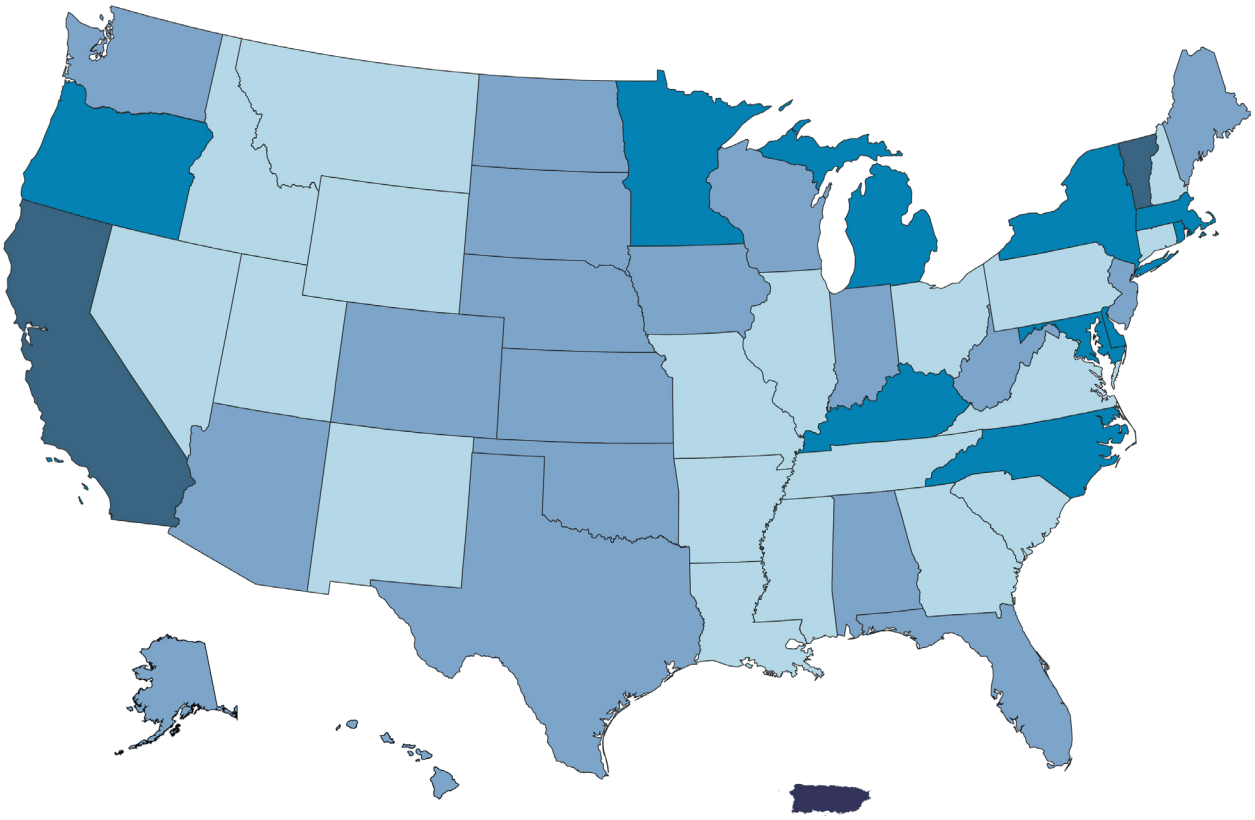
U.S. DEPARTMENT OF AGRICULTURE

National- and State-Level Estimates of WIC Eligibility and Program Reach in 2023

Final Report, Volume I



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National- and State-Level Estimates of WIC Eligibility and Program Reach in 2023

Final Report, Volume I

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Authors

Courtenay Kessler, Andrew Bryant, Kate Munkacsy, Sophia Maxson, Daniel Ressler, Rashi Saluja, and Kelsey Farson Gray

Submitted to

USDA Food and Nutrition Service
Office of Evidence, Analysis, and Regulatory Affairs
1320 Braddock Place
Alexandria, VA 22314

Project Officer: Rachel Zack
Grant Lovellette

Submitted by

Westat
1600 Research Boulevard
Rockville, MD 20850

Project Director: Courtenay Kessler

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Contents

Contents

Tables

Contents

Contents

Figures

Contents

Executive Summary

Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides healthy foods, breastfeeding support, nutrition education, and referrals to other services to eligible women, infants, and children. Eligible participants receive electronic benefit transfer (EBT) cards for prescribed foods and redeem benefits at authorized retail vendors.[1]

Key Findings From the Report

- In an average month in calendar year (CY) 2023, **11.8 million individuals were eligible** for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This number is about the same as the number of individuals eligible for WIC observed in CY 2022.
- About **half of infants and children aged 1–4 in the United States were eligible for WIC in CY 2023.**
- About **56 percent of individuals who were eligible for WIC went on to participate in the program.** This is the highest coverage rate observed since before 2016. Coverage rates increased because more individuals participated in WIC in CY 2023 than in prior years.

To be eligible for WIC, an applicant must be categorically eligible as a pregnant, postpartum breastfeeding,[2] or postpartum non-breastfeeding[3] woman; an infant up to age 1; or a child up to age 5. Applicants must be at nutritional risk and have household incomes less than or equal to 185 percent of the Federal Poverty Guidelines issued annually by the U.S. Department of Health and Human Services.[4] Applicants may also be adjunctively income-eligible for WIC if they participate in Medicaid, the Supplemental Nutrition Assistance Program, or Temporary Assistance for

56 percent

of eligible women, infants, and children participated in WIC in 2023

[1] Through CY 2023, a small number of participants continued to receive paper checks because their State agencies had not yet transitioned to EBT. EBT status for all State agencies is available in the WIC EBT Detail Status (https://fns-prod.azureedge.us/sites/default/files/resource-files/december22-wic-ebt-detailstatusreport.pdf).

[2] Breastfeeding women are categorically eligible up to 1 year postpartum.

[3] Non-breastfeeding women are categorically eligible up to 6 months postpartum.

[4] These guidelines are based on family or household size. The 48 contiguous States, the District of Columbia, and the U.S. territories served by WIC have the same guidelines; Alaska and Hawaii have different guidelines.

Needy Families.[5] Applicants must live in the State or territory where they apply or meet the residency requirements established by an Indian Tribal Organization (Tribal Organization).

This report presents estimates of the number of individuals eligible to participate in WIC and the percentage of the eligible population participating in CY 2023.[6] Some tables and figures also include estimates for CY 2016–CY 2023.[7]

For this report, WIC participants are defined as those who enrolled in WIC and received their WIC benefits in an average month in CY 2023.[8] In CY 2023, WIC provided services in 89 State agencies: the 50 States; the District of Columbia; 5 U.S. territories (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands); and 33 Tribal Organizations.[9] The report provides estimates at the national, regional, and State levels; national and regional estimates include the U.S. territories unless otherwise noted. State-level estimates incorporate individuals eligible for WIC and WIC participants in Tribal Organizations within the geographic States where the Tribal Organizations are headquartered. Although estimates cannot be produced for Tribal Organizations because of data limitations of the underlying surveys used to estimate the eligible population, this report includes participant counts for each of the 33 Tribal Organizations (see table 3.13). Estimates are also provided by participant category—infants, children, pregnant women, and postpartum women[10]—and by race and Hispanic ethnicity and urbanicity.

[5] WIC regulations also allow State agencies to extend automatic WIC income eligibility to applicants participating in other qualifying means-tested benefit programs with income eligibility thresholds below those for WIC (see Special Supplemental Nutrition Program for Women, Infants, and Children, 2014). As in previous reports, this report does not consider automatic income eligibility.

[6] The eligibility estimates are intended to represent average monthly figures—the numbers of women, infants, and children eligible for WIC in an average month of a calendar year—to be consistent with average monthly data on program participation.

[7] Results for CY 2016–CY 2020 are consistent with the results published in the CY 2022 report (Kessler et al., 2024) but differ from initial results published for those years because of updates to the methodology.

[8] WIC participants also include (1) infants younger than 6 months who are exclusively breastfed and whose breastfeeding mother received foods or food instruments (e.g., EBT cards, vouchers, coupons) during the reporting period and (2) partially breastfeeding women more than 6 months postpartum who did not receive supplemental foods but whose infants received supplemental foods or food instruments (Special Supplemental Nutrition Program for Women, Infants, and Children, 2014).

[9] On March 1, 2024, the number of Tribal Organizations participating in WIC changed from 33 to 32 when Indian Township Passamaquoddy Reservation stopped operations. This change decreased the total number of State agencies to 88. For the period covered by this report, WIC provided services in 89 State agencies, including Indian Township Passamaquoddy Reservation.

[10] The postpartum women category includes breastfeeding and non-breastfeeding women. This report contains tables and figures that combine breastfeeding and non-breastfeeding women under postpartum women.

A. Results

1. WIC Eligibility Estimates

In an average month in CY 2023, 11.8 million individuals were eligible for WIC (see table ES.1). Of those eligible to participate in WIC, almost two-thirds (64 percent) were children aged 1–4, 20 percent were women, and 15 percent were infants. Children eligible for WIC were evenly distributed by year of age, with each age group representing about 16 percent of total eligible individuals. Pregnant and postpartum women represented about 9 percent and 11 percent of the eligible population, respectively.

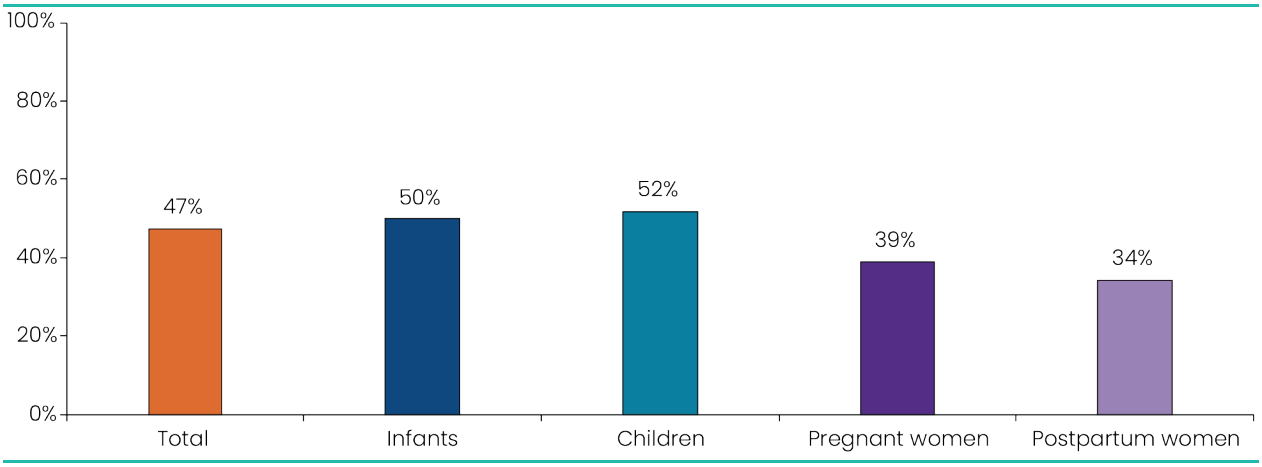
Table ES.1. Estimated average monthly number and percentage of individuals eligible for WIC by participant category: CY 2023

Participant category	Number eligible (N)	Percent of total eligible	Total population (N)	Eligibility rate
Infants	**1,796,821**	**15.2**	**3,600,389**	**49.9**
Children	**7,626,138**	**64.5**	**14,713,756**	**51.8**
1-year-old children	1,883,018	15.9	3,672,400	51.3
2-year-old children	1,914,319	16.2	3,668,357	52.2
3-year-old children	1,937,138	16.4	3,619,422	53.5
4-year-old children	1,891,664	16.0	3,753,577	50.4
Women	**2,406,255**	**20.3**	**6,615,976**	**36.4**
Pregnant women	1,091,474	9.2	2,791,608	39.1
Postpartum women	1,314,781	11.1	3,824,368	34.4
Breastfeeding women	848,829	7.2	1,995,462	42.5
Non-breastfeeding women	465,952	3.9	1,828,907	25.5
Total	**11,829,215**	**100.0**	**24,930,121**	**47.4**

Note: The total population consists of individuals in the 50 States, the District of Columbia, Indian Tribal Organizations, and the U.S. territories served by WIC in each participant category. The number of individuals eligible for WIC includes individuals eligible through any of the 89 WIC State agencies. The eligibility rate is the ratio of the total number of individuals eligible for WIC to the total population in each participant category. The average monthly population of postpartum women includes all women who gave birth less than 1 year earlier, even if they are not categorically eligible for WIC because they are more than 6 months postpartum and are not breastfeeding.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

The eligibility rate is the percentage of the total population in each participant category estimated to be eligible for WIC. In an average month in CY 2023, 50 percent of all infants and 52 percent of all children were eligible for WIC (see table ES.1 and figure ES.1). Thirty-nine percent of all pregnant women and 34 percent of all postpartum women were eligible.

Figure ES.1. WIC eligibility rate by participant category: CY 2023



Note: Data for figure ES.1 are available in table ES.1.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

2. WIC Coverage Rates

The coverage rate is the percentage of the total eligible population in each participant category that receives WIC benefits. Coverage rates are useful for understanding how well WIC reaches individuals who are eligible for the program.

WIC Coverage Rates Varied by Participant Category

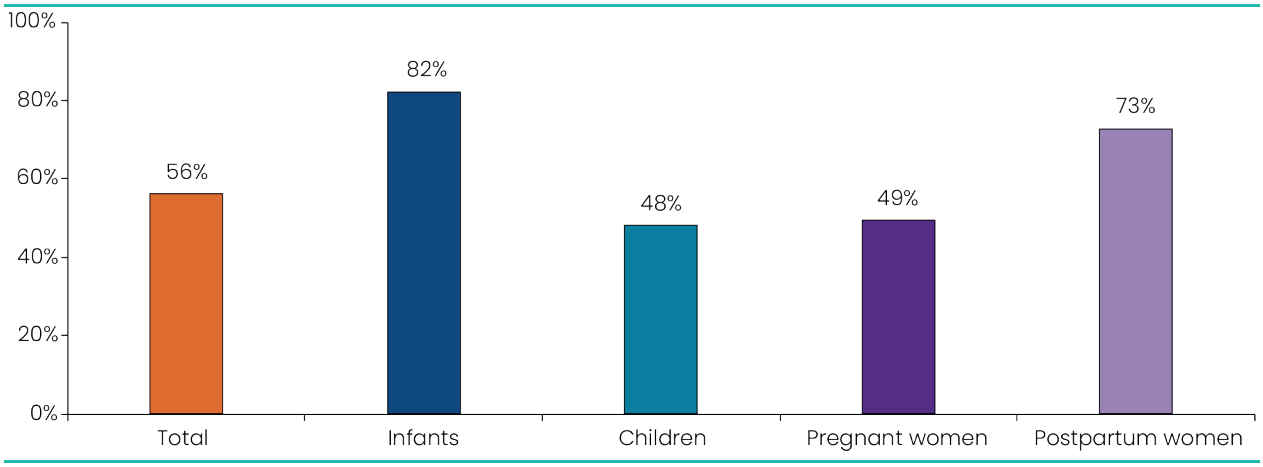
Of the 11.8 million women, infants, and children eligible for WIC in an average month in CY 2023, more than half (6.6 million) received benefits, resulting in a national coverage rate of 56 percent (see table ES.2). Across all participant categories, coverage rates were highest for infants (82 percent) and lowest for children (48 percent; see figure ES.2). Coverage rates for children decreased with age, from a high of 67 percent for 1-year-old children to a low of 27 percent for 4-year-old children (see figure ES.3). Coverage rates were higher for postpartum non-breastfeeding women (77 percent) than for postpartum breastfeeding women (71 percent).

Table ES.2. WIC coverage rate by participant category: CY 2023

Characteristic	Number eligible	Number participating	Coverage rate (%)
Total	**11,829,215**	**6,631,309**	**56.1**
Infants	1,796,821	1,479,155	82.3
Children	7,626,138	3,656,078	47.9
1-year-old children	1,883,018	1,268,459	67.4
2-year-old children	1,914,319	1,004,346	52.5
3-year-old children	1,937,138	874,822	45.2
4-year-old children	1,891,664	508,450	26.9
Pregnant women	1,091,474	538,332	49.3
Postpartum women	1,314,781	957,744	72.8
Breastfeeding women	848,829	600,628	70.8
Non-breastfeeding women	465,952	357,117	76.6

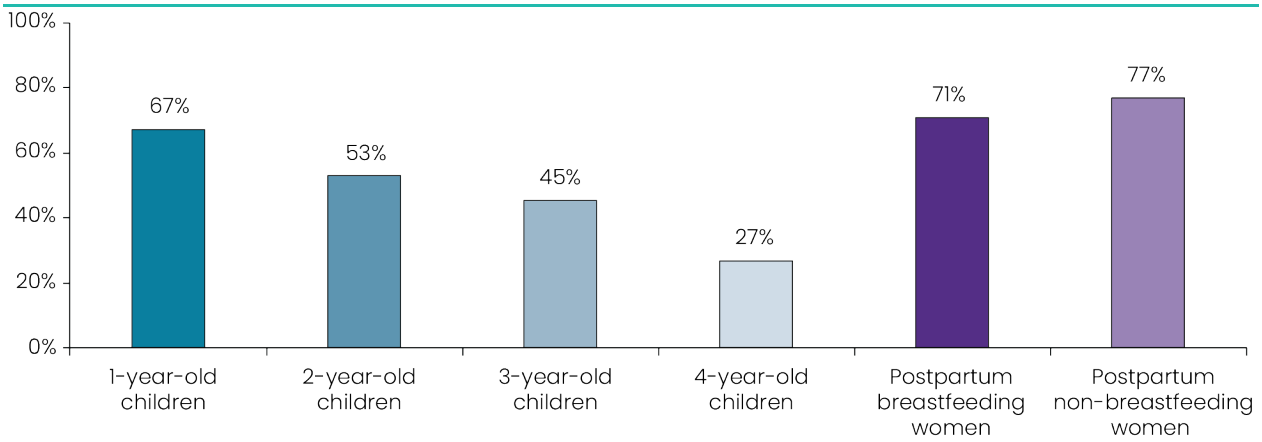
Note: WIC administrative data on participating children by year of age were not available. The numbers of participating children by year of age in this table are based on the distribution among children enrolled in WIC according to WIC PC 2022 data.
CY = calendar year; WIC PC = WIC Participant and Program Characteristics
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Figure ES.2. WIC coverage rate by participant category: CY 2023



Note: Data for figure ES.2 are available in table ES.2.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure ES.3. WIC coverage rate for children by year of age and postpartum women by breastfeeding status: CY 2023



Note: Data for figure ES.3 are available in table ES.2.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

WIC Coverage Rates Varied by Race and Hispanic Ethnicity

The overall coverage rate was highest for Hispanic/Latino individuals (66 percent) compared with other race and ethnicity groups. The coverage rate was next highest for Black-only, non-Hispanic individuals (53 percent). White-only, non-Hispanic individuals and non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander (hereafter, two or more races or other race) had coverage rates of 49 percent (see table ES.3). The coverage rate for American Indian/Alaska Native, non-Hispanic individuals was 47 percent. Hispanic individuals had the highest coverage rates for children, pregnant women, and postpartum breastfeeding women, while Black-only, non-Hispanic infants and postpartum non-breastfeeding women had higher coverage rates compared with the other race and ethnicity categories. Among infants, coverage rates were lowest for non-Hispanic, two or more races or other race infants (66 percent). Black-only, non-Hispanic children had the lowest coverage rate (40 percent) among children.

