverage rate in 2003 was 57.1%. This is consistent with WIC coverage levels for the past decade.

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Acknowledgements

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Research about WIC is available online at:

<http://www.fns.usda.gov/oane/MENU/Published/WIC/WIC.HTM>

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