Table ES.3. WIC coverage rate (percentage) by participant category and by race and Hispanic ethnicity: CY 2023

Participant category	Hispanic/ Latino	Black-only, not Hispanic	White-only, not Hispanic	Two or more races or other race, not Hispanic[a]	Total
Infants	90.1	99.4	69.3*	66.4	82.4
Children	58.4*	40.3*	42.1*	45.5	47.9
Pregnant women	57.7*	46.8*	44.7*	38.9*	49.4
Postpartum women	81.8*	84.6	65.1*	46.7*	72.9
Breastfeeding women	84.5*	78.2	58.4*	47.5*	70.8
Non-breastfeeding women	76.5	94.4	77.2	45.2*	76.7
Total	**66.0***	**52.8***	**49.2***	**48.6***	**56.1**

Note: Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity for the other U.S. territories was not available in the data.
CY = calendar year
[a] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.
* Indicates a statistically significant difference at the 95 percent confidence level between the coverage rate for a participant category's race and ethnicity and the national coverage rate for that category
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

WIC Coverage Rates Varied by State and Urbanicity

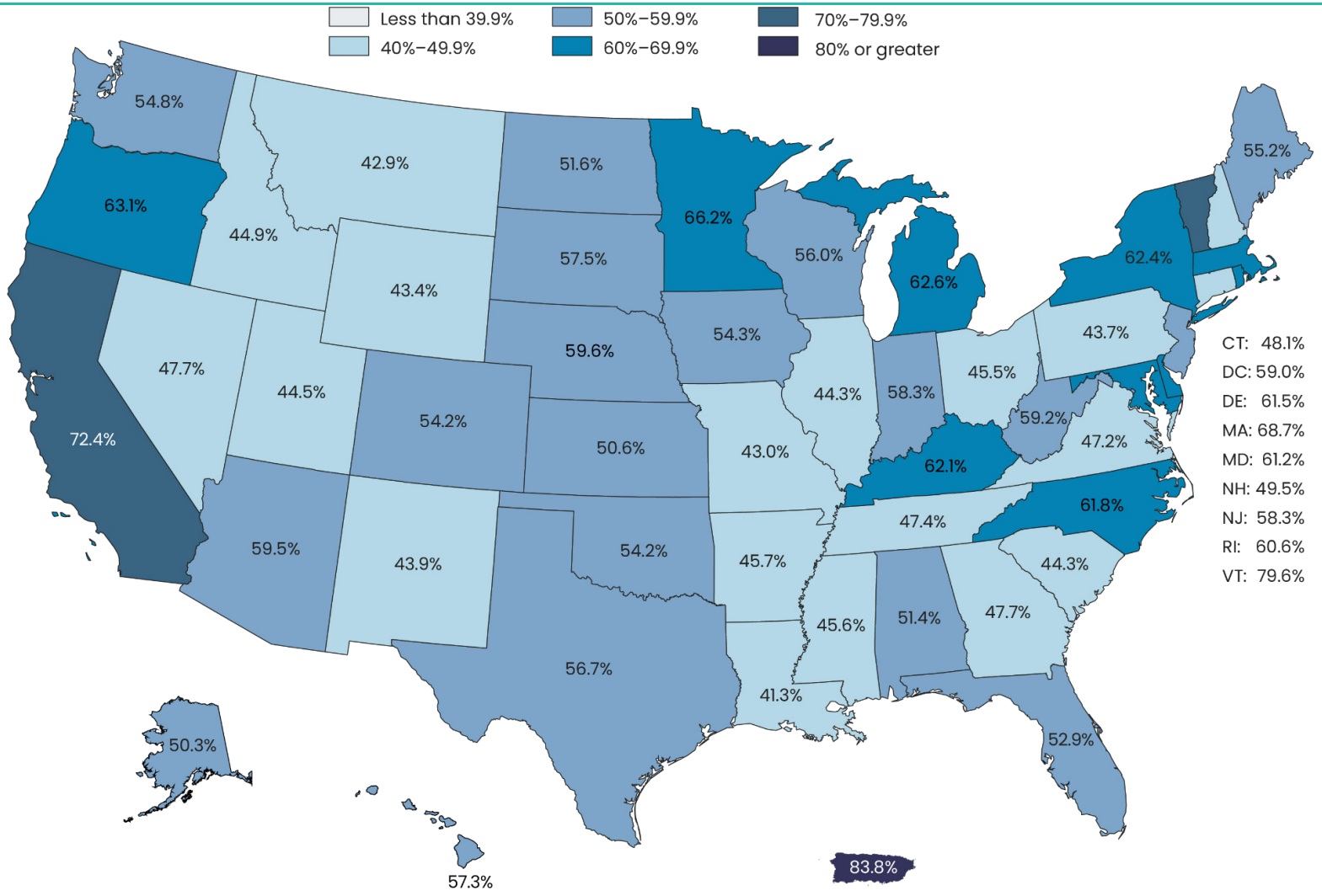
WIC coverage rates varied substantially by State, ranging from 41 percent (Louisiana) to 80 percent (Vermont), compared with the national average coverage rate of 56 percent. Puerto Rico had a higher coverage rate (84 percent) than any State. Figure ES.4 provides a national map that illustrates the variations in coverage rates.[11] States with the darkest shading had the highest coverage rates in CY 2023, whereas States with the lightest shading had the lowest rates. See tables 3.5 and 3.6 in chapter 3 for more details on State coverage rates.

Coverage rates by race and ethnicity varied across States. In 34 States, Puerto Rico, and the District of Columbia, the coverage rate for Hispanic/Latino individuals was higher than for White-only, non-Hispanic individuals and all other non-Hispanic individuals (see table 3.7 in chapter 3). In only three States, coverage rates for Hispanic/Latino individuals were lower than the rates for White-only, non-Hispanic individuals and all other non-Hispanic individuals.

Coverage rates were higher for individuals living in metropolitan areas (61 percent) than for those living in nonmetropolitan areas (24 percent).

[11] State-level estimates incorporate individuals eligible for WIC and WIC participants in Tribal Organizations within the geographic States where the Tribal Organizations are headquartered.

Figure ES.4. WIC coverage rate for total eligible individuals by State: CY 2023



Note: Data for figure ES.4 are available in table 3.5.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

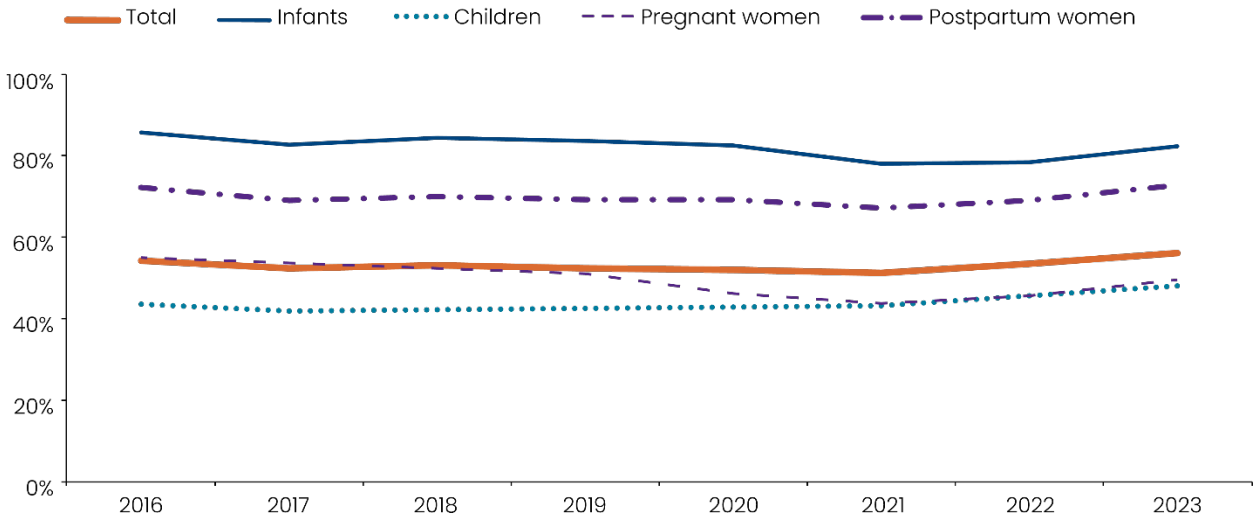
WIC Coverage Rates Varied Over Time

In CY 2023, the WIC coverage rate increased to 56 percent from 54 percent in CY 2022 (an estimated difference of 2.5 percentage points),[12] returning to the highest coverage rate observed since CY 2016. CY 2021 represented the lowest coverage rate observed between CY 2016 and CY 2023 (see figure ES.5). Recent changes in WIC coverage rates may have been influenced by policies related to the COVID-19 public health emergency and other external events. For example, physical presence waivers allowed State agencies to issue benefits remotely, which may have increased participation counts for State agencies with EBT systems that allowed them to issue benefits remotely. Medicaid continuous enrollment may have simultaneously increased the population eligible for WIC via adjunctive income eligibility for the first quarter of CY 2023; the unwinding of the continuous enrollment condition, which began in April 2023, led to a reduction in Medicaid participation as the year continued. The February 2022 national infant formula recall and subsequent formula shortage also affected decisions about how infants were fed and may have influenced decisions to participate in WIC into 2023. Finally, in 2023, Congress continued to fund an increase to the cash-value benefit that WIC participants use to purchase fruits and vegetables in line with recommendations from the National Academies of Science, Engineering, and Medicine (2017). This change to the WIC food package may have had continued impacts on participation.

Notably, all participant categories experienced a coverage rate increase from CY 2022 to CY 2023, largely because of an increase in WIC participation, accompanied by a relatively steady number of individuals eligible for the program. The relative order of coverage rates by participant category remained mostly consistent from CY 2016 to CY 2023. Across these years, infant rates were consistently the highest among the participant categories, followed by postpartum women. Children had the lowest coverage rate in all years except for CY 2022, when pregnant women had slightly lower coverage. Coverage rates for pregnant women decreased from CY 2016 to CY 2021 but increased in CY 2022 and 2023.

[12] The unrounded coverage rate is 53.5 percent in in CY 2022 and 56.2 percent in CY 2023.

Figure ES.5. Trends in WIC coverage rates by participant category: CY 2016–CY 2023



Note: Data for figure ES.5 are available in table 3.12. The estimates for CY 2016– CY 2020 are consistent with the results published in the CY 2021 report (Kessler et al., 2023) but differ from initial results published for those years because of updates to the methodology.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

B. Methodology

The CY 2023 national estimates presented in this report are based on a methodology initially developed by the Committee on National Statistics of the National Research Council (Ver Ploeg & Betson, 2003) and were enhanced during the development of the CY 2020 and CY 2021 WIC eligibility estimates (Farson Gray et al., 2022; Kessler et al., 2023). The estimates for CY 2016–CY 2020 presented in this report were updated using the methodology employed in CY 2021 and repeated this year to facilitate comparisons across these years. The estimates in this report should not be compared with reports published before the CY 2021 report because of the methodological differences.

The 2024 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) (U.S. Census Bureau, n.d.-a) is the primary data source used to develop the national estimates of the eligible populations.[13] Methods varied by participant category, with somewhat different approaches for (1) infants and children, (2) pregnant women, and (3) postpartum breastfeeding and non-breastfeeding women. The numbers of income-eligible and adjunctively income-eligible infants and children were first estimated using the CPS ASEC data; the adjunctively income-eligible population was adjusted based on program participation data from the 2023 American Community Survey (ACS; see appendix A of Kessler et al., 2023, for more information). These estimates were then adjusted to account for annual and monthly income differences. Because the CPS ASEC data do not identify pregnancy or breastfeeding status, the number of pregnant women was determined using the total population of women of reproductive age and adjusted

[13] The 2024 CPS ASEC survey asks about income and program participation during CY 2023.

following a recommendation from the Centers for Disease Control and Prevention (CDC, n.d.-b) for estimating the pregnant population. The number of infants eligible for WIC was then used as the starting point to estimate the number of postpartum women eligible for WIC and adjusted to estimate breastfeeding status (see table 6.1 for more details about the effects of these adjustments for all participant categories).

In addition to stratifying coverage rates by participant category, they are also stratified by race and ethnicity. The report presents the first coverage rates for Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic individuals, covering CY 2016–CY 2023. See table 3.1 and appendix A in volume II for these estimates and more details about how race and ethnicity categories were estimated.

The State-level estimates are based on a methodology that apportions the national figures using data from the ACS. The CY 2023 State-level estimates are based on pooled 2022 and 2023 ACS data (IPUMS-USA, n.d.). Estimates for the five U.S. territories WIC serves (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) are based on procedures similar to those used to generate the national estimates. However, estimates for Puerto Rico are based on data from the Puerto Rico Community Survey, whereas estimates for the four other U.S. territories are based on the U.S. Census Bureau International Database.

The report includes Wald 95 percent confidence intervals as a measure of precision. Wider confidence intervals indicate less precision in the estimates, often due to small sample sizes or a wide variation in collected data (e.g., income). Coverage rates that have a 95 percent confidence interval that includes both 0 and 100 percent are excluded from the report.

Chapter 1

Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides healthy foods. breastfeeding support, nutrition education, and referrals to other services. WIC serves eligible pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children up to age 5 who have low incomes and are nutritionally at risk. Administered by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), WIC provides services through State and local agencies in all 50 States; the District of Columbia;[14] five U.S. territories, including American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands; and 33 Indian Tribal Organizations (Tribal Organizations).[15] Eligible participants receive electronic benefit transfer (EBT) cards for prescribed foods and redeem them at authorized retail vendors at no charge.[16]

6.6 million

women, infants, and children were served by WIC in an average month in 2023

WIC served 6.6 million women, infants, and children in an average month in calendar year (CY) 2023.[17] To be eligible for WIC, an applicant must be categorically eligible as a pregnant, postpartum breastfeeding,[18] or postpartum non-breastfeeding[19] woman; an infant up to age 1;[20] or a child aged 1–4. Each applicant must also be income-eligible, at nutritional risk, and live in the geographic location (i.e., State, territory, or Tribal land) where the application is submitted.

[14] Hereafter, this report includes the District of Columbia in references to States.
[15] On March 1, 2024, the number of Tribal Organizations participating in WIC changed from 33 to 32 when Indian Township Passamaquoddy Reservation stopped operations. This change decreased the total number of State agencies to 88. For the period covered by this report, WIC provided services in 89 State agencies, including Indian Township Passamaquoddy Reservation.
[16] During CY 2023, a small number of participants continued to receive paper checks because several State agencies had not fully transitioned to EBT. The most recent EBT status for all State agencies is available in the WIC EBT Detail Status Report (https://fns-prod.azureedge.us/sites/default/files/resource-files/december22-wic-ebt-detailstatusreport.pdf).
[17] The eligibility estimates are intended to represent average monthly figures—the numbers of women, infants, and children eligible for WIC in an average month of a calendar year—to be consistent with average monthly data on program participation. All yearly estimates presented in this report are for the calendar year.
[18] Breastfeeding women are categorically eligible up to 1 year postpartum.
[19] Non-breastfeeding women are categorically eligible up to 6 months postpartum.
[20] An infant must be recertified as a child after the infant's first birthday.

WIC is a federally funded, discretionary program. Unlike mandatory programs (e.g., Medicare), WIC funding is provided by Congress through an annual appropriations process. Since approximately 1997, Congress has funded WIC at a level sufficient for the program to serve all eligible applicants. WIC funding needs are estimated annually using the number of individuals eligible for WIC and the percentage of the eligible population likely to participate. FNS allocates funds to participating State agencies based on a formula that considers the previous year's funding and the estimated eligible population in each State and U.S. territory, along with other factors. Accurately estimating the number of individuals eligible for WIC and the number likely to participate enables FNS to better predict future funding needs, measure WIC performance, and identify potentially unmet nutrition assistance needs.

This report presents estimates of the numbers of women, infants, and children eligible for WIC during an average month in 2023 and historical estimates for 2016–2022.[21] This is the most recent report in a series that provides eligibility estimates at the national, regional, and State levels. Estimates are also provided by participant category—infants, children, pregnant women, and postpartum women[22]—and by race and ethnicity, urbanicity, and reported household income. This report also provides—

- The percentages of eligible individuals who participated in WIC overall and by participant category (i.e., coverage rates)
- The percentages of the total population of individuals who participated in WIC overall and by participant category (i.e., participation rates)
- National-level estimates of WIC nonparticipation rates among Medicaid and Supplemental Nutrition Assistance Program (SNAP) participants[23]

For this report, WIC participants are defined as those individuals who were enrolled in WIC and received or picked up their WIC benefits in an average month in 2023.[24] All rates presented in this report are influenced by both the number of individuals served by WIC and broader population-level trends.

Historically, this report has not estimated the number of individuals eligible to be served by Tribal Organizations that administer WIC (the following text box includes more information about the Tribal Organizations that administer WIC). State-level estimates incorporate individuals eligible for WIC and WIC participants in Tribal Organizations within the geographic States where the Tribal Organizations are headquartered. This approach was adopted primarily because of limitations of the data sources but has resulted in important gaps in information available to the Tribal Organizations.

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[21] The estimates for 2016–2020 are consistent with the results published in the 2022 report (see Kessler et al., 2024) but differ from the initial results published for those years because of updates to the methodology.

[22] The postpartum women category includes breastfeeding and non-breastfeeding women. This report contains some tables and figures that combine breastfeeding and non-breastfeeding women under postpartum women.

[23] Individuals who are categorically eligible for WIC and participate in Medicaid and SNAP are adjunctively income-eligible but may not participate in the program for several reasons.

[24] WIC participants also include (1) infants younger than 6 months who are exclusively breastfed and whose breastfeeding mother received foods or food instruments (e.g., EBT cards, vouchers, coupons) during the reporting period and (2) partially breastfeeding women more than 6 months postpartum who did not receive supplemental foods but whose infants received supplemental foods or food instruments (Special Supplemental Nutrition Program for Women, Infants, and Children, 2014).

Native Americans, Tribes, Tribal Organizations, and WIC

There are 574 federally recognized Tribal Nations in the United States (National Congress of American Indians, 2020). These Tribal Nations are self-governing, sovereign nations with distinct laws and governance processes. Tribal members are citizens of both their Tribal Nation and the United States. Not all individuals who identify as Indigenous, Native American, American Indian, or Alaska Native live on Tribal land or identify as members of a Tribal Nation. According to the 2020 U.S. Census, there were 9.7 million American Indian/Alaska Native individuals in the United States, representing 3 percent of the total U.S. population (U.S. Census Bureau, 2020).

Tribal Nations can administer WIC as State agencies or local agencies within a geographic WIC State agency. In 2023, 33 Tribal Organizations (including individual Tribal Nations and larger groups of Tribal Nations) administered the WIC program as State agencies. Geographic WIC State agencies must serve individuals who reside within the state's jurisdiction. However, Tribal Organizations vary in how they define their service area and may overlap service areas with other Tribal Organizations or multiple geographic States, adding complexity to estimating the number of individuals to assign to the service area of a particular Tribal Organization. These differences require a different approach to estimating the population eligible for WIC through the Tribal Organizations (see chapter 6 for more details). As with all State agencies, WIC Tribal Organizations determine their approved products, vendors, and food package options within limits set by FNS regulations and guidance.

A. WIC Eligibility Requirements

To be eligible for WIC, an individual must be categorically eligible and meet requirements for income or adjunctive income eligibility, nutritional risk, and residency:

- **Categorical eligibility.** A participant must be a pregnant, postpartum breastfeeding, or postpartum non-breastfeeding woman; an infant up to age 1 (the first birthday); or a child up to age 5 (the fifth birthday).
- **Income eligibility.** A participant can establish income eligibility in two ways:
  - A participant's income may not exceed 185 percent of the Federal Poverty Guidelines issued annually by the U.S. Department of Health and Human Services (HHS) accounting for household size.[25] Applicants must present proof of income, such as recent paystubs or income tax returns.
  - A participant may be adjunctively income-eligible for WIC if they or certain household members can document participation in Medicaid, SNAP, or Temporary Assistance for Needy Families (TANF).[26]

[25] See HHS (n.d.) for the Federal Poverty Guidelines used to calculate the 2023 WIC eligibility estimates presented in this report. These guidelines are based on family or household size. The 48 contiguous States, the District of Columbia, and the U.S. territories served by WIC have the same guidelines; Alaska and Hawaii have different guidelines.

[26] WIC regulations also allow State agencies to extend automatic WIC income eligibility to applicants participating in other qualifying means-tested benefit programs with income eligibility thresholds below those for WIC (see Special Supplemental Nutrition Program for Women, Infants, and Children, 2014). As in previous reports, the estimates presented do not account for automatic income eligibility.

- **Nutritional risk.** A participant must be determined to be at nutritional risk based on a comprehensive assessment by a competent professional authority, such as a nutritionist, nurse, or physician. The applicant must display at least one medical, dietary, socioeconomic, or environmental risk factor (e.g., anemia, inadequate diet, underweight, homelessness) that may lead to a poor health outcome.
- **Residency.** An applicant must apply for and receive benefits in the geographic region (i.e., State, Tribal land, Tribal Organization, or U.S. territory) in which they reside.[27]

B. Overview of Estimation Methodology

The estimation procedures used to develop the estimates for WIC eligibility presented in this report are based primarily on the methodology recommended by the Committee on National Statistics (CNSTAT) panel members (Ver Ploeg & Betson, 2003). During the development of the 2020 WIC eligibility estimates, the estimation methodologies were updated to incorporate additional data sources and more closely reflect WIC eligibility criteria; these updates and additional enhancements are described in the 2021 WIC eligibility estimates report (Kessler et al., 2023). Chapter 6 provides a detailed description of the estimation methodology, including methodological updates to the estimates presented in this report.

This report uses the following estimation procedures:

- **Estimating eligible infants and children.** Current Population Survey Annual Social and Economic Supplement (CPS ASEC) data provide the initial counts of eligible infants and children aged 1–4 in all States. The counts are then refined through a series of adjustment factors designed to more closely reflect WIC eligibility requirements. The numbers of infants and children who are income-eligible or adjunctively income-eligible are estimated in the CPS ASEC; information from the American Community Survey (ACS) is used to adjust these estimates by imputing participation in programs that confer adjunctive income eligibility.[28] The estimates are then adjusted to account for differences between annual and monthly income and for nutritional risk.
- **Estimating eligible pregnant women.** The CPS ASEC data do not include information on pregnancy. The methodology proposed by the Centers for Disease Control and Prevention (CDC, n.d.-b) was used to estimate the total number of pregnant women in the United States. The estimation procedures for pregnant women start with the total number of women of reproductive age (15–44 years) in the CPS ASEC. This count is then adjusted based on other pregnancy-related data (e.g., multiple births, pregnancy losses) to estimate the total number of pregnant women. From this number, the estimated number of women who are income-eligible or adjunctively income-eligible is determined and then adjusted to reflect WIC eligibility criteria.
- **Estimating eligible postpartum women.** Because the CPS ASEC data do not include information on postpartum or breastfeeding status, the estimates of postpartum women

[27] Individuals applying for benefits through a Tribal Organization must meet the residency requirements established by that Tribal Organization.
[28] See appendix A of Kessler et al. (2023) for more information about the imputation procedure.

eligible for WIC are based on adjusted counts of infants eligible for WIC. Separate estimates are produced for breastfeeding and non-breastfeeding women because certification periods and benefits vary for these two groups. Breastfeeding information is drawn from the most recent National Immunization Survey conducted by the CDC to estimate breastfeeding status among postpartum women.

State-level estimates of individuals eligible for WIC are prepared using the same general procedures used to develop the national-level estimates, but State-level estimates are based on ACS data instead of CPS ASEC data. CPS ASEC data are considered a better source for national-level estimates because they include more complete income data, but ACS data are preferred for State-level estimates because of the relatively large sample sizes for all States. Each State's share of the total ACS-based estimates is calculated to create a consistent set of national- and State-level estimates. Two years of ACS data are used to address small sample sizes and related fluctuations in small States; the national-level estimates are then allocated across States according to each State's share. As a result, the sum of the State-level estimates of the number of individuals eligible for WIC is the national total. State-level estimates are also summed to produce regional-level estimates.

Estimates for the five U.S. territories WIC serves (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) are prepared using similar procedures to those used to generate the national estimates. Estimates for Puerto Rico are based on data from the Puerto Rico Community Survey (PRCS), whereas estimates for the four other U.S. territories are based on data from the U.S. Census Bureau International Database (IDB).[29]

This report provides the first published estimates of the population of individuals who identify as Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic who are eligible for WIC (see chapter 3). Chapter 6 and appendix A provide additional details on the methodology used to produce these estimates.

The following data sources were used for the 2023 estimates: (1) 2024 CPS ASEC data (U.S. Census Bureau, n.d.-a), which asks about income and program participation during 2023; (2) 2022 and 2023 ACS data (IPUMS-USA, n.d.); (3) 2022 and 2023 PRCS data (IPUMS-USA, n.d.); and (4) 2023 IDB data (U.S. Census Bureau, n.d.-b).

[29] Puerto Rico estimates are included in State-level tables unless otherwise noted. Other territories are not included in State-level tables because of small sample sizes.

Policies and National Events Influencing WIC Operations, Eligibility, and Program Reach

Several external factors and WIC policy changes influenced WIC program operations in 2023. These changes may influence the estimates and trends presented in this report. For example—

- In February 2022, an infant formula recall led to a national formula shortage. Combined with supply chain issues, the formula shortage continued in 2023, leading to shifts in how infants were fed across the Nation (Economic Research Service, 2024). Breastfeeding practices directly affect who is eligible for WIC and what benefits postpartum women and infants receive.
- In FY 2023, Congress continued to fund an increase to the cash value benefit (CVB) that WIC participants use to purchase fruits and vegetables. Although the FY 2023 CVB levels were only modestly adjusted for inflation above the increased CVB funded in FY 2022, this rise may still have had continued impacts on participation extending into 2023.
- The country continued to deal with challenges related to the COVID-19 public health emergency (PHE). Poverty remained relatively high, although some measures suggest a slight increase in family incomes. Medicaid and SNAP participation also continued at high levels, although these programs began "unwinding" COVID-19 flexibilities that temporarily increased enrollment. Some WIC clinics began shifting back to pre-COVID policies, while others continued to waive physical presence requirements and issued benefits electronically in an effort to modernize the program. The impact of WIC waivers may have varied across State agencies with different policies. For example, some State agencies used offline EBT technology that did not allow for remote benefit issuance, while others had online systems that allowed them to issue benefits remotely.

Chapter 2

Estimates of WIC Eligibility for CY 2023

Key Findings: WIC Eligibility

- In an average month in CY 2023, **11.8 million individuals were eligible for WIC.** This is about the same number of individuals eligible for WIC observed in CY 2022.
- Following historic trends, almost **two-thirds of eligible individuals were children** aged 1–4.
- About **half of infants and children aged 1–4 in the United States were eligible for WIC in CY 2023.**

Eligibility Rate

Percentage of women, infants, and children eligible for WIC

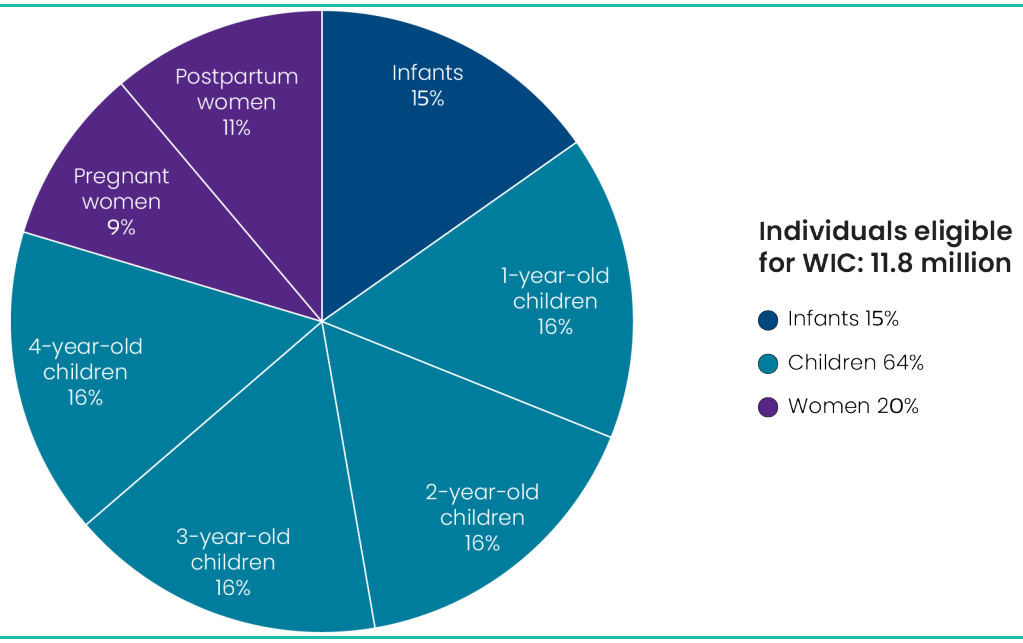
This chapter presents estimates of WIC eligibility in 2023. Section A presents national-level estimates by participant category and describes the characteristics of infants and children eligible for WIC. Section B presents regional- and State-level estimates. Section C examines the changes in the numbers of individuals eligible for WIC overall and by participant category from 2022 to 2023. Section D discusses general trends in WIC eligibility from 2016 to 2023.

Demographic shifts related to the COVID-19 pandemic may have influenced estimates of WIC eligibility in 2023, increasing the number of individuals who were eligible because of, for example, increased participation in Medicaid and SNAP. The infant formula shortage also continued to increase breastfeeding practices, directly increasing the number of postpartum women eligible for WIC in an average month.

A. National-Level Estimates of Individuals Eligible for WIC

In an average month in 2023, 11.8 million individuals were eligible for WIC in all States and the U.S. territories served by WIC (see figure 2.1). Of those eligible for WIC, almost two-thirds (64 percent) were children, 15 percent were infants, and 20 percent were women.

Figure 2.1. Distribution of individuals eligible for WIC: CY 2023



Note: Data for figure 2.1 are available in table 2.1.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Children eligible for WIC were evenly distributed by year of age, with each age group representing about 16 percent of total eligible individuals (see table 2.1). Pregnant and postpartum women represented 9 percent and 11 percent of the eligible population, respectively. Postpartum breastfeeding women represented a larger proportion than postpartum non-breastfeeding women (7 versus 4 percent).

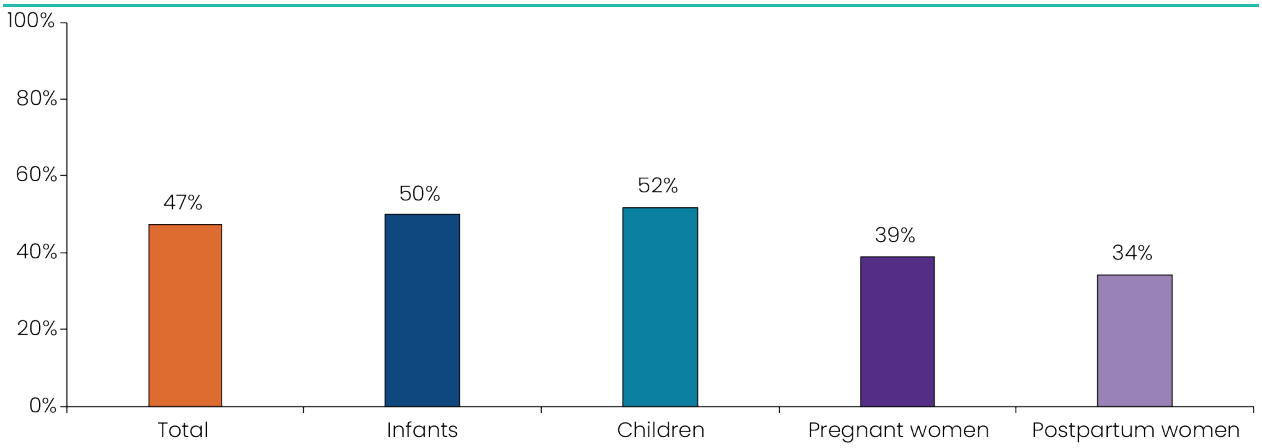
Table 2.1. Estimated average monthly number of individuals eligible for WIC by participant category: CY 2023

Participant category	Number eligible (N)	Percent of total eligible	Total population (N)	Eligibility rate (%)
Infants	**1,796,821**	**15.2**	**3,600,389**	**49.9**
Children	**7,626,138**	**64.5**	**14,713,756**	**51.8**
1-year-old children	1,883,018	15.9	3,672,400	51.3
2-year-old children	1,914,319	16.2	3,668,357	52.2
3-year-old children	1,937,138	16.4	3,619,422	53.5
4-year-old children	1,891,664	16.0	3,753,577	50.4
Women	**2,406,255**	**20.3**	**6,615,976**	**36.4**
Pregnant women	1,091,474	9.2	2,791,608	39.1
Postpartum women	1,314,781	11.1	3,824,368	34.4
Breastfeeding women	848,829	7.2	1,995,462	42.5
Non-breastfeeding women	465,952	3.9	1,828,907	25.5
Total	**11,829,215**	**100.0**	**24,930,121**	**47.4**

Note: The total population consists of individuals in the 50 States, the District of Columbia, Indian Tribal Organizations, and the U.S. territories served by WIC in each participant category. The number of individuals eligible for WIC includes individuals eligible through any of the 89 WIC State agencies. The eligibility rate is the ratio of the total number of individuals eligible for WIC to the total population in each participant category. The average monthly population of postpartum women includes all women who gave birth less than 1 year earlier, even if they are not categorically eligible for WIC because they are more than 6 months postpartum and are not breastfeeding.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

The eligibility rate is the percentage of the total population in each participant category estimated to be eligible for WIC. In an average month in 2023, half of all infants and 52 percent of all children were eligible for WIC (see table 2.1 and figure 2.2). Thirty-nine percent of all pregnant women and 34 percent of all postpartum women were eligible. In part, the eligibility rate is lower for non-breastfeeding women (26 percent) than for breastfeeding women (43 percent) because non-breastfeeding women are eligible only for the first 6 months postpartum.

Figure 2.2. WIC eligibility rate by participant category: CY 2023



Note: Data for figure 2.2 are available in table 2.1.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Characteristics of Infants and Children Eligible for WIC

The CPS ASEC and ACS data were used to examine the characteristics of infants and children identified as eligible for WIC in 2023 (see table 2.2).[30] Almost two-thirds of infants and children eligible for WIC were White (62 percent), 24 percent were Black, and 14 percent were another race or multiple races. More than one-third of eligible infants and children were Hispanic/Latino (36 percent), and a majority lived in households with two parents (62 percent; see figure 2.3). About 4 percent of eligible infants and children lived with a household member (aged 17 or older) who had served in the U.S. military at some point, and 2 percent lived with a household member who was serving in the U.S. military in 2023. Seventy-seven percent of infants and children eligible for WIC lived in households with working parent(s). Most infants and children eligible for WIC lived with families receiving Medicaid (80 percent, see figure 2.3). The characteristics of infants and children eligible for WIC were generally similar (see table 2.2).

The CPS ASEC and ACS data were also used to examine the characteristics of infants and children who appeared to be solely adjunctively income-eligible (in households with annual income exceeding 185 percent of the Federal Poverty Guidelines but participating in Medicaid, SNAP, or TANF) compared with those income-eligible for WIC (in households with annual income less than or equal to 185 percent of the Federal Poverty Guidelines, regardless of whether they participated in Medicaid, SNAP, or TANF).[31] For example, 60 percent of infants and children who

[30] Table 2.2 presents characteristics of infants and children eligible for WIC based on the CPS ASEC and ACS data using weights adjusted for the undercount and overcount in CPS ASEC estimates, monthly income, certification periods, and nutritional risks of these individuals. See chapter 6 for more information on the estimation procedures.

[31] Although 38.5 percent of infants and children eligible for WIC were in households with annual incomes exceeding 185 percent of the Federal Poverty Guidelines, the proportion of WIC participants in households with annual incomes exceeding 185 percent of Federal Poverty Guidelines was much lower—3.8 percent of total participants in 2022 (Zvavitch et al., 2024). There are various reasons a small percentage of participants had income exceeding the poverty guidelines. One reason is State Medicaid income thresholds for infants and children are equal to or greater than 250 percent of the Federal Poverty Guidelines for many States and equal to or greater than 300 percent of poverty guidelines for other States (Centers for Medicare & Medicaid Services, n.d.). Moreover, the programs that confer adjunctive income eligibility use income disregards (e.g., certain types of income are not counted in determining program eligibility) and do not necessarily count the income of all members of the economic unit as defined by WIC.

were solely adjunctively income-eligible received Medicaid but not SNAP or TANF (see table 2.2). In comparison, 27 percent of directly income-eligible infants and children received Medicaid but not SNAP or TANF. Compared with those who were directly income-eligible, infants and children who were solely adjunctively income-eligible were more likely to live in two-parent families (72 percent versus 56 percent), live with one or more working parents (88 percent versus 69 percent), and have a family member who had ever served in the U.S. military (6 percent versus 3 percent).

Table 2.2. Distribution of average monthly numbers of infants, children, and infants and children eligible for WIC (percentage) by demographic and income characteristics and adjunctive income eligibility: CY 2023

Characteristics	Infants eligible for WIC			Children eligible for WIC			Infants and children eligible for WIC		
	Family Income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total
Total (*N*)	1,117,072	658,772	1,775,844	4,596,731	2,946,485	7,543,216	5,713,804	3,605,257	9,319,060
Sex (%)									
Male	51.1	45.7	49.1	51.2	52.0	51.5	51.2	50.9	51.1
Female	48.9	54.3	50.9	48.8	48.0	48.5	48.8	49.1	48.9
Race (%)									
Black	22.1	17.5	20.4	25.6	22.3	24.3	24.9	21.4	23.6
White	64.3	67.5	65.5	60.9	62.2	61.4	61.6	63.1	62.2
Another race[c]	13.6	15.0	14.2	13.5	15.5	14.3	13.5	15.4	14.3
Hispanic ethnicity (%)									
Hispanic/Latino	41.2	31.2	37.5	37.2	33.5	35.8	38.0	33.1	36.1
Not Hispanic/Latino	58.8	68.8	62.5	62.8	66.5	64.2	62.0	66.9	63.9
Living arrangement (%)									
Two-parent family	56.5	71.0	61.9	55.2	71.9	61.8	55.5	71.7	61.8
Single-parent family	36.3	27.5	33.1	38.3	22.9	32.3	37.9	23.8	32.4
No-parent family	7.2	1.4	5.0	6.4	5.2	5.9	6.6	4.5	5.8
Related nonparent caretaker	2.5	1.4	2.1	3.2	5.2	4.0	3.1	4.5	3.6
Unrelated nonparent caretaker	4.6	0.0	2.9	3.2	0.0	1.9	3.5	0.0	2.1
Military status of household members (%)									
Ever served in U.S. military	2.5	4.5	3.3	3.5	5.7	4.4	3.3	5.5	4.2
Serving in U.S. military in 2023[d]	3.0	1.6	2.5	2.2	1.8	2.1	2.4	1.8	2.1

Characteristics	Infants eligible for WIC			Children eligible for WIC			Infants and children eligible for WIC		
	Family Income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total
Number of individuals in household (%)									
2	7.2	1.4	5.0	4.5	1.8	3.4	5.0	1.7	3.7
3	25.7	23.7	25.0	16.9	17.0	16.9	18.6	18.2	18.5
4	21.2	27.7	23.6	26.6	32.9	29.1	25.6	32.0	28.0
5	18.8	22.7	20.2	22.5	23.1	22.7	21.7	23.0	22.2
6 or more	27.1	24.5	26.1	29.5	25.3	27.8	29.0	25.1	27.5
Working parents (%)									
Households with working parent(s)	66.3	89.2	74.8	69.9	88.1	77.0	69.2	88.3	76.6
Annual family income relative to FPG[b] (%)									
No income	9.2	0.0	5.8	7.0	0.0	4.3	7.4	0.0	4.6
Up to 50 percent of FPG	16.0	0.0	10.1	14.0	0.0	8.6	14.4	0.0	8.8
More than 50 percent up to 100 percent of FPG	19.3	0.0	12.2	24.6	0.0	15.0	23.5	0.0	14.4
More than 100 percent up to 130 percent of FPG	19.0	0.0	12.0	19.3	0.0	11.7	19.2	0.0	11.8
More than 130 percent up to 150 percent of FPG	12.5	0.0	7.9	14.0	0.0	8.5	13.7	0.0	8.4
More than 150 percent up to 185 percent of FPG	23.9	0.0	15.1	21.1	0.0	12.9	21.7	0.0	13.3
More than 185 percent up to 200 percent of FPG	0.0	14.2	5.3	0.0	10.9	4.3	0.0	11.5	4.5
More than 200 percent of FPG[e]	0.0	85.8	31.8	0.0	89.1	34.8	0.0	88.5	34.2

Characteristics	Infants eligible for WIC			Children eligible for WIC			Infants and children eligible for WIC		
	Family Income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total	Family income ≤ 185 percent FPG[a]	Adjunctively income-eligible > 185 percent FPG[b]	Total
Receipts of other benefits (%)									
No benefit receipt	23.1	0.0	14.5	17.4	0.0	10.6	18.5	0.0	11.3
Medicaid, SNAP, and TANF	4.1	1.6	3.2	5.9	1.1	4.0	5.5	1.2	3.8
SNAP and TANF only	0.6	0.0	0.4	0.0	0.0	0.0	0.1	0.0	0.1
Medicaid and SNAP only	35.8	22.2	30.7	43.6	26.1	36.8	42.1	25.4	35.6
Medicaid and TANF only	0.0	0.7	0.3	0.4	0.6	0.5	0.3	0.6	0.4
SNAP only	10.1	14.8	11.8	5.1	11.9	7.8	6.1	12.4	8.5
TANF only	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medicaid only	26.3	60.7	39.1	27.7	60.3	40.4	27.4	60.4	40.2
Urbanicity (%)									
Nonmetropolitan	13.8	14.6	14.1	13.7	13.4	13.6	13.7	13.6	13.7
Metropolitan	86.2	85.4	85.9	86.3	86.6	86.4	86.3	86.4	86.3

Note: This table does not include estimates for the U.S. territories.

CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; FPG = Federal Poverty Guidelines; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

[a] The WIC economic unit is defined as all individuals in the CPS ASEC household related by blood, marriage, or adoption, plus the unmarried partner of any family member and that partner's dependents. Infants and children in economic units with annual incomes less than or equal to 185 percent of the FPG for the unit's size are income-eligible for WIC.

[b] Adjunctively income-eligible infants and children were in economic units that reported participating in Medicaid, SNAP, or TANF during the prior year and had annual income exceeding 185 percent of the FPG for the unit's size.

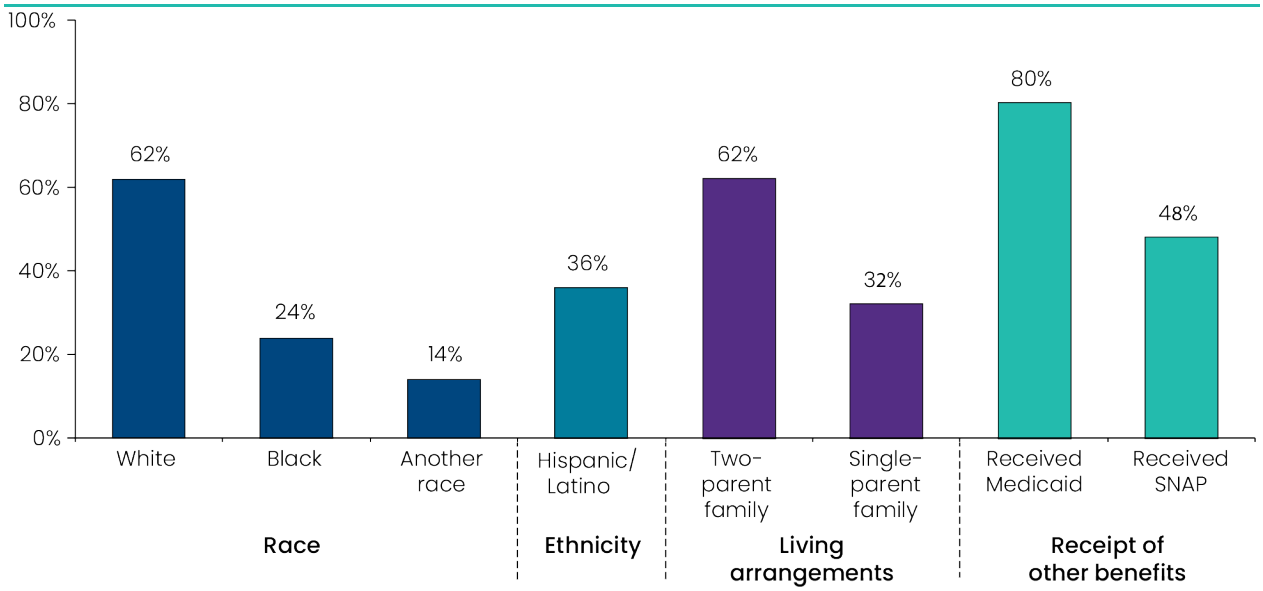
[c] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the "another race" category.

[d] The military status of household members currently serving in the U.S. military was included in the CPS ASEC only if they resided in civilian housing on or off a military base.

[e] Although 38.5 percent of infants and children eligible for WIC were in households with annual incomes exceeding 185 percent of the FPG, the proportion of WIC participants in households with annual income exceeding 185 percent of the FPG was much lower—3.8 percent of total participants in 2022 (Zvavitch et al., 2024). For various reasons, a small percentage of participants had incomes exceeding the poverty guidelines. One reason is that State Medicaid income thresholds for infants and children are equal to or greater than 250 percent of the FPG in many States and equal to or greater than 300 percent in other States (Centers for Medicare & Medicaid Services, n.d.). Moreover, the programs that confer adjunctive income eligibility use income disregards and do not necessarily count the income of all members of the economic unit as defined by WIC.

Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a

Figure 2.3. Characteristics of infants and children eligible for WIC: CY 2023



Note: Data for figure 2.3 are available in table 2.2. The race and ethnicity categories are not mutually exclusive because the race categories include both Hispanic/Latino and non-Hispanic/Latino. This figure does not include estimates for the U.S. territories. Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the "another race" category.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a

B. Regional- and State-Level Estimates of Individuals Eligible for WIC

The number of individuals eligible for WIC varied across FNS Regions and States because of differences in total populations, demographic characteristics, income levels, and State policy choices (see appendix D of volume II for a list of States and U.S. territories by FNS Region). In 2023, the Southeast Region had the greatest percentage of individuals—23 percent (see table 2.3) of the total population—eligible for WIC. In contrast, the Mountain Plains Region represented the smallest share of eligible individuals—5 percent. The distribution of individuals eligible for WIC shows similar regional variations across participant categories.

Table 2.3. Distribution of individuals eligible for WIC (percentage) by FNS Region and participant category: CY 2023

FNS Region	Infants	Children	Pregnant women	Postpartum women	Total
Northeast	9.1	8.9	9.0	9.4	9.0
Mid-Atlantic	11.1	11.5	11.3	11.4	11.4
Southeast	22.6	22.8	23.1	22.0	22.7
Midwest	14.6	15.2	14.9	14.3	15.0
Southwest	20.6	19.6	20.3	19.8	19.9
Mountain Plains	5.2	5.3	5.2	5.3	5.3
Western	16.8	16.6	16.1	17.8	16.7
All Regions	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Note: CY = calendar year; FNS = Food and Nutrition Service
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

WIC eligibility rates, which indicate the percentage of the total population in each participant category estimated to be eligible for WIC, were highest in the Southeast and Southwest Regions (52 percent each) and lowest in the Mountain Plains Region (41 percent), as table 2.4 shows. Eligibility rates by participant category show similar variations by FNS Region (see figure 2.4).

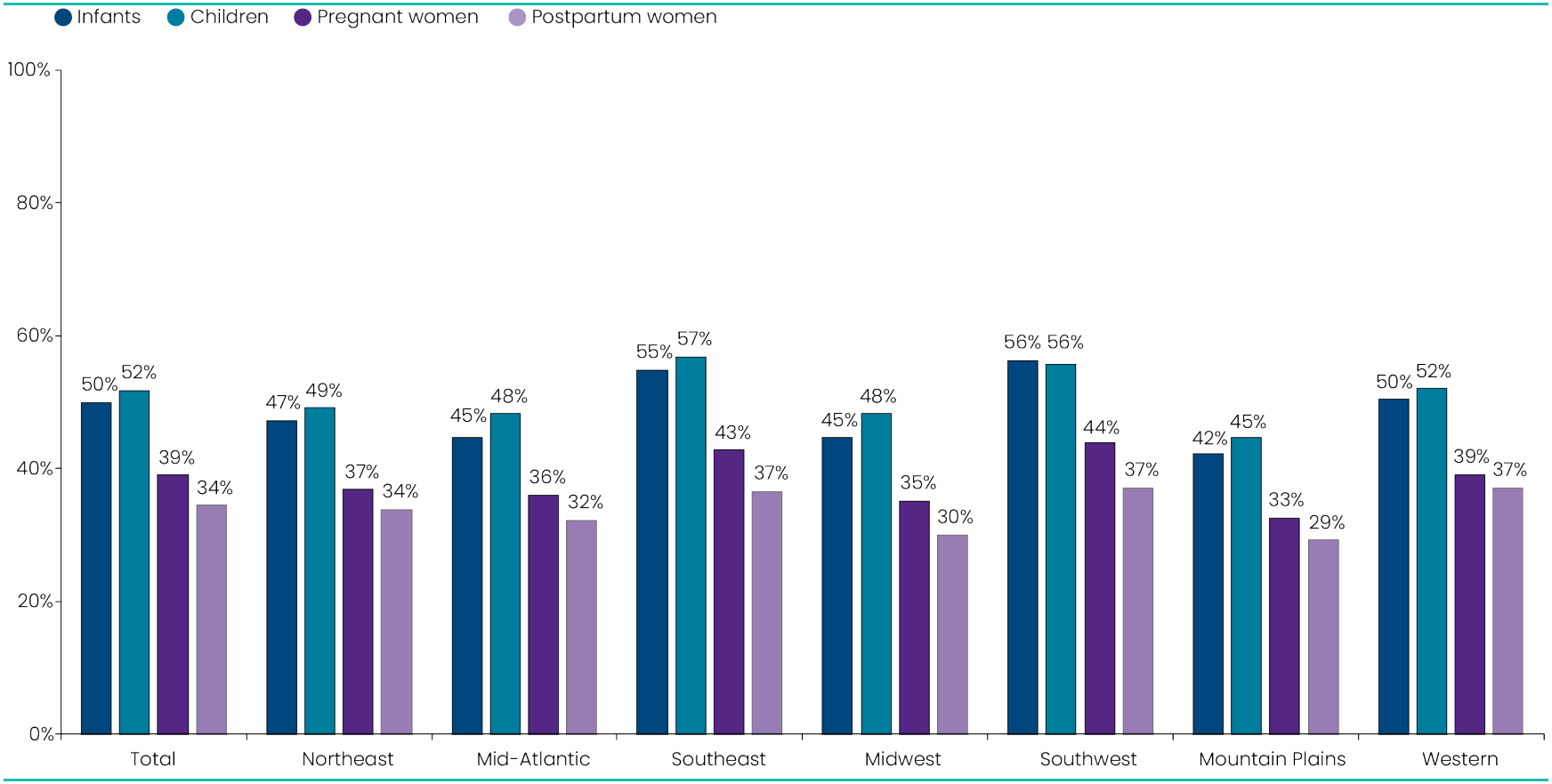
By State, Texas had the largest share of individuals eligible for WIC (12 percent of the national estimate), reflecting its large population (see table 2.5). The States with the four largest eligible populations (Texas, California, Florida, and New York) had 35 percent of the total U.S. population eligible for WIC in 2023.

Table 2.4. WIC eligibility rate (percentage) by FNS Region and participant category: CY 2023

FNS Region	Infants	Children	Pregnant women	Postpartum women	Total
Northeast	47.2	49.2	36.9	33.8	45.2
Mid-Atlantic	45.3	48.2	35.9	32.1	44.0
Southeast	54.7	56.9	42.9	36.5	51.9
Midwest	44.5	47.5	35.2	30.0	43.0
Southwest	56.2	55.9	43.6	37.1	51.6
Mountain Plains	41.5	44.8	32.6	29.2	40.5
Western	50.3	52.2	39.2	37.1	48.2
All Regions	**49.9**	**51.8**	**39.1**	**34.4**	**47.4**

Note: CY = calendar year; FNS = Food and Nutrition Service
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 2.4. WIC eligibility rate by FNS Region and participant category: CY 2023



Note: Data for figure 2.4 are available in table 2.4.
CY = calendar year; FNS = Food and Nutrition Service
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Table 2.5. Distribution of individuals eligible for WIC (percentage) by State: CY 2023

State	Percent share of national estimate of population eligible for WIC
Alabama	1.8
Alaska	0.2
Arizona	2.1
Arkansas	1.2
California	11.4
Colorado	1.4
Connecticut	0.8
Delaware	0.3
District of Columbia	0.2
Florida	6.8
Georgia	3.8
Hawaii	0.4
Idaho	0.6
Illinois	3.2
Indiana	2.1
Iowa	0.9
Kansas	0.8
Kentucky	1.5
Louisiana	1.9
Maine	0.3
Maryland	1.7
Massachusetts	1.5
Michigan	2.8
Minnesota	1.4
Mississippi	1.2
Missouri	1.8
Montana	0.3
Nebraska	0.5
Nevada	1.0
New Hampshire	0.2
New Jersey	2.4
New Mexico	0.8
New York	5.7
North Carolina	3.5
North Dakota	0.2
Ohio	3.3
Oklahoma	1.5
Oregon	1.0
Pennsylvania	3.4

State	Percent share of national estimate of population eligible for WIC
Puerto Rico	0.9
Rhode Island	0.2
South Carolina	1.8
South Dakota	0.2
Tennessee	2.4
Texas	11.6
Utah	0.8
Vermont	0.1
Virginia	2.2
Washington	2.0
West Virginia	0.5
Wisconsin	1.4
Wyoming	0.2
Total	**100.0**

Note: State eligibility estimates include individuals in ITOs who were eligible for WIC. Estimates for U.S. territories other than Puerto Rico are not shown because of small sample sizes.
CY = calendar year; ITO = Indian Tribal Organization
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a

C. Changes in the Numbers of Individuals Eligible for WIC: CY 2022–CY 2023

Overall, the estimated total number of individuals eligible for WIC remained about the same, increasing by 0.3 percent between 2022 and 2023 (see table 2.6). The change in the estimated number of eligible individuals was not consistent across all WIC participant categories. The estimated number of eligible infants decreased by 2 percent, and the estimated number of eligible children increased by 1 percent. The number of eligible pregnant women decreased by 3 percent (reflecting the only statistically significant change in eligible individuals), while the number of eligible postpartum women slightly increased (less than 1 percent).

The percent changes in the population eligible for WIC shown in table 2.6 can be viewed as the combined percent change in the total population and the percent change in the eligibility rate for each participant category. For example, the total population of infants decreased by 2 percent, and the total eligible infant population also decreased by 2 percent. As a result, the 2023 eligibility rate for infants remained about the same as in 2022.

Table 2.6. Changes in total population, number of individuals eligible for WIC, and WIC eligibility rate by participant category: CY 2022–CY 2023

Participant category	2022	2023	Percent change 2022–2023
Total population			
Infants	3,672,318	3,600,389	−2.0
Children	14,837,992	14,713,756	−0.8
1-year-old children	3,667,605	3,672,400	0.1
2-year-old children	3,619,676	3,668,357	1.3
3-year-old children	3,753,387	3,619,422	−3.6
4-year-old children	3,797,324	3,753,577	−1.2
Pregnant women	2,851,339	2,791,608	−2.1*
Postpartum women	3,907,642	3,824,368	−2.1
Breastfeeding women	1,977,449	1,995,462	0.9
Non-breastfeeding women	1,930,192	1,828,907	−5.2*
Total	**25,269,292**	**24,930,121**	**−1.3***
Number eligible			
Infants	1,830,448	1,796,821	−1.8
Children	7,523,916	7,626,138	1.4
1-year-old children	1,852,300	1,883,018	1.7
2-year-old children	1,909,244	1,914,319	0.3
3-year-old children	1,864,052	1,937,138	3.9
4-year-old children	1,898,321	1,891,664	−0.4
Pregnant women	1,124,940	1,091,474	−3.0*
Postpartum women	1,313,719	1,314,781	0.1
Breastfeeding women	822,967	848,829	3.1
Non-breastfeeding women	490,752	465,952	−5.1
Total	**11,793,023**	**11,829,215**	**0.3**

Participant category	2022	2023	Percent change 2022–2023
	Eligibility rate (%)		
Infants	49.8	49.9	0.1
Children	50.7	51.8	2.2
1-year-old children	50.5	51.3	1.5
2-year-old children	52.7	52.2	−1.1
3-year-old children	49.7	53.5	7.8*
4-year-old children	50.0	50.4	0.8
Pregnant women	39.5	39.1	−0.9
Postpartum women	33.6	34.4	2.3
Breastfeeding women	41.6	42.5	2.2
Non-breastfeeding women	25.4	25.5	0.2
Total	**46.7**	**47.4**	**1.7**

Note: The average monthly population of postpartum women includes all women who gave birth less than 1 year earlier, even if they are not categorically eligible for WIC because they are more than 6 months postpartum and are not breastfeeding.
CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; PRCS = Puerto Rico Community Survey
* Indicates a statistically significant difference between the 2022 and 2023 estimates of individuals eligible for WIC or WIC eligibility rate at the 95 percent confidence level. The statistical significance testing was conducted on the 2022–2023 change in WIC eligibility based on the CPS ASEC and PRCS data, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

D. Trends in WIC Eligibility Estimates: CY 2016–CY 2023

The relative share of the eligible population by participant category remained the same over time: Children consistently made up the largest proportion, followed by infants (see table 2.7). Between 2016 and 2019, the number of individuals eligible for WIC generally declined but increased slightly in 2020. In 2021, the total number of eligible individuals increased again, largely driven by an increase in the number of children and pregnant women eligible for WIC. This trend reversed in 2022, with an observed decrease in the number of eligible participants across all categories except for postpartum breastfeeding women. In 2023, the total number of eligible individuals increased slightly, although trends varied by participant category.

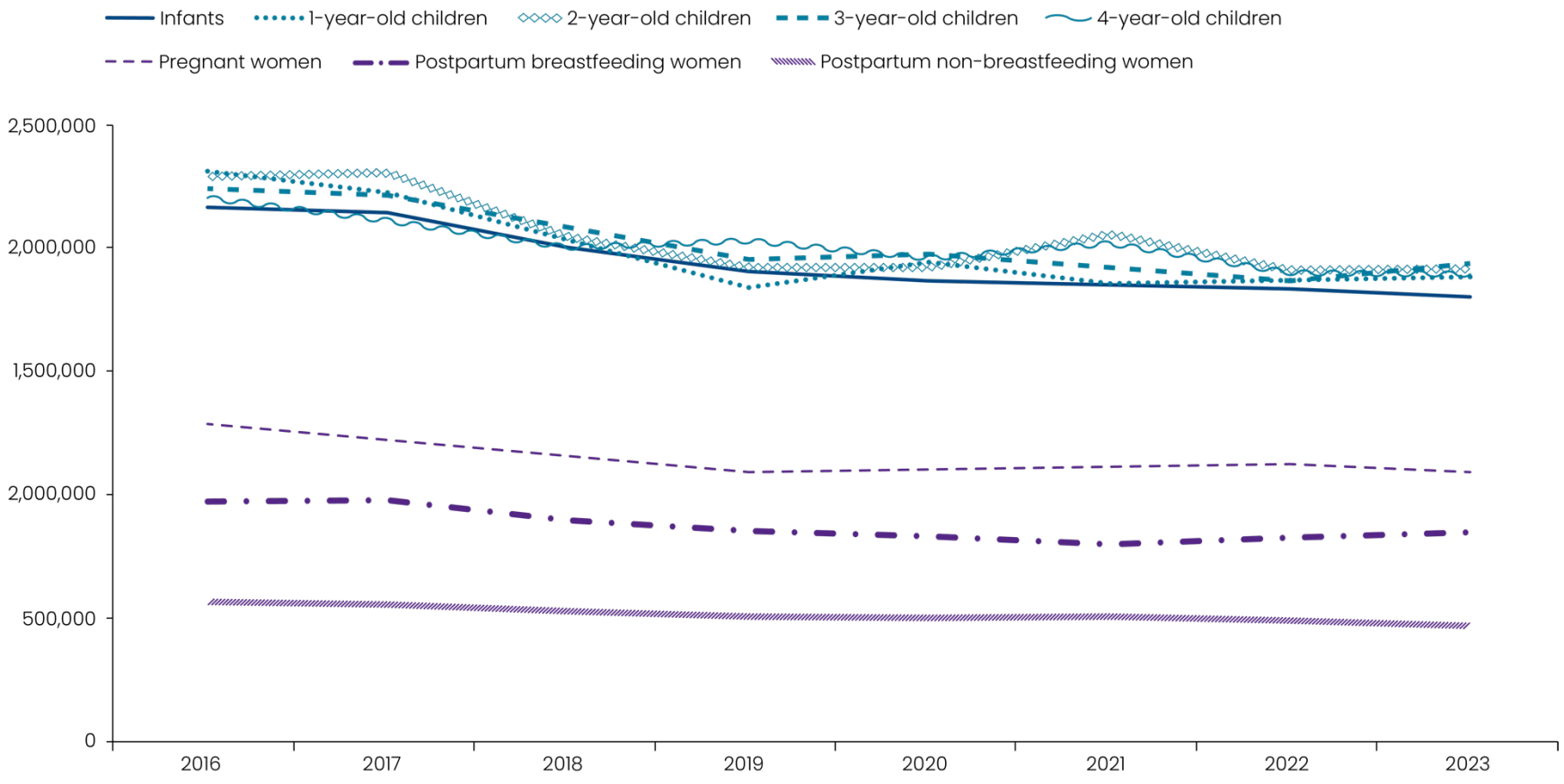
Figure 2.5 shows that trends in WIC eligibility estimates by participant category have remained relatively stable across all years.

Table 2.7. Estimated total population, number of individuals eligible for WIC, and WIC eligibility rate by year and participant category: CY 2016–CY 2023

Year	Infants	Children	Pregnant women	Postpartum breastfeeding women	Postpartum non-breastfeeding women	Total
Total population						
2016	3,958,278	15,914,726	3,033,235	2,105,840	2,053,138	27,065,217
2017	3,864,676	15,896,333	2,971,132	2,070,392	2,021,086	26,823,619
2018	3,796,919	15,805,148	2,923,104	2,000,839	2,031,436	26,557,445
2019	3,754,277	15,602,073	2,906,913	1,979,601	2,019,648	26,262,513
2020	3,619,667	15,365,755	2,790,074	1,912,007	1,956,204	25,643,707
2021	3,667,986	15,034,195	2,836,373	1,913,230	2,000,882	25,452,666
2022	3,672,318	14,837,992	2,851,339	1,977,449	1,930,192	25,269,292
2023	3,600,389	14,713,756	2,791,608	1,995,462	1,828,907	24,930,121
Number eligible						
2016	2,162,700	9,023,248	1,287,402	969,380	562,982	14,005,712
2017	2,139,130	8,847,389	1,221,038	978,905	553,199	13,739,662
2018	1,998,988	8,123,987	1,144,961	896,644	527,117	12,691,698
2019	1,900,491	7,726,475	1,091,257	851,671	504,816	12,074,709
2020	1,862,033	7,784,680	1,103,246	833,152	498,605	12,081,717
2021	1,846,394	7,851,014	1,128,406	796,911	508,571	12,131,296
2022	1,830,448	7,523,916	1,124,940	822,967	490,752	11,793,023
2023	1,796,821	7,626,138	1,091,474	848,829	465,952	11,829,215
Eligibility rate (%)						
2016	54.6	56.7	42.4	46.0	27.4	51.7
2017	55.4	55.7	41.1	47.3	27.4	51.2
2018	52.6	51.4	39.2	44.8	25.9	47.8
2019	50.6	49.5	37.5	43.0	25.0	46.0
2020	51.4	50.7	39.5	43.6	25.5	47.1
2021	50.3	52.2	39.8	41.7	25.4	47.7
2022	49.8	50.7	39.5	41.6	25.4	46.7
2023	49.9	51.8	39.1	42.5	25.5	47.4

Note: CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 2.5. Trends in the number of individuals eligible for WIC by participant category: CY 2016–CY 2023



Note: Data for figure 2.5 are available in table 2.7 and table F.1 in appendix F.
CY = calendar year
Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Chapter 3

WIC Coverage Rates for CY 2023

Key Findings: WIC Coverage Rates

- About **56 percent of individuals who were eligible for WIC went on to participate in the program.** This is the highest coverage rate observed since before 2016. Coverage rates increased because more individuals enrolled in WIC in CY 2023 than in prior years.
- From CY 2022 to CY 2023, **national-level coverage rates increased by 3 percentage points**. Coverage rates increased across all participant categories and in all FNS Regions.
- Coverage rates for CY 2023 were **highest among Hispanic/Latino individuals** (66 percent) compared with individuals included in other race and ethnicity categories.

Coverage Rate

Percentage of women, infants, and children eligible for WIC who received or picked up their WIC benefits in an average month

This chapter presents coverage rates for women, infants, and children in 2023. The coverage rates were calculated as the percentages of women, infants, and children eligible for WIC who received or picked up their WIC benefits in an average month in 2023. WIC coverage rates are useful for understanding how well WIC reaches those who are eligible for the benefits the program provides. The CVB increase, infant formula shortage, and the unwinding of the COVID-19 PHE may have influenced the 2023 WIC coverage rates. State agency policies and practices (e.g., continued adoption of physical presence waivers, rollout of EBT) may also have affected the State-level coverage rates.

A. National-Level WIC Coverage Rates

Of the 11.8 million individuals eligible for WIC in an average month in 2023, 6.6 million individuals participated, resulting in a national coverage rate of 56 percent (see table 3.1). Coverage rates were highest for infants (82 percent), followed by postpartum women (73 percent; see figure 3.1). Coverage rates were lowest for pregnant women (49 percent) [32] and children (48 percent). Among children, coverage rates decreased with age; rates were highest for 1-year-olds (67 percent) and lowest for 4-year-olds (27 percent; see figure 3.2). Coverage rates were higher for postpartum non-breastfeeding women (77 percent) than for postpartum breastfeeding women (71 percent).

Coverage rates were highest for Hispanic/Latino individuals (66 percent) and lowest for individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander (hereafter, two or more races or other race) and White-only, non-Hispanic individuals (both 49 percent; see tables 3.1 and 3.2 and figure 3.3). The coverage rate was 53 percent for Black-only, non-Hispanic individuals.

Looking specifically at American Indian/Alaska Native, non-Hispanic individuals (including those who identified as only American Indian/Alaska Native and those who identified as at least one other race in addition to American Indian/Alaska Native), the WIC coverage rate was 47 percent. For Asian, non-Hispanic individuals (similarly including those who identified as only Asian and those who identified as at least one other race in addition to Asian), the coverage rate was 46 percent. The estimated coverage rate was higher for Native Hawaiian/Pacific Islander, non-Hispanic individuals (again including individuals who identified as at least one other race in addition to Native Hawaiian/Pacific Islander) at 63 percent.

The coverage rate was higher for individuals living in metropolitan areas (61 percent) than for individuals living in nonmetropolitan areas (24 percent).[33]

[32] As noted in the methodology section (chapter 6), pregnant women's eligibility for WIC in this analysis is defined as beginning at conception, which is consistent with Federal WIC eligibility guidelines. However, not all women realize they are pregnant during the first several weeks of pregnancy and, therefore, are not enrolled in WIC at conception. This occurrence would contribute to a lower coverage rate among pregnant women relative to infants or postpartum women.

[33] WIC participants' ZIP Codes are not available in administrative data or the WIC Participant and Program characteristics (WIC PC) 2022 data. For the urbanicity analysis, ZIP Codes for each WIC participant's WIC local agency (recorded in WIC PC 2022) serve as a proxy for ZIP Code of residence. Urbanicity is based on the CPS ASEC measure of metropolitan status (U.S. Census Bureau, n.d.-a), which uses the Office of Management and Budget (2021) metropolitan designations and classifies residences as metropolitan or nonmetropolitan.

Table 3.1. WIC coverage rate by participant characteristics: CY 2023

Characteristic	Number eligible	Number participating	Coverage rate (%)
Total	**11,829,215**	**6,631,309**	**56.1**
Participant category			
Infants	1,796,821	1,479,155	82.3
Children	7,626,138	3,656,078	47.9
1-year-old children	1,883,018	1,268,459	67.4
2-year-old children	1,914,319	1,004,346	52.5
3-year-old children	1,937,138	874,822	45.2
4-year-old children	1,891,664	508,450	26.9
Pregnant women	1,091,474	538,332	49.3
Postpartum women	1,314,781	957,744	72.8
Breastfeeding women	848,829	600,628	70.8
Non-breastfeeding women	465,952	357,117	76.6
Race and Hispanic ethnicity[a]			
Hispanic/Latino	4,341,509	2,865,239	66.0
Black-only, not Hispanic	2,477,494	1,308,652	52.8
White-only, not Hispanic	3,742,399	1,840,027	49.2
Two or more races or other race, not Hispanic[b]	1,238,566	602,318	48.6
American Indian/Alaska Native, not Hispanic[c]	241,653	112,539	46.6
Asian, not Hispanic[c]	618,958	285,804	46.2
Native Hawaiian/Pacific Islander, not Hispanic[c]	74,125	46,583	62.8
Urbanicity			
Nonmetropolitan	1,614,877	387,441	24.0
Metropolitan	10,214,338	6,243,869	61.1

Note: WIC administrative data on participating children by year of age were not available. The numbers of participating children by year of age in this table are based on the distribution among children enrolled in WIC according to WIC PC 2022 data. In addition, data on coverage rates by urbanicity are based on WIC PC 2022 data. ZIP Codes for each WIC participant's WIC local agency serve as a proxy for ZIP Code of residence. Urbanicity is based on the Current Population Survey Annual Social and Economic Supplement measure of metropolitan status (U.S. Census Bureau, n.d.-a), which uses Office of Management and Budget (2021) metropolitan designations and classifies residences as metropolitan or nonmetropolitan.

CY = calendar year; WIC PC = WIC Participant and Program Characteristics

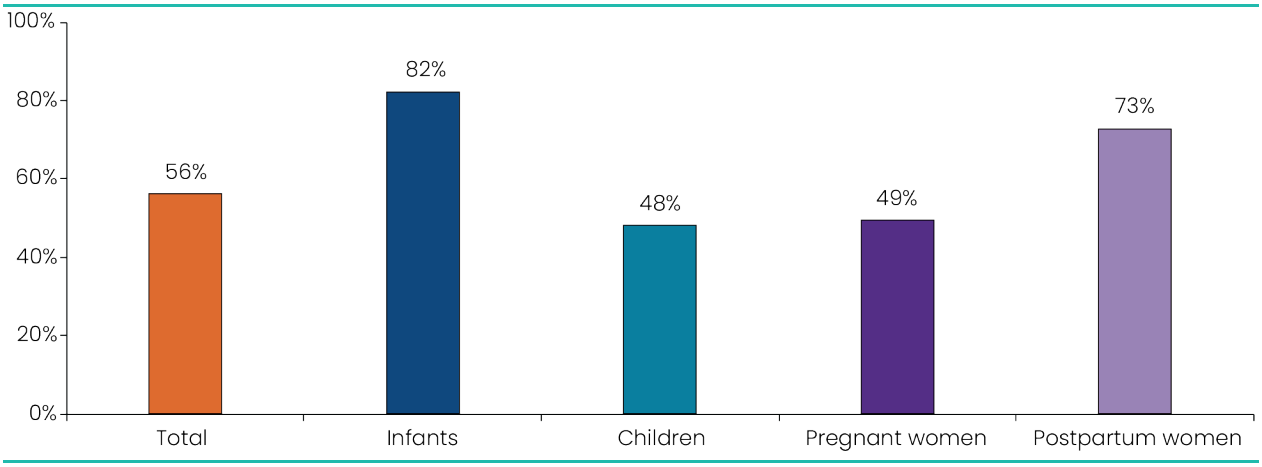
[a] Estimates for U.S. territories other than Puerto Rico are not included in the estimates of eligible individuals and program participants by race and ethnicity because information on race and ethnicity was not available for the other U.S. territories in the WIC PC 2022 data.

[b] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.

[c] The American Indian/Alaska Native, not Hispanic; Asian, not Hispanic; and Native Hawaiian/Pacific Islander, not Hispanic categories include non-Hispanic individuals who identified as those races, including multiracial individuals. These individuals are also included in the two or more races or other race, not Hispanic category.

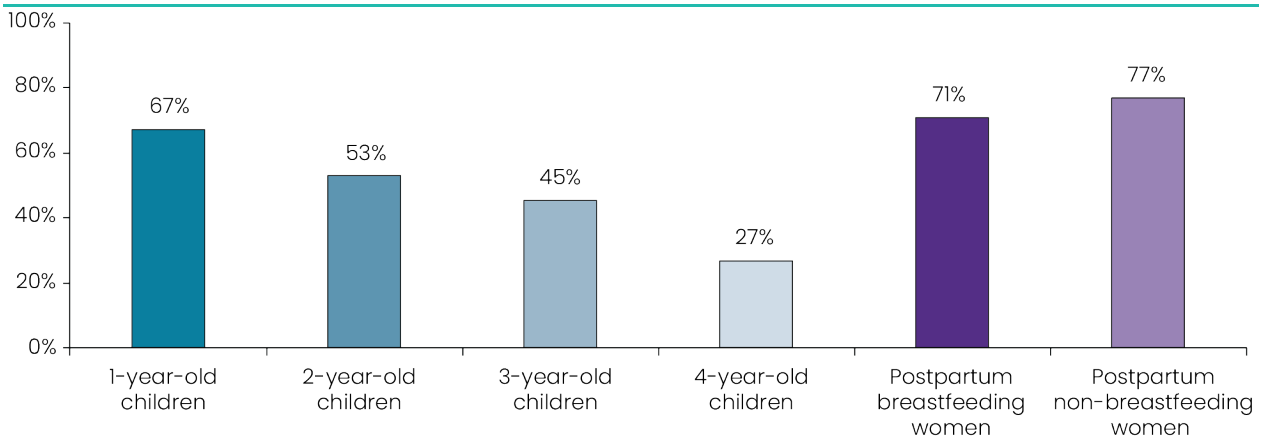
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Figure 3.1. WIC coverage rate by participant category: CY 2023



Note: Data for figure 3.1 are available in table 3.1.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.2. WIC coverage rate for children by year of age and postpartum women by breastfeeding status: CY 2023



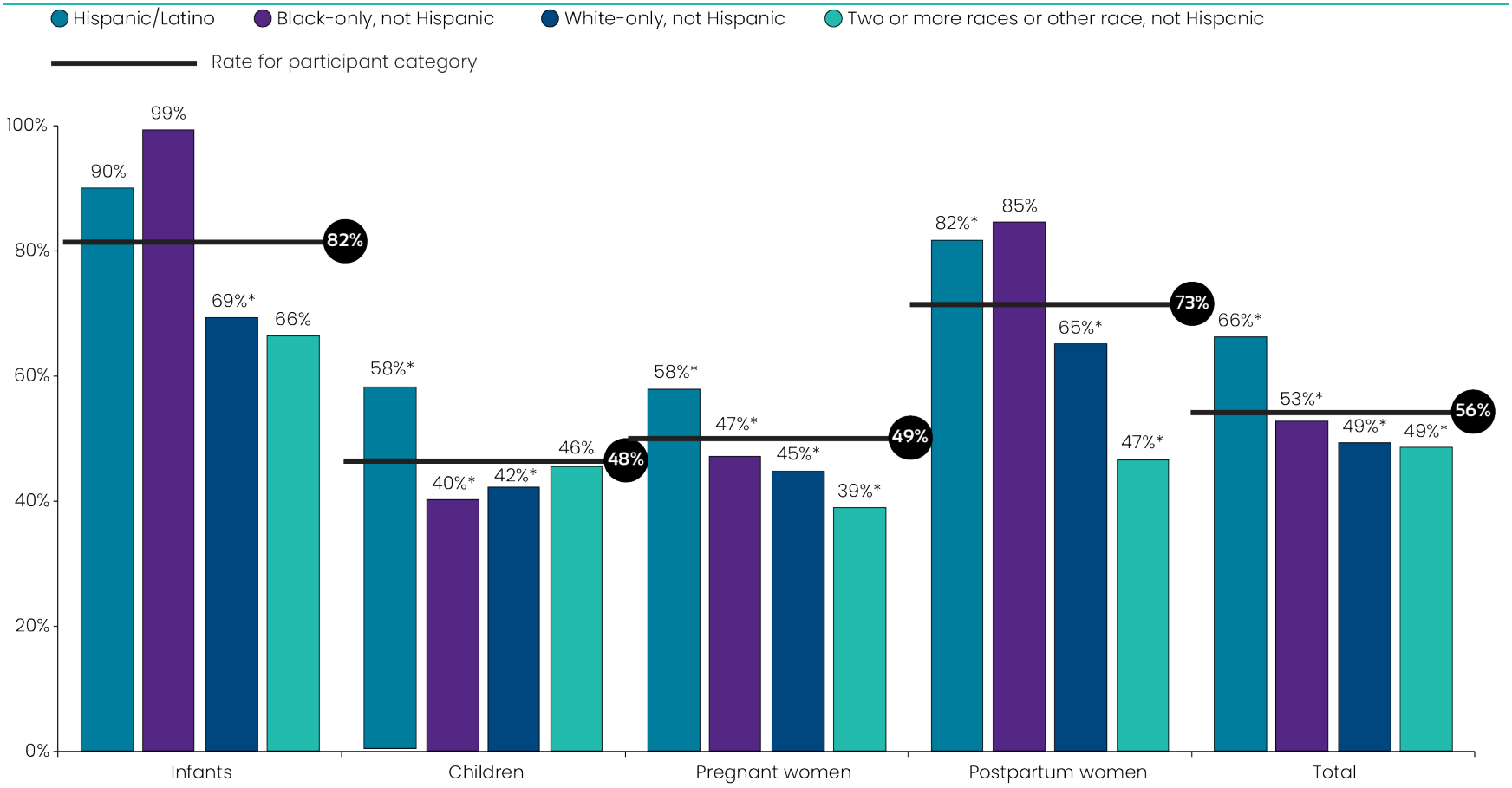
Note: Data for figure 3.2 are available in table 3.1.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Table 3.2. Number of individuals eligible for WIC, number participating, and coverage rate by participant category and by race and Hispanic ethnicity: CY 2023

Participant category	Hispanic/ Latino	Black-only, not Hispanic	White-only, not Hispanic	Two or more races or other race, not Hispanic[a]	Total
Number eligible					
Infants	681,979	326,289	577,598	206,257	1,792,124
Children	2,762,755	1,698,831	2,359,306	787,071	7,607,962
Pregnant women	395,842	217,851	379,959	94,737	1,088,389
Postpartum women	500,933	234,523	425,535	150,501	1,311,492
Total	**4,341,509**	**2,477,494**	**3,742,399**	**1,238,566**	**11,799,967**
Number participating					
Infants	614,724	324,197	400,253	137,033	1,476,206
Children	1,612,107	683,970	992,727	358,217	3,647,022
Pregnant women	228,464	102,008	169,962	36,841	537,275
Postpartum women	409,944	198,477	277,084	70,227	955,732
Total	**2,865,239**	**1,308,652**	**1,840,027**	**602,318**	**6,616,235**
Coverage rate (%)					
Infants	90.1	99.4	69.3*	66.4	82.4
Children	58.4*	40.3*	42.1*	45.5	47.9
Pregnant women	57.7*	46.8*	44.7*	38.9*	49.4
Postpartum women	81.8*	84.6	65.1*	46.7*	72.9
Total	**66.0***	**52.8***	**49.2***	**48.6***	**56.1**

Note: Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity was not available for the other U.S. territories in the data.
CY = calendar year
[a] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.
* Indicates a statistically significant difference at the 95 percent confidence level between the coverage rate for a participant category's race and ethnicity and the national coverage rate for that category
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Figure 3.3. WIC coverage rate by race and Hispanic ethnicity and by participant category: CY 2023



Note: Data for figure 3.3 are available in table 3.2. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this figure because information on race and ethnicity was not available for the other U.S. territories in the data. Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.
CY = calendar year
* Indicates a statistically significant difference at the 95 percent confidence level between the coverage rate for a participant category's race and ethnicity and the national coverage rate for that category
Sources: FNS, 2024; IPUMS-USA, n.d.; Zvavitch et al., 2024; U.S. Census Bureau, n.d.-a

B. Regional- and State-Level WIC Coverage Rates

WIC coverage rates varied by FNS Region and more substantially by State (see appendix D of volume II for a list of States and U.S. territories by FNS Region). Comparisons of total coverage rates across FNS Regions indicate the Western Region had the highest rate (67 percent), and the Mountain Plains Region had the lowest rate (50 percent), while the national rate was 56 percent (see table 3.3).

In general, when comparing coverage rates by participant category, regional rates mirrored national rates (see table 3.3). For example, as with national rates, coverage rates were highest for infants and postpartum women and lowest for children and pregnant women across all FNS Regions.

Regional coverage rates varied by race and ethnicity (see table 3.4). In the Northeast, Midwest, Mountain Plains, and Western Regions, coverage rates were lowest for White-only, non-Hispanic participants. In contrast, the lowest coverage rates in the Mid-Atlantic, Southeast, and Southwest Regions occurred among individuals who self-identified as two or more races or a race other than Black or White. As with the national rates, coverage rates in all Regions were highest for Hispanic/Latino individuals.

State coverage rates ranged from a low of **41 percent** to a high of **80 percent**. The national coverage rate was **56 percent**.

States showed substantial variation in coverage rates in 2023. Rates ranged from a high of 80 percent in Vermont to a low of 41 percent in Louisiana (see table 3.5 and figures 3.4 and 3.5). Puerto Rico had a higher coverage rate (84 percent) than any State. Twenty States, the District of Columbia, and Puerto Rico had coverage rates greater than the national average (56 percent). Ten States had coverage rates below 45 percent. Figure 3.5 displays the Wald 95 percent confidence interval (horizontal bar) surrounding the estimated coverage rate (vertical white line) for each State. The horizontal bars indicate the range of likely true values of the coverage rate. Wider bars signal lower precision than narrow bars; precision is strongly correlated with sample size.

State coverage rates by participant category were generally consistent with national coverage rates overall but differed in some cases. Coverage rates were consistently higher than national rates across all participant categories and age groups in five States (California, Massachusetts, Minnesota, North Carolina, and Vermont) (see table 3.6 and figures 3.6 through 3.9). Seven States (Connecticut, Idaho, Missouri, Montana, Nevada, South Carolina, and Utah) had coverage rates consistently lower than national rates across all categories and age groups. Many States had a mix of higher or lower coverage rates compared with average coverage rates across participant categories. For example, compared with the national average, coverage rates in Alabama were higher for infants (by 7 percentage points) and pregnant women (by 5 percentage points) but lower for children (by 7 percentage points) and postpartum women (by 9 percentage points). Compared with the national average, coverage rates in Washington were 12 percentage

points lower for infants and 9 percentage points lower for postpartum women and slightly higher for children (by 2 percentage points) and pregnant women (by 1 percentage point).

State coverage rates by race and Hispanic ethnicity were generally consistent with national coverage rates. For example, similar to national coverage rates, State-level coverage rates were lowest for White-only, non-Hispanic individuals in 28 States and the District of Columbia (see table 3.7 and figures 3.10 through 3.12).[34] Similarly, in 34 States, the District of Columbia, and Puerto Rico, coverage rates were highest for Hispanic/Latino individuals.

Some variations in State coverage rates by participant category and race and ethnicity may be because of sampling variability or limitations in data resulting from small sample sizes in the ACS; caution should be used when examining State-level estimates, especially for smaller States. See appendix B of volume II for more information on measures of statistical uncertainty for the estimates.

[34] Because of small sample sizes, State-level estimates for Black-only, not Hispanic and two or more races or other race, not Hispanic subgroups were combined. This category includes Black-only, non-Hispanic individuals and non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander.

Table 3.3. Number of individuals eligible for WIC, number participating, and coverage rate by FNS Region and participant category: CY 2023

FNS Region	Infants	Children	Pregnant women	Postpartum women	Total
Number eligible					
Northeast	163,121	679,194	98,256	123,870	1,064,441
Mid-Atlantic	199,962	878,931	123,563	149,494	1,351,951
Southeast	406,260	1,742,117	252,525	289,441	2,690,342
Midwest	261,702	1,159,476	162,574	187,501	1,771,253
Southwest	370,897	1,495,818	221,876	260,983	2,349,574
Mountain Plains	92,982	404,410	56,641	69,330	623,362
Western	301,897	1,266,192	176,040	234,161	1,978,290
Total	**1,796,821**	**7,626,138**	**1,091,474**	**1,314,781**	**11,829,215**
Number participating					
Northeast	135,358	383,036	47,501	90,375	656,270
Mid-Atlantic	159,134	415,803	57,437	102,938	735,312
Southeast	339,791	746,430	122,018	197,130	1,405,369
Midwest	219,311	523,848	74,336	131,439	948,934
Southwest	306,918	630,063	109,179	214,359	1,260,519
Mountain Plains	71,086	167,813	25,248	44,923	309,070
Western	247,556	789,086	102,613	176,580	1,315,835
Total	**1,479,155**	**3,656,078**	**538,332**	**957,744**	**6,631,309**
Coverage rate (%)					
Northeast	83.0	56.4*	48.3	73.0	61.7*
Mid-Atlantic	79.6	47.3	46.5*	68.9	54.4
Southeast	83.6	42.8*	48.3	68.1	52.2*
Midwest	83.8	45.2*	45.7*	70.1	53.6*
Southwest	82.8	42.1*	49.2	82.1*	53.6*
Mountain Plains	76.5	41.5*	44.6*	64.8*	49.6*
Western	82.0	62.3*	58.3*	75.4	66.5*
Total	**82.3**	**47.9**	**49.3**	**72.8**	**56.1**

Note: Regional eligibility estimates and participant data include individuals in ITOs who were eligible for WIC or receiving WIC.
CY = calendar year; FNS = Food and Nutrition Service; ITO = Indian Tribal Organization
* Indicates a statistically significant difference between the regional coverage rate and the national coverage rate at the 95 percent confidence level
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Table 3.4. Number of individuals eligible for WIC, number participating, and coverage rate by FNS Region and by race and Hispanic ethnicity category: CY 2023

FNS Region	Hispanic/ Latino	Black-only, not Hispanic	White-only, not Hispanic	Two or more races or other race, not Hispanic[a]	Total
Number eligible					
Northeast	383,478	184,338	350,700	139,680	1,058,195
Mid-Atlantic	461,838	333,231	430,886	125,996	1,351,951
Southeast	639,857	897,819	919,686	232,980	2,690,342
Midwest	332,906	438,570	809,956	189,821	1,771,253
Southwest	1,206,200	415,437	525,891	202,046	2,349,574
Mountain Plains	174,126	76,485	299,420	73,332	623,362
Western	1,143,104	131,614	405,859	274,712	1,955,289
Total	**4,341,509**	**2,477,494**	**3,742,399**	**1,238,566**	**11,799,967**
Number participating					
Northeast	258,433	123,585	193,154	78,524	653,697
Mid-Atlantic	317,191	169,861	198,773	49,487	735,312
Southeast	385,731	478,119	455,852	85,667	1,405,369
Midwest	199,606	231,444	412,790	105,094	948,934
Southwest	735,394	187,556	247,419	90,150	1,260,519
Mountain Plains	95,909	38,681	137,956	36,524	309,070
Western	872,973	79,406	194,083	156,873	1,303,334
Total	**2,865,239**	**1,308,652**	**1,840,027**	**602,318**	**6,616,235**
Coverage rate (%)					
Northeast	67.4	67.0*	55.1*	56.2*	61.8*
Mid-Atlantic	68.7	51.0	46.1	39.3*	54.4
Southeast	60.3*	53.3	49.6	36.8*	52.2*
Midwest	60.0*	52.8	51.0	55.4*	53.6*
Southwest	61.0*	45.1*	47.0	44.6	53.6*
Mountain Plains	55.1*	50.6	46.1	49.8	49.6*
Western	76.4*	60.3*	47.8	57.1*	66.7*
Total	**66.0**	**52.8**	**49.2**	**48.6**	**56.1**

Note: Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity was not available for the other U.S. territories in the data. Estimates for Puerto Rico are included in regional totals.

CY = calendar year; FNS = Food and Nutrition Service

* Indicates a statistically significant difference between the regional coverage rate and the national coverage rate at the 95 percent confidence level

[a] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.

Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Table 3.5. Number of individuals eligible for WIC, number participating, and coverage rate by State and FNS Region: CY 2023

State/FNS Region	Number eligible	Number participating	Coverage rate (%)	Lower bound (%)	Upper bound (%)
State					
Alabama	217,424	111,698	51.4*	49.1	53.6
Alaska	27,897	14,037	50.3*	45.0	55.7
Arizona	251,856	149,740	59.5*	57.5	61.5
Arkansas	137,464	62,760	45.7*	43.1	48.2
California	1,342,261	972,105	72.4*	71.3	73.6
Colorado	161,362	87,529	54.2	51.3	57.2
Connecticut	100,229	48,241	48.1*	45.7	50.6
Delaware	33,370	20,526	61.5	54.1	68.9
District of Columbia	19,833	11,699	59.0	49.5	68.5
Florida	797,695	421,853	52.9*	51.8	54.0
Georgia	452,426	216,026	47.7*	46.5	49.0
Hawaii	44,888	25,712	57.3	51.8	62.8
Idaho	68,498	30,758	44.9*	41.6	48.2
Illinois	374,310	165,845	44.3*	42.8	45.8
Indiana	252,916	147,377	58.3	56.1	60.5
Iowa	106,440	57,828	54.3	50.7	58.0
Kansas	92,727	46,951	50.6*	47.7	53.6
Kentucky	181,150	112,463	62.1*	59.4	64.7
Louisiana	230,008	94,945	41.3*	39.9	42.7
Maine	32,774	18,102	55.2	48.9	61.6
Maryland	198,551	121,474	61.2*	58.6	63.8
Massachusetts	180,935	124,227	68.7*	65.4	71.9
Michigan	325,382	203,673	62.6*	60.5	64.7
Minnesota	159,569	105,664	66.2*	62.0	70.5
Mississippi	140,088	63,811	45.6*	43.5	47.6
Missouri	210,848	90,657	43.0*	41.4	44.6
Montana	32,628	14,002	42.9*	38.5	47.3
Nebraska	61,410	36,599	59.6	54.8	64.4
Nevada	112,145	53,534	47.7*	45.1	50.4
New Hampshire	26,565	13,153	49.5	42.8	56.2
New Jersey	280,003	163,380	58.3	56.0	60.7
New Mexico	88,623	38,920	43.9*	41.5	46.4
New York	675,156	421,604	62.4*	61.0	63.8
North Carolina	408,500	252,514	61.8*	60.1	63.5
North Dakota	20,382	10,508	51.6	43.2	59.9
Ohio	390,500	177,743	45.5*	44.4	46.6
Oklahoma	182,481	98,848	54.2	51.7	56.6

State/FNS Region	Number eligible	Number participating	Coverage rate (%)	Lower bound (%)	Upper bound (%)
Oregon	122,873	77,520	63.1*	59.8	66.4
Pennsylvania	399,427	174,376	43.7*	42.3	45.0
Puerto Rico	103,225	86,471	83.8*	80.6	86.9
Rhode Island	28,988	17,578	60.6	53.6	67.7
South Carolina	214,663	95,108	44.3*	42.5	46.1
South Dakota	26,349	15,153	57.5	50.4	64.6
Tennessee	278,397	131,895	47.4*	45.7	49.0
Texas	1,364,294	773,120	56.7	55.9	57.4
Utah	94,848	42,187	44.5*	41.5	47.4
Vermont	13,548	10,791	79.6*	65.1	94.2
Virginia	254,803	120,272	47.2*	45.3	49.1
Washington	236,727	129,668	54.8	52.8	56.7
West Virginia	62,738	37,114	59.2	55.3	63.0
Wisconsin	162,136	90,803	56.0	53.1	59.0
Wyoming	17,656	7,671	43.4*	37.3	49.6
FNS Region					
Northeast	1,064,441	656,270	61.7*	60.6	63.0
Mid-Atlantic	1,351,951	735,312	54.4	53.5	55.3
Southeast	2,690,342	1,405,369	52.2*	51.7	52.7
Midwest	1,771,253	948,934	53.6*	52.8	54.3
Southwest	2,349,574	1,260,519	53.6*	53.1	54.2
Mountain Plains	623,362	309,070	49.6*	48.4	50.8
Western	1,978,290	1,315,835	66.5*	65.9	67.4
Total	**11,829,215**	**6,631,309**	**56.1**	**54.5**	**57.6**

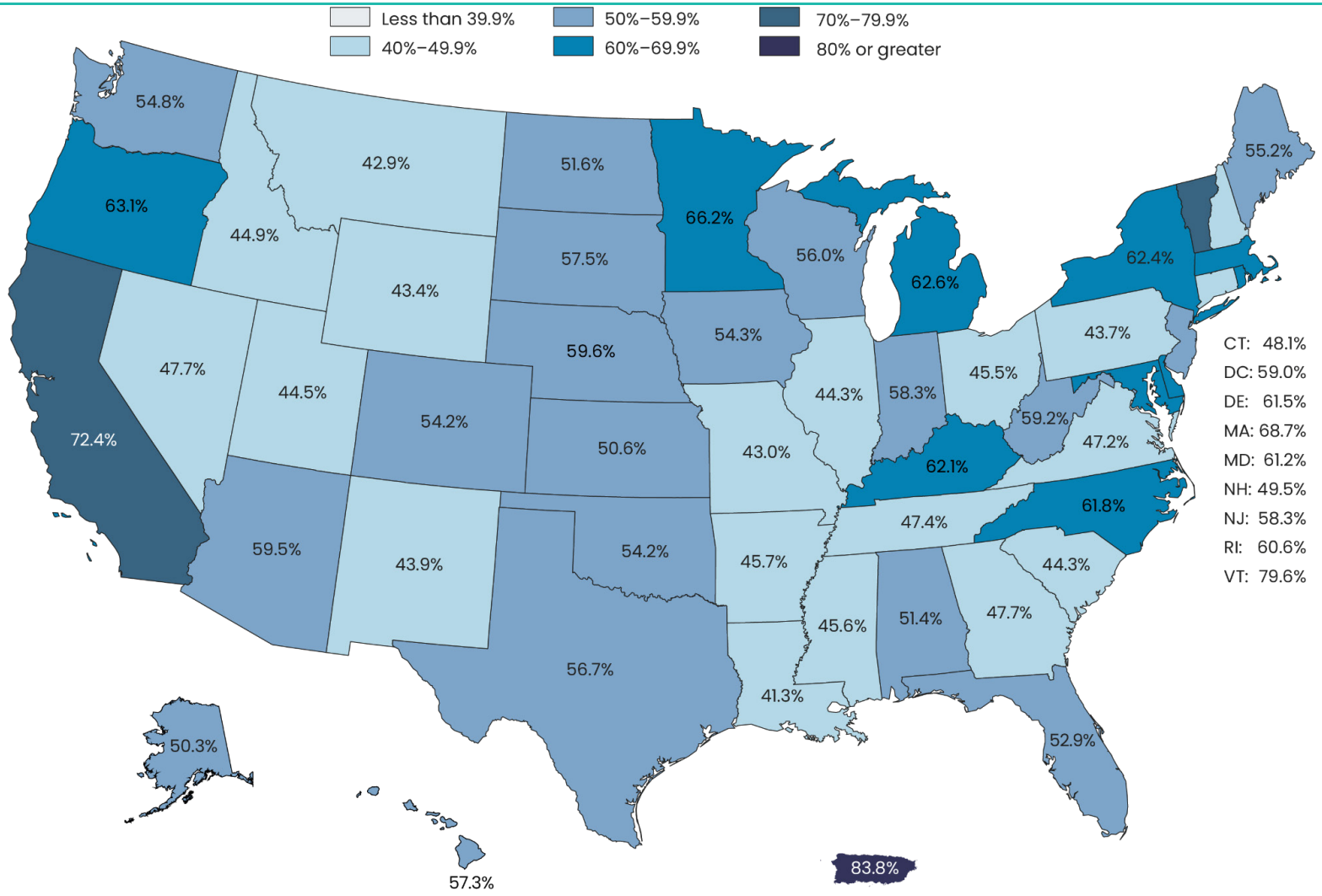
Note: State and FNS Region eligibility estimates and participant data include individuals in ITOs who were eligible for WIC or receiving WIC. Estimates for U.S. territories other than Puerto Rico are included in regional totals but not shown separately because of constraints related to small sample sizes. Confidence intervals for the total and Northeast and Western Regions coverage rates are based on coverage rate estimates excluding U.S. territories other than Puerto Rico, which may cause the confidence interval to appear asymmetrical.

CY = calendar year; FNS = Food and Nutrition Service; ITO = Indian Tribal Organization

* Indicates a statistically significant difference between the State or regional coverage rate and the national coverage rate at the 95 percent confidence level

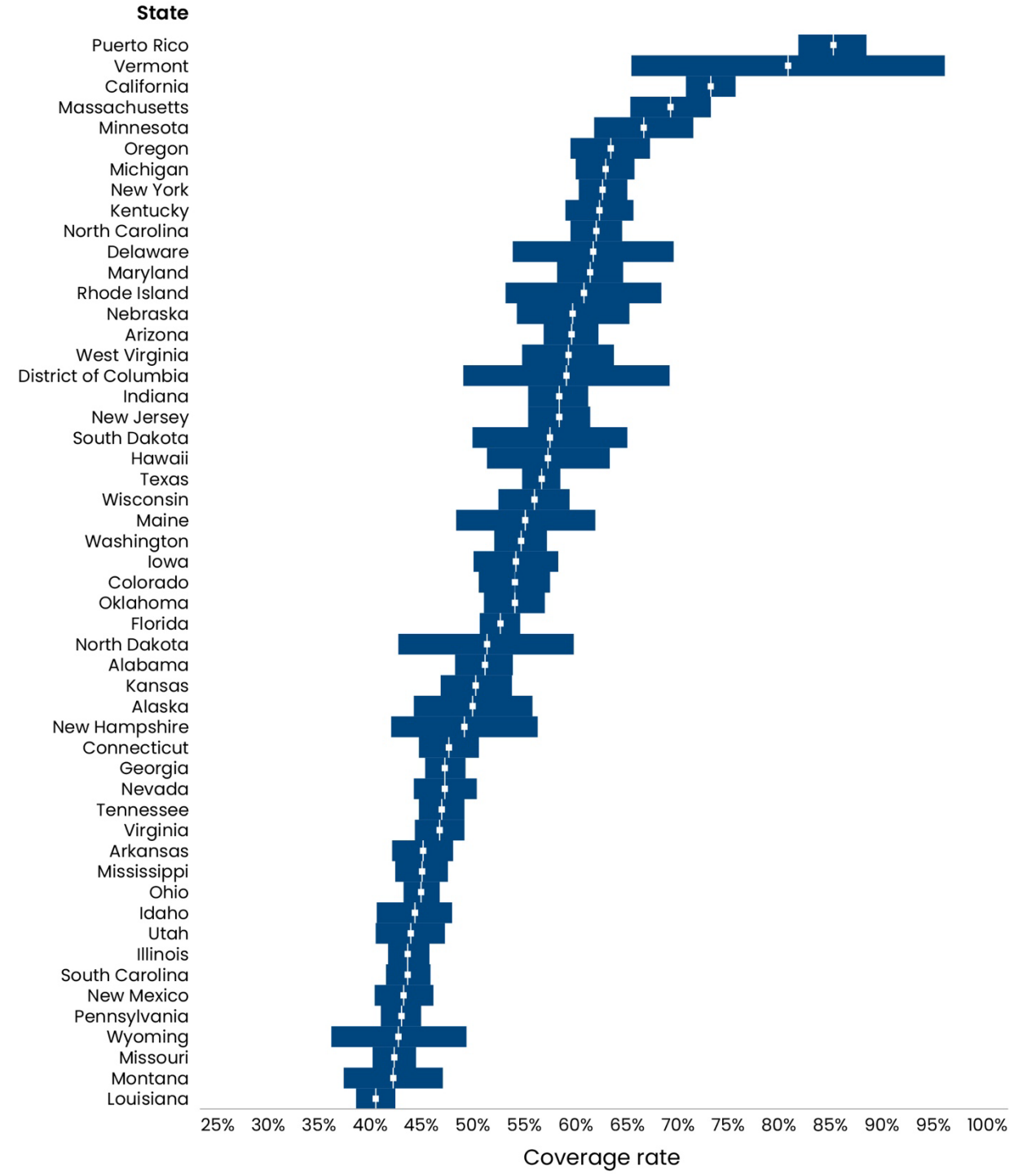
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.4. WIC coverage rate for total eligible individuals by State: CY 2023



Note: Data for figure 3.4 are available in table 3.5.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.5. WIC coverage rate and 95 percent Wald confidence intervals for total eligible individuals by State: CY 2023



Note: Data for figure 3.5 are available in table 3.5. Vertical white lines indicate the coverage rate point estimate. Horizontal bars indicate the Wald 95 percent confidence interval.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Table 3.6. WIC coverage rate (percentage) by State and FNS Region and participant category: CY 2023

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
State									
Alabama	89.0	40.6	58.1	47.4	34.4	22.0	54.6	63.8	51.4
Alaska	71.7	43.9	61.8	48.7	41.2	24.0	51.6	57.7	50.3
Arizona	84.4	53.5	73.5	58.0	51.2	30.6	44.1	71.0	59.5
Arkansas	79.1	34.9	49.7	35.6	30.4	22.2	48.0	60.0	45.7
California	87.4	68.5	98.1	71.0	67.9	38.4	64.5	80.4	72.4
Colorado	75.9	47.5	69.1	50.8	43.8	26.8	45.1	70.5	54.2
Connecticut	70.1	42.8	64.1	45.9	39.7	24.2	44.9	49.4	48.1
Delaware	93.8	53.3	93.4	56.1	46.9	26.1	56.4	71.0	61.5
District of Columbia	95.9	46.1	72.2	49.4	35.9	31.9	46.0	89.1	59.0
Florida	80.1	43.9	60.0	50.4	39.9	24.4	46.0	74.3	52.9
Georgia	84.0	37.2	49.7	43.2	36.6	18.6	48.8	60.6	47.7
Hawaii	76.5	51.8	80.3	55.9	50.6	27.5	51.3	65.4	57.3
Idaho	61.2	40.3	59.6	45.1	35.8	21.7	34.8	56.5	44.9
Illinois	80.3	34.1	49.2	34.0	27.7	27.0	44.1	59.1	44.3
Indiana	86.7	49.8	60.2	55.5	51.0	30.6	44.1	79.5	58.3
Iowa	80.7	47.8	70.6	52.7	41.7	26.8	42.5	65.7	54.3
Kansas	78.5	42.7	58.8	47.4	41.9	22.7	48.3	63.3	50.6
Kentucky	90.3	55.5	80.7	62.9	49.6	28.4	53.3	67.4	62.1
Louisiana	77.7	28.1	44.7	27.5	24.2	14.1	38.5	68.1	41.3
Maine	77.1	51.4	81.3	56.6	53.6	26.6	40.1	59.4	55.2
Maryland	91.1	52.0	69.0	64.0	43.7	31.7	57.2	75.4	61.2
Massachusetts	87.4	64.6	99.6	67.6	58.3	36.8	55.9	77.0	68.7
Michigan	93.2	55.5	76.5	65.0	55.5	27.7	57.6	69.4	62.6
Minnesota	95.0	58.7	72.5	68.2	56.3	38.6	55.6	81.6	66.2
Mississippi	86.1	34.6	45.4	37.8	36.9	17.7	35.6	64.4	45.6
Missouri	77.4	32.1	49.3	33.0	29.5	17.2	43.8	61.4	43.0
Montana	69.2	36.0	59.0	39.0	35.7	16.3	43.5	53.7	42.9
Nebraska	77.8	55.2	77.5	61.1	53.5	30.2	43.8	71.8	59.6
Nevada	71.8	40.6	54.1	43.5	37.8	25.7	36.3	66.7	47.7
New Hampshire	59.1	49.3	60.9	53.4	47.9	33.3	34.4	50.8	49.5

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
New Jersey	82.9	51.0	74.0	56.6	47.9	26.7	46.2	79.4	58.3
New Mexico	73.7	33.8	57.2	31.7	23.6	23.7	43.1	63.5	43.9
New York	84.5	56.7	75.9	64.4	54.5	32.7	47.5	76.4	62.4
North Carolina	91.4	53.1	69.6	67.4	48.1	27.0	56.1	77.3	61.8
North Dakota	72.9	46.6	65.7	64.6	38.1	24.2	38.2	62.6	51.6
Ohio	74.1	36.6	60.4	36.1	32.5	17.6	35.0	68.5	45.5
Oklahoma	80.6	44.9	54.1	53.6	44.5	28.1	60.5	63.9	54.2
Oregon	76.4	60.4	†	62.7	56.4	28.9	49.7	70.1	63.1
Pennsylvania	67.5	36.7	55.4	42.3	34.1	16.2	34.6	61.0	43.7
Puerto Rico	89.2	82.4	†	90.9	86.1	52.5	75.7	91.1	83.8
Rhode Island	92.0	51.7	77.7	55.1	55.4	23.8	55.9	75.5	60.6
South Carolina	70.0	37.4	52.4	44.8	33.0	17.0	37.7	54.1	44.3
South Dakota	85.8	50.3	65.1	38.8	51.0	50.4	51.8	66.3	57.5
Tennessee	82.7	36.1	55.4	38.9	32.4	18.0	49.8	65.5	47.4
Texas	85.8	43.6	65.2	44.4	40.6	23.1	51.8	94.1	56.7
Utah	64.1	38.1	58.0	38.4	34.6	22.0	38.1	57.8	44.5
Vermont	99.4	74.9	†	78.1	70.1	46.5	64.1	96.7	79.6
Virginia	76.2	40.4	38.2	52.2	44.2	27.4	40.9	56.0	47.2
Washington	70.0	50.0	66.0	55.2	47.5	32.4	50.6	64.3	54.8
West Virginia	88.0	53.9	80.5	54.0	46.0	35.3	49.9	58.2	59.2
Wisconsin	83.5	48.5	69.8	52.3	44.8	28.2	47.7	76.8	56.0
Wyoming	59.7	38.8	70.2	35.6	28.2	27.6	33.6	52.7	43.4

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
FNS Region									
Northeast	83.0	56.4	78.7	62.5	53.8	32.2	48.3	73.0	61.7
Mid-Atlantic	79.6	47.3	63.7	54.7	44.8	26.8	46.5	68.9	54.4
Southeast	83.6	42.8	59.0	50.0	39.4	22.3	48.3	68.1	52.2
Midwest	83.8	45.2	63.5	49.0	42.1	26.7	45.7	70.1	53.6
Southwest	82.8	42.1	61.6	43.7	39.0	23.4	49.2	82.1	53.6
Mountain Plains	76.5	41.5	60.8	43.9	38.6	23.5	44.6	64.8	49.6
Western	82.0	62.3	89.0	65.3	61.0	35.3	58.3	75.4	66.5
Total	**82.3**	**47.9**	**67.4**	**52.5**	**45.2**	**26.9**	**49.3**	**72.8**	**56.1**

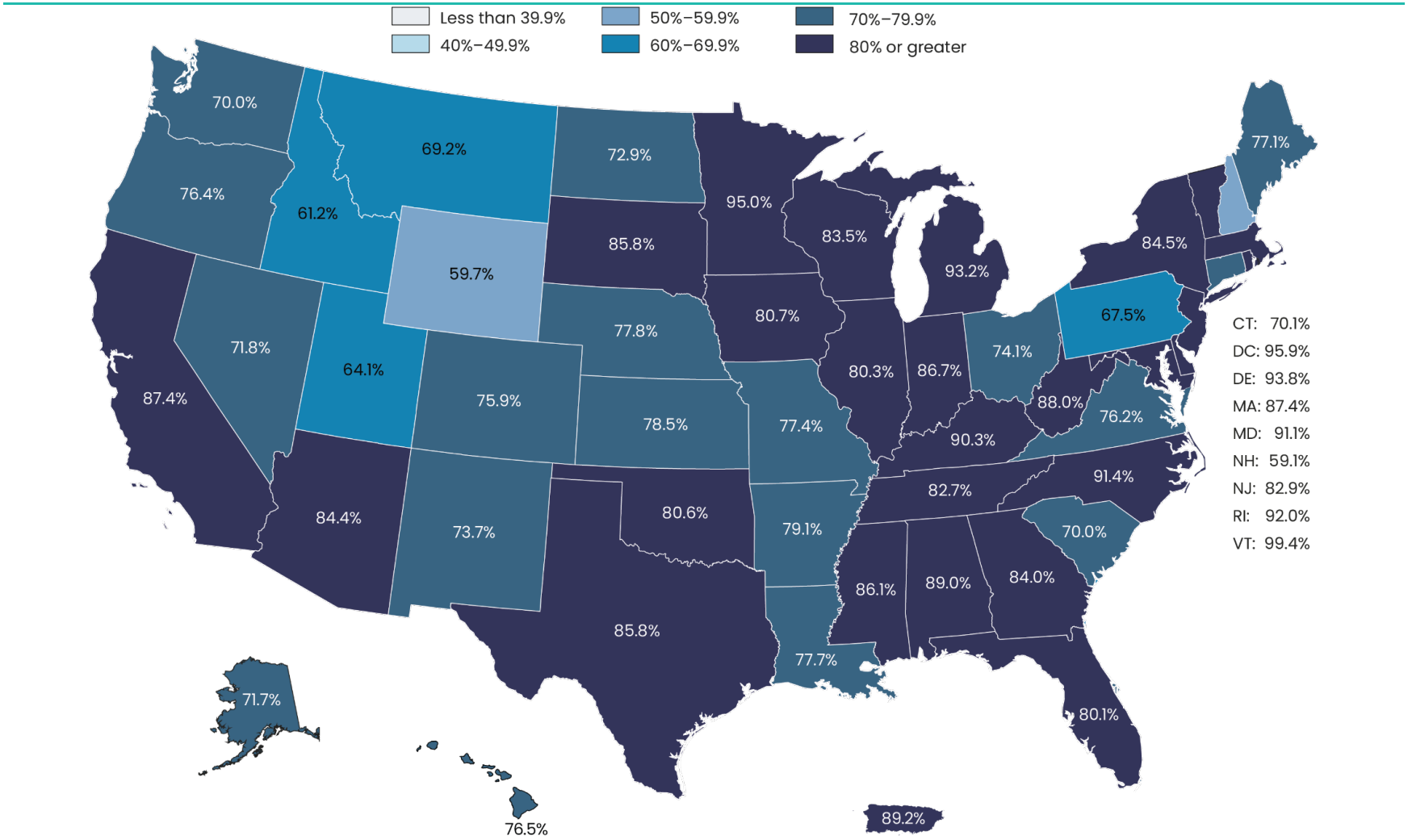
Note: Estimates for the U.S. territories are included in the total but are not shown separately because of small sample sizes. Estimates of State-level coverage rates by year of age for children and other participant categories should be viewed with caution because of the small sample sizes for many States. See appendix B of volume II for more details on statistical uncertainty for these estimates. State and FNS Region eligibility estimates and participant data include individuals in ITOs who were eligible for WIC.

CY = calendar year; FNS = Food and Nutrition Service; ITO = Indian Tribal Organization

† Indicates an unreliable coverage rate over 100 percent

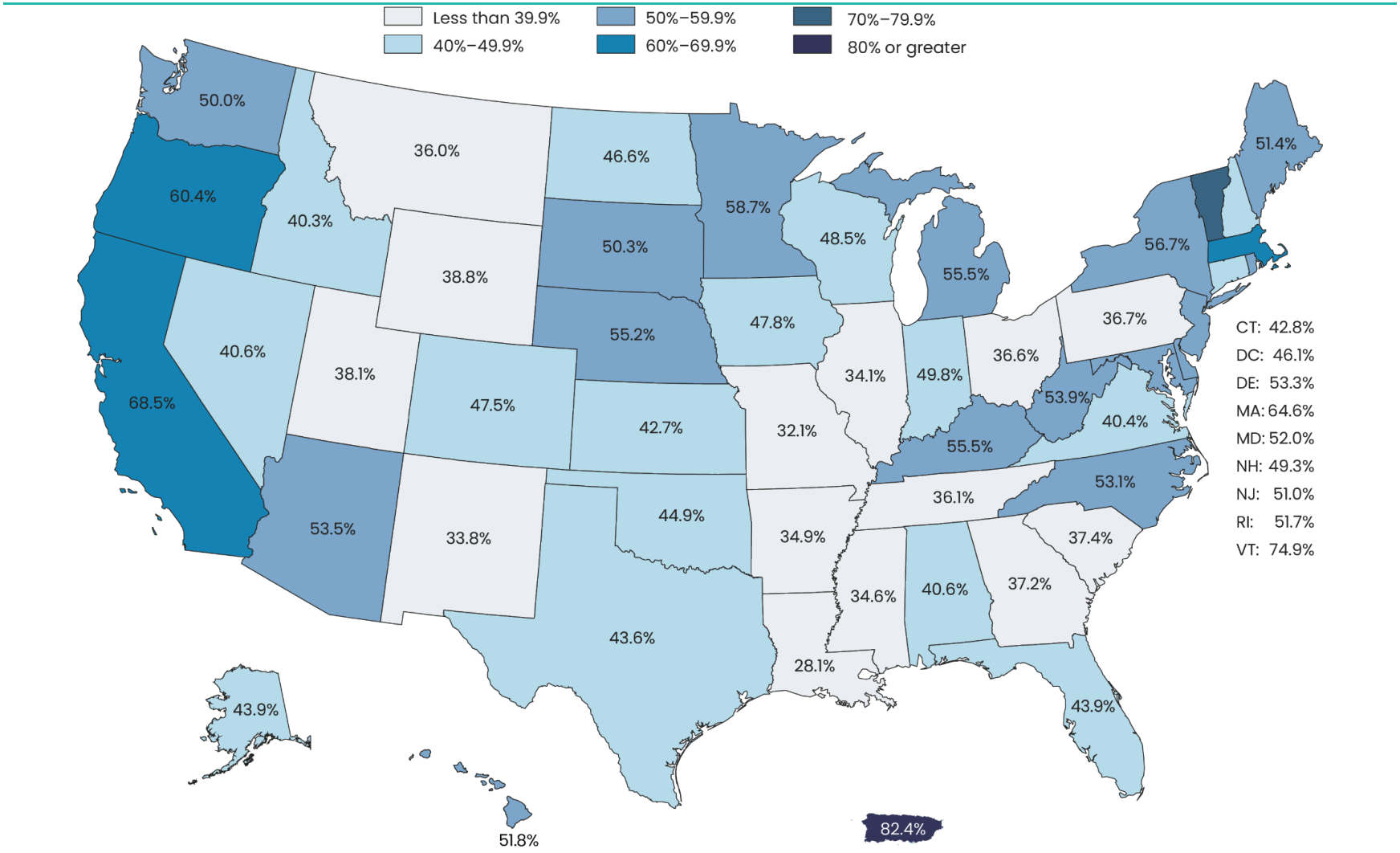
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Figure 3.6. WIC coverage rate for infants by State: CY 2023



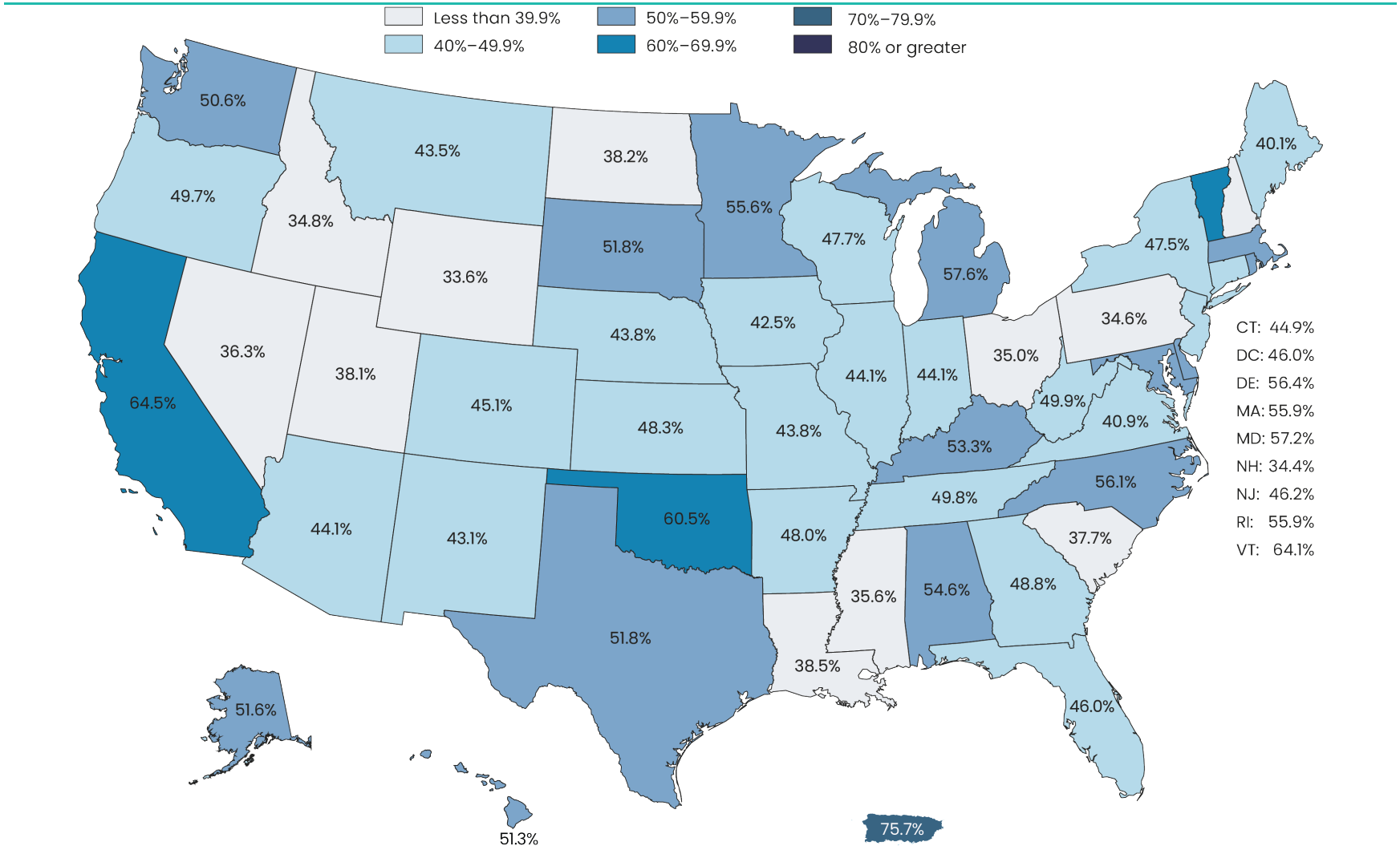
Note: Data for figure 3.6 are available in table 3.6. Estimates for the U.S. territories are included in the national coverage rate but are not shown separately because of small sample sizes.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.7. WIC coverage rate for children by State: CY 2023



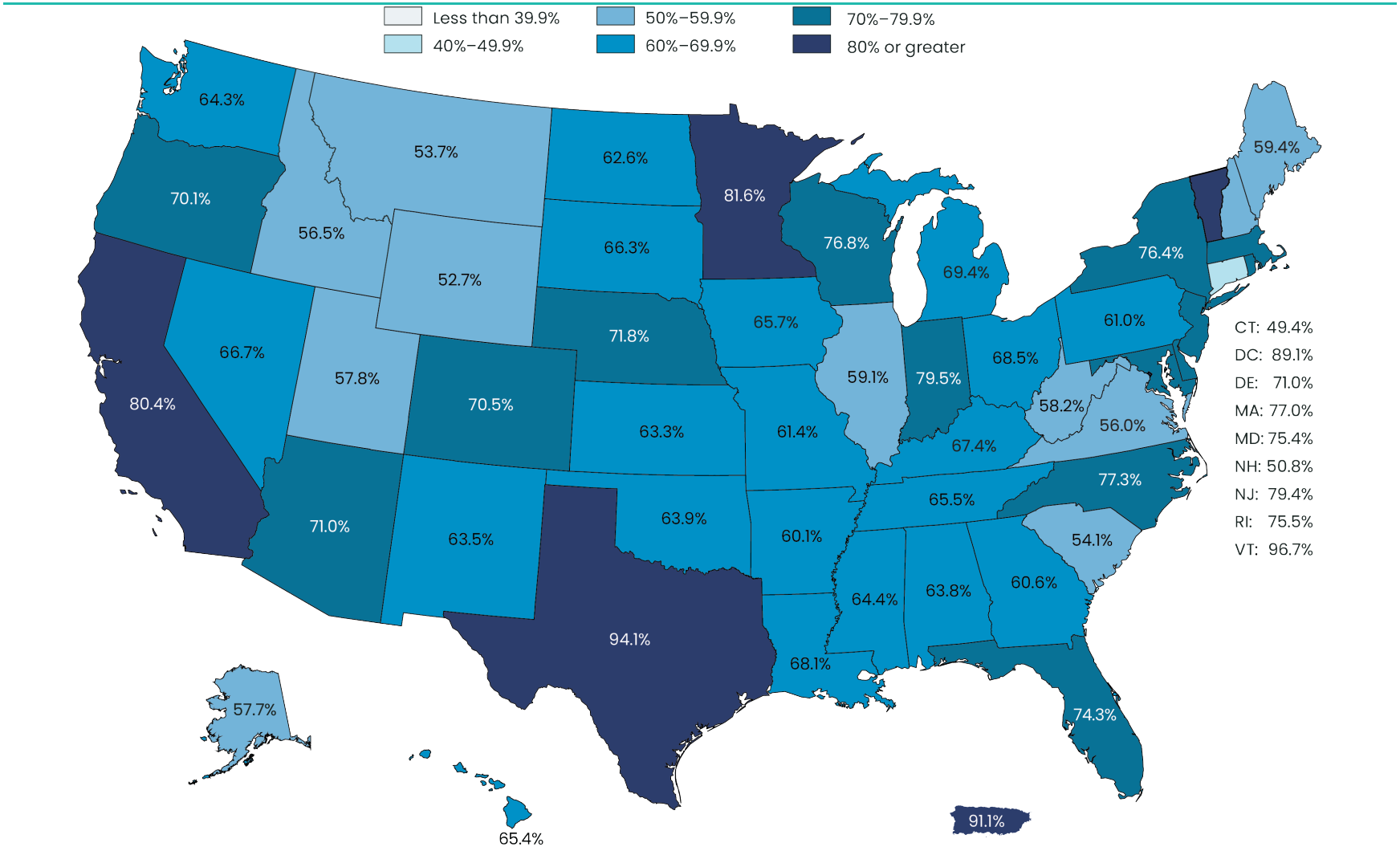
Note: Data for figure 3.7 are available in table 3.6. Estimates for the U.S. territories are included in the national coverage rate but are not shown separately because of small sample sizes.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.8. WIC coverage rate for pregnant women by State: CY 2023



Note: Data for figure 3.8 are available in table 3.6. Estimates for the U.S. territories are included in the national coverage rate but are not shown separately because of small sample sizes.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.9. WIC coverage rate for postpartum women by State: CY 2023



Note: Data for figure 3.9 are available in table 3.6. Estimates for the U.S. territories are included in the national coverage rate but are not shown separately because of small sample sizes.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Table 3.7. State-level WIC coverage rate (percentage) by race and Hispanic ethnicity: CY 2023

State	Hispanic/Latino			White-only, not Hispanic			Other than White-only, not Hispanic			Total		
	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound
Alabama	68.3	56.7	79.8	46.4	43.4	49.3	51.2	48.2	54.2	51.4*	49.1	53.6
Alaska	79.5	40.3	118.8	40.1*	31.6	48.6	53.2	45.6	60.7	50.3*	45.0	55.7
Arizona	62.0*	59.3	64.7	55.3*	50.8	59.8	56.3	51.8	60.9	59.5*	57.5	61.5
Arkansas	50.7*	44.3	57.2	50.9	46.8	55.0	36.8*	33.4	40.3	45.7*	43.1	48.2
California	81.6*	80.2	83.0	41.1*	39.0	43.2	61.8*	59.5	64.2	72.4*	71.3	73.6
Colorado	56.6*	52.8	60.4	53.2	48.4	58.0	49.0	43.9	54.0	54.2	51.3	57.2
Connecticut	53.1*	49.2	57.0	37.7*	33.2	42.1	47.9	41.8	54.1	48.1*	45.7	50.6
Delaware	63.2	49.9	76.5	57.4	40.7	74.1	62.9	51.6	74.2	61.5	54.1	68.9
District of Columbia	†	†	†	19.0*	9.7	28.3	48.6	41.2	56.0	59.0	49.5	68.5
Florida	63.8	62.0	65.6	39.0*	37.2	40.8	51.3	49.6	53.0	52.9*	51.8	54.0
Georgia	49.5*	46.6	52.4	48.4	45.6	51.1	46.8*	45.0	48.6	47.7*	46.5	49.0
Hawaii	51.7*	39.6	63.8	33.2*	25.2	41.2	65.3*	58.4	72.1	57.3	51.8	62.8
Idaho	45.9*	40.0	51.9	44.2	40.2	48.3	45.8	33.1	58.5	44.9*	41.6	48.2
Illinois	53.6*	50.9	56.2	41.0*	38.5	43.6	38.8*	36.9	40.7	44.3*	42.8	45.8
Indiana	64.7	58.5	70.8	54.6*	51.8	57.4	61.1*	57.3	64.9	58.3	56.1	60.5
Iowa	70.5	61.2	79.8	47.8	43.9	51.7	58.9	48.3	69.5	54.3	50.7	58.0
Kansas	59.2	52.2	66.3	44.3*	40.9	47.7	52.9	46.2	59.6	50.6*	47.7	53.6
Kentucky	66.5	55.4	77.6	62.9*	60.1	65.7	57.6	51.9	63.2	62.1*	59.4	64.7
Louisiana	42.7*	38.6	46.9	44.6*	41.6	47.6	39.3*	37.4	41.1	41.3*	39.9	42.7

State	Hispanic/Latino			White-only, not Hispanic			Other than White-only, not Hispanic			Total		
	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound
Maine	72.7	29.4	116.1	53.3	46.4	60.1	60.6	40.6	80.5	55.2	48.9	61.6
Maryland	79.9*	73.0	86.7	47.2	42.2	52.2	55.2	51.9	58.4	61.2*	58.6	63.8
Massachusetts	80.7*	75.3	86.2	63.9*	58.2	69.7	57.5*	52.5	62.6	68.7*	65.4	71.9
Michigan	73.5*	67.4	79.7	61.4*	58.5	64.3	61.0*	57.5	64.5	62.6*	60.5	64.7
Minnesota	70.7	58.6	82.8	60.1*	55.0	65.2	70.6*	62.6	78.6	66.2*	62.0	70.5
Mississippi	48.4*	39.4	57.3	43.5*	39.7	47.2	46.4*	43.7	49.1	45.6*	43.5	47.6
Missouri	46.2*	39.9	52.5	44.4*	42.2	46.6	39.4*	36.3	42.4	43.0*	41.4	44.6
Montana	23.8*	16.0	31.6	42.0*	36.9	47.2	59.7	46.4	73.1	42.9*	38.5	47.3
Nebraska	67.1	54.6	79.6	48.4	43.4	53.4	71.0*	59.4	82.6	59.6	54.8	64.4
Nevada	47.7*	44.4	50.9	61.3*	52.4	70.3	40.6*	36.6	44.5	47.7*	45.1	50.4
New Hampshire	73.0	49.4	96.5	48.9	41.4	56.5	34.1*	20.0	48.2	49.5	42.8	56.2
New Jersey	67.1	63.8	70.5	52.3	48.2	56.5	49.6	46.0	53.3	58.3	56.0	60.7
New Mexico	45.5*	42.8	48.2	34.5*	29.0	39.9	45.8	40.0	51.7	43.9*	41.5	46.4
New York	66.4	63.2	69.5	54.7*	52.7	56.6	65.5*	63.1	68.0	62.4*	61.0	63.8
North Carolina	66.7	62.6	70.8	62.4*	59.2	65.5	58.4*	56.3	60.5	61.8*	60.1	63.5
North Dakota	45.7*	27.5	63.8	46.0	34.8	57.2	61.9	46.2	77.5	51.6	43.2	59.9
Ohio	49.8*	44.8	54.7	45.8*	43.9	47.6	43.9*	41.8	46.1	45.5*	44.4	46.6
Oklahoma	56.7*	51.5	61.8	51.0	48.0	54.0	55.4	50.9	59.9	54.2	51.7	56.6
Oregon	60.0*	55.6	64.3	68.0*	62.4	73.5	54.6	46.5	62.8	63.1*	59.8	66.4
Pennsylvania	49.0*	45.9	52.1	42.5*	40.3	44.6	41.1*	38.8	43.4	43.7*	42.3	45.0
Rhode Island	65.5	58.3	72.7	44.7	33.2	56.1	73.6*	51.9	95.3	60.6	53.6	67.7
South Carolina	45.6*	40.0	51.3	40.5*	37.5	43.6	46.6*	44.4	48.8	44.3*	42.5	46.1
South Dakota	45.3*	35.0	55.7	42.4	33.4	51.4	86.9*	71.2	102.6	57.5	50.4	64.6
Tennessee	49.5*	44.7	54.3	52.1	49.5	54.6	39.8*	37.4	42.3	47.4*	45.7	49.0
Texas	63.4	62.3	64.5	45.3*	43.3	47.3	45.2*	43.8	46.7	56.7	55.9	57.4

State	Hispanic/Latino			White-only, not Hispanic			Other than White-only, not Hispanic			Total		
	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound
Utah	52.5*	46.7	58.3	41.7*	37.8	45.6	34.6*	27.5	41.7	44.5*	41.5	47.4
Vermont	†	†	†	78.8*	62.0	95.5	85.7	41.4	129.9	79.6*	65.1	94.2
Virginia	65.0	60.2	69.9	39.3*	36.8	41.7	44.4*	42.0	46.7	47.2*	45.3	49.1
Washington	61.4*	58.0	64.9	49.2	46.5	51.9	52.7	48.6	56.8	54.8	52.8	56.7
West Virginia	61.4	37.5	85.3	59.0*	54.9	63.2	59.5	48.0	71.0	59.2	55.3	63.0
Wisconsin	60.6	50.8	70.5	45.9	43.0	48.8	68.8*	62.5	75.2	56.0	53.1	59.0
Wyoming	38.7*	26.3	51.1	45.0	38.6	51.3	46.3	27.7	65.0	43.4*	37.3	49.6

Note: Estimates for Puerto Rico are included in the totals but not shown separately because of small sample sizes. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity was not available for the other U.S. territories in the data. See appendix B of volume II for more details on statistical uncertainty for these estimates.

CY = calendar year

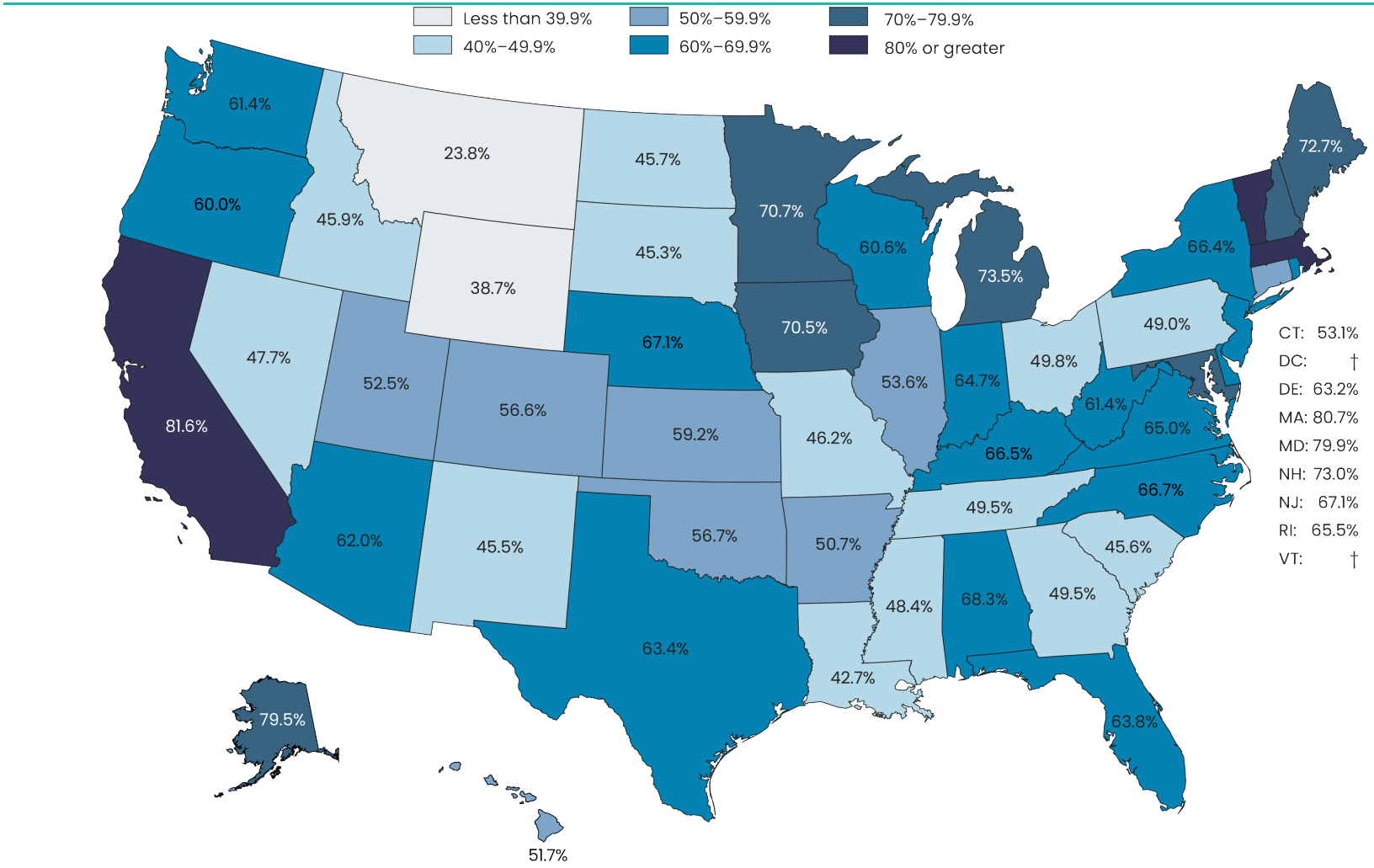
[a] This category includes non-Hispanic individuals who self-identified as two or more races or as a race other than White. These categories were combined because of sample size concerns.

* Indicates a statistically significant difference at the 95 percent confidence level between the State coverage rate for a participant category's race and ethnicity and the national coverage rate for that category

† Indicates an unreliable coverage rate over 100 percent or a coverage rate where the lower bound of the 95 percent confidence interval is below 0 percent and the upper bound is over 100 percent

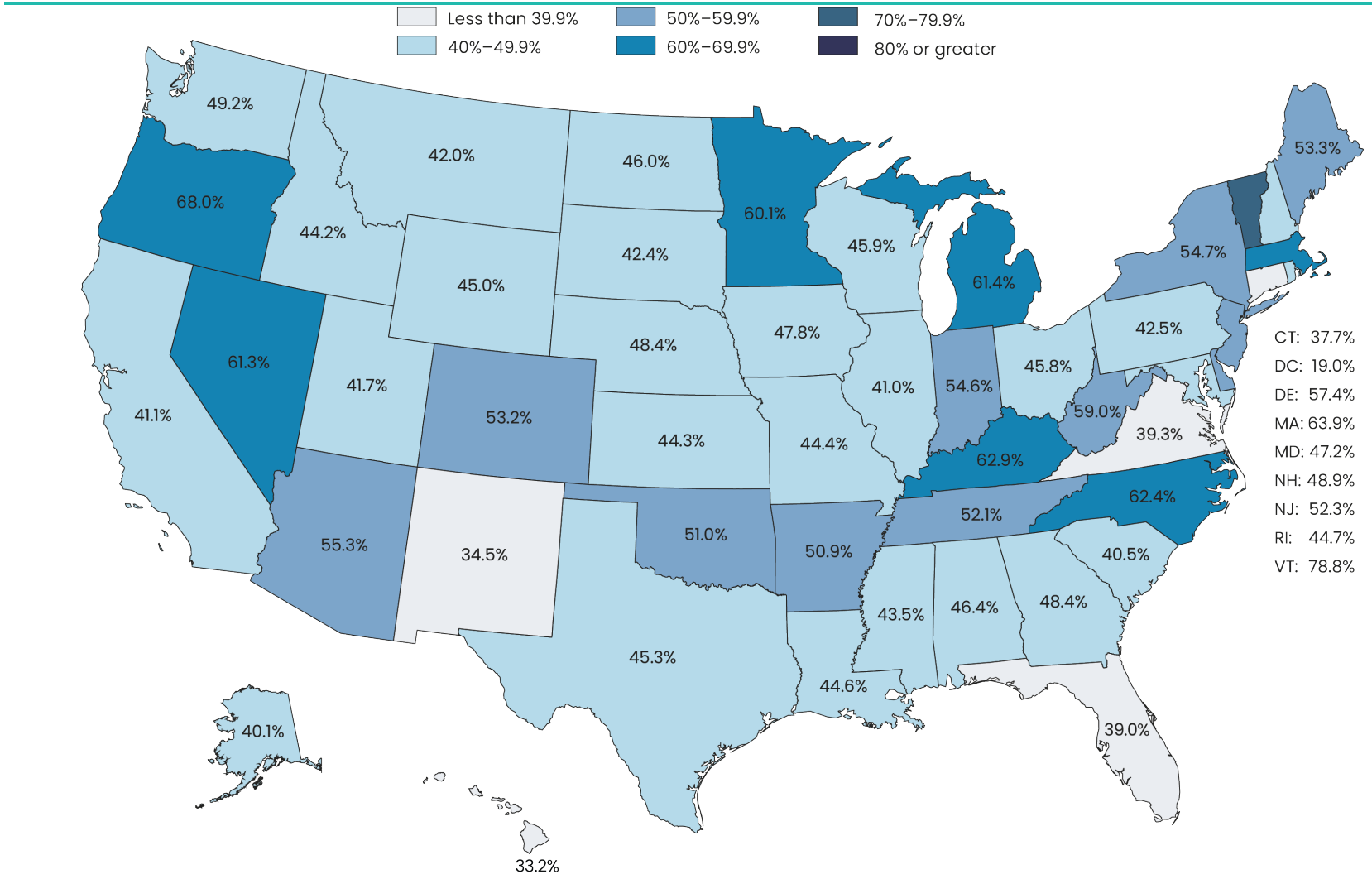
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Figure 3.10. WIC coverage rate for Hispanic/Latino individuals by State: CY 2023



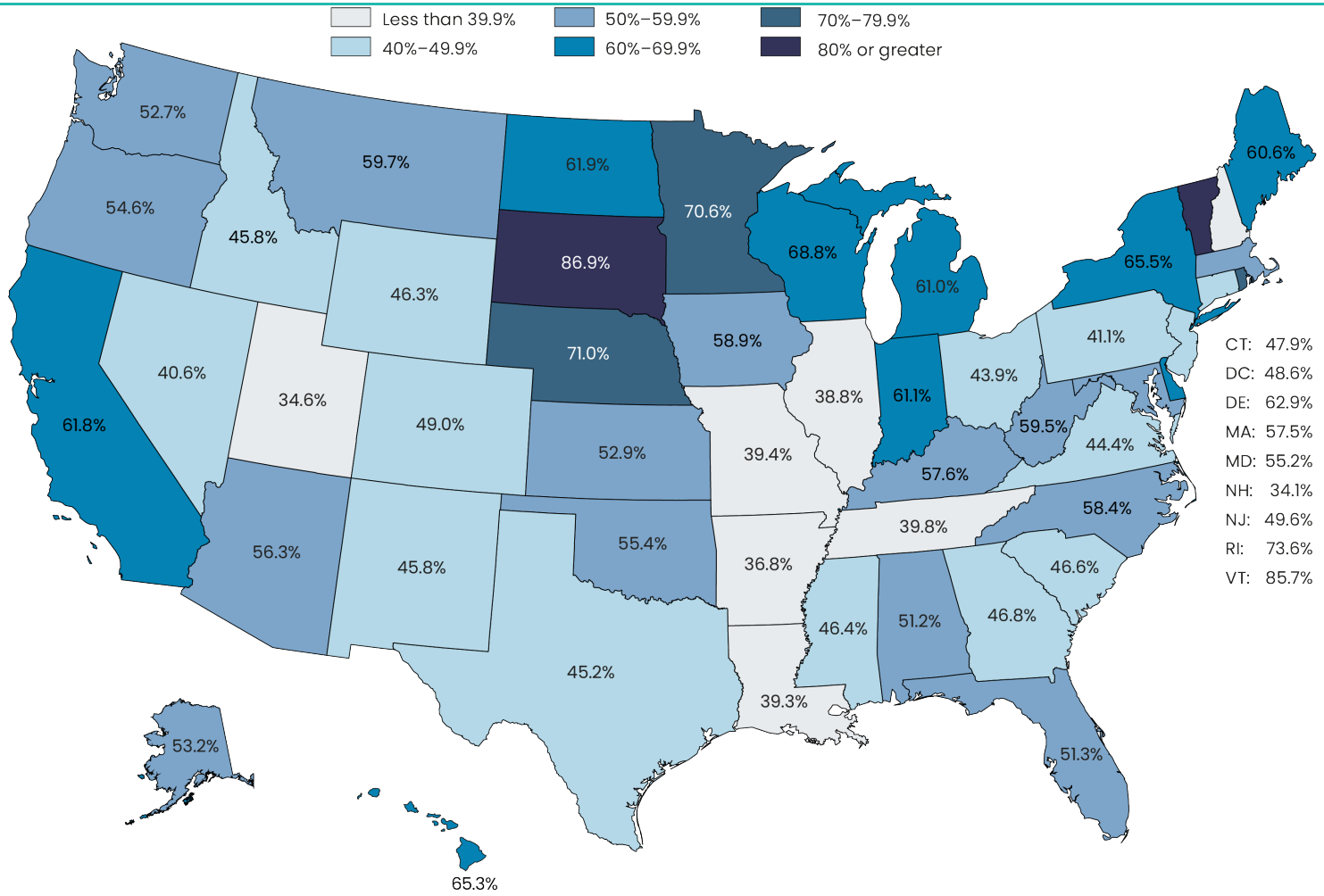
Note: Data for figure 3.10 are available in table 3.7. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this figure because information on race and ethnicity was not available for the other U.S. territories in the data. Estimates for Puerto Rico are included in the national coverage rate.
CY = calendar year
† Indicates an unreliable coverage rate over 100 percent or a coverage rate where the lower bound of the 95 percent confidence interval is below 0 percent and the upper bound is over 100 percent
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Figure 3.11. WIC coverage rate for White-only, non-Hispanic individuals by State: CY 2023



Note: Data for figure 3.11 are available in table 3.7. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this figure because information on race and ethnicity was not available for the other U.S. territories in the data. Estimates for Puerto Rico are included in the national coverage rate.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Figure 3.12. WIC coverage rate for other than White-only, non-Hispanic individuals by State: CY 2023



Note: Data for figure 3.12 are available in table 3.7. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this figure because information on race and ethnicity was not available for the other U.S. territories in the data. Estimates for Puerto Rico are included in the national coverage rate. The Black-only, not Hispanic and the two or more races or other race, not Hispanic categories were combined because of sample size concerns. This category includes Black-only, non-Hispanic individuals and non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

C. Changes in WIC Coverage Rates: CY 2022–CY 2023

Overall, the national WIC coverage rate increased by 3 percentage points between 2022 and 2023 to 56 percent. The increase in coverage rates during this period occurred because the total number of WIC participants increased by 5 percent while the estimated number of individuals eligible for WIC remained about the same (increased by 0.3 percent). Coverage rates increased across all participant categories from 2022 to 2023. The largest increase was for pregnant women (8 percent; see table 3.8 and figure 3.13), resulting from a decrease in eligible pregnant women (and fewer pregnant women overall in the U.S.) and an increase in pregnant women participating in WIC. Coverage rates increased the least among children (by 4 percent) and postpartum non-breastfeeding women (by 4 percent). The changes for postpartum breastfeeding and non-breastfeeding women were likely influenced by increased breastfeeding during and after the infant formula shortage that started in February 2022 and lasted into 2023.

Table 3.8. Changes in number of individuals eligible for WIC, number participating, and coverage rate by participant category: CY 2022–CY 2023

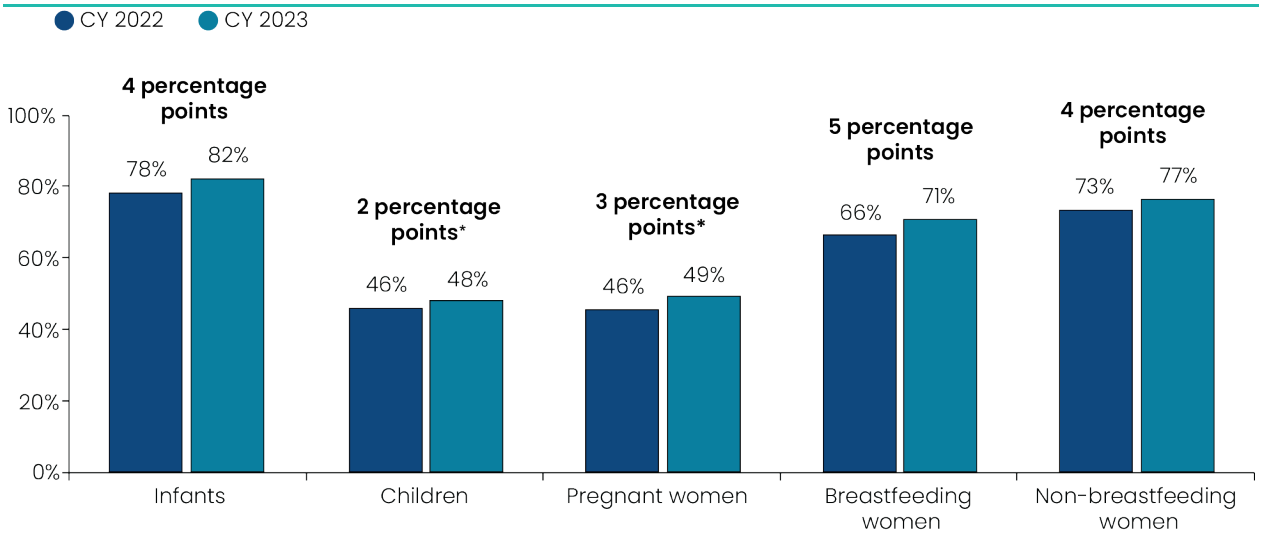
Participant category	2022	2023	Difference 2022–2023	Percent change 2022–2023
Number eligible				
Infants	1,830,448	1,796,821	−33,627	−1.8
Children	7,523,916	7,626,138	102,222	1.4
Pregnant women	1,124,940	1,091,474	−33,465	−3.0*
Postpartum women	1,313,719	1,314,781	1,061	0.1
Breastfeeding women	822,967	848,829	25,862	3.1
Non-breastfeeding women	490,752	465,952	−24,800	−5.1
Total	**11,793,023**	**11,829,215**	**36,192**	**0.3**
Number participating				
Infants	1,434,992	1,479,155	44,162	3.1
Children	3,457,293	3,656,078	198,785	5.8
Pregnant women	512,636	538,332	25,696	5.0
Postpartum women	905,501	957,744	52,243	5.8
Breastfeeding women	545,466	600,628	55,162	10.1
Non-breastfeeding women	360,035	357,117	−2,919	−0.8
Total	**6,310,423**	**6,631,309**	**320,886**	**5.1**
Coverage rate (%)				
Infants	78.4	82.3	3.9	5.0
Children	46.0	47.9	2.0	4.3*
Pregnant women	45.6	49.3	3.8	8.2*
Postpartum women	68.9	72.8	3.9	5.7
Breastfeeding women	66.3	70.8	4.5	6.8
Non-breastfeeding women	73.4	76.6	3.3	4.5
Total	**53.5**	**56.1**	**2.5**	**4.8***

Note: CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; PRCS = Puerto Rico Community Survey

* Indicates a statistically significant difference between the 2022 and 2023 estimates of individuals eligible for WIC and the 2022 and 2023 estimates of WIC coverage rates at the 95 percent confidence level. The number of total WIC participants by category is not subject to statistical uncertainty because it is based on WIC administrative data, which is a census of WIC participants receiving benefits; no sampling is involved. The statistical significance testing was conducted on the change in WIC eligibility based on the CPS ASEC data and PRCS, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.

Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.13. Changes in WIC coverage rate by participant category: CY 2022–CY 2023



Note: Data for figure 3.13 are available in table 3.8. Change in percentage points may not match subtraction of coverage rates by year because of rounding.
CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; PRCS = Puerto Rico Community Survey
*Indicates a statistically significant difference between the 2022 and 2023 estimates of individuals eligible for WIC and the 2022 and 2023 estimates of WIC coverage rates at the 95 percent confidence level. The statistical significance testing was conducted on the change in WIC eligibility based on the CPS ASEC and PRCS data, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a

Additional differences emerged after stratifying coverage rates by participant category and race and ethnicity (see table 3.9). Specifically, while the overall population of children experienced a statistically significant 2-percentage-point increase in coverage, non-Hispanic children of two or more races or other race showed a nonsignificant 3-percentage-point decline in coverage. The coverage rate for children increased for all other race and ethnicity categories, although none were statistically significant.

Pregnant women experienced a statistically significant 4-percentage-point increase in coverage from 2022 to 2023. Increases in coverage were statistically significant for Hispanic/Latina women (2 percentage points); White-only, non-Hispanic women (6 percentage points); and Black-only, non-Hispanic women (3 percentage points), while non-Hispanic women who identified as two or more races or other race experienced a small, nonsignificant increase in coverage.

While coverage rates declined for all participant groups except for pregnant women in the two or more races or other race category from 2022 to 2023, none of these changes were statistically significant.

Table 3.9. Changes in WIC coverage rate by participant category and by race and Hispanic ethnicity: CY 2022–CY 2023

Participant category	Hispanic/ Latino	Black-only, not Hispanic	White-only, not Hispanic	Two or more races or other race, not Hispanic[a]	Total
Coverage rate 2023 (%)					
Infants	90.1	99.4	69.3	66.4	82.4
Children	58.4	40.3	42.1	45.5	47.9
Pregnant women	57.7	46.8	44.7	38.9	49.4
Postpartum women	81.8	84.6	65.1	46.7	72.9
Breastfeeding women	84.5	78.2	58.4	47.5	70.8
Non-breastfeeding women	76.5	94.4	77.2	45.2	76.7
Total	**66.0**	**52.8**	**49.2**	**48.6**	**56.1**
Coverage rate 2022 (%)					
Infants	84.4	84.3	68.1	75.4	78.5
Children	56.3	38.4	38.8	48.7	45.9
Pregnant women	55.4	43.6	39.0	38.5	45.6
Postpartum women	74.8	72.9	64.1	52.7	69.0
Breastfeeding women	76.0	66.4	57.0	53.7	66.3
Non-breastfeeding women	72.5	82.0	75.6	51.1	73.4
Total	**63.0**	**49.1**	**45.9**	**52.6**	**53.5**
Change in coverage rate from 2022 to 2023 (percentage point difference)					
Infants	5.7	15.1	1.2	−9.0	3.9
Children	2.1	1.8	3.3	−3.2	2.0*
Pregnant women	2.3*	3.2*	5.8*	0.4	3.7*
Postpartum women	7.1	11.8	1.0	−6.0	3.9
Breastfeeding women	8.5	11.8	1.4	−6.3	4.5
Non-breastfeeding women	4.0	12.4	1.6	−5.8	3.3
Total	**3.0**	**3.7**	**3.2**	**−4.0**	**2.5***

Note: Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity for the other U.S. territories was not available in the data.
CY = calendar year
[a] Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category.
*Indicates a statistically significant difference between the 2022 and 2023 estimates of WIC coverage rates at the 95 percent confidence level
Sources: FNS 2024; IPUMS-USA, n.d.; Zvavitch et al., 2024; U.S. Census Bureau, n.d.-a

The total coverage rate increased from 2022 to 2023 in all FNS Regions, with the largest increase observed in the Southwest Region (4 percentage points) and the smallest increase in the Southeast Region (2 percentage points; see table 3.10). Coverage rates increased for all FNS Regions across participant category. Coverage rates for pregnant and postpartum women experienced statistically significant increases in all FNS Regions, and coverage rates for children experienced statistically significant increases in all FNS Regions except for the Southeast Region.

Table 3.10. Changes in WIC coverage rate by FNS Region and participant category: CY 2022–CY 2023

FNS Region	Infants	Children	Pregnant women	Postpartum women	Total
Coverage rate 2023 (%)					
Northeast	83.0	56.4	48.3	73.0	61.7
Mid-Atlantic	79.6	47.3	46.5	68.9	54.4
Southeast	83.6	42.8	48.3	68.1	52.2
Midwest	83.8	45.2	45.7	70.1	53.6
Southwest	82.8	42.1	49.2	82.1	53.6
Mountain Plains	76.5	41.5	44.6	64.8	49.6
Western	82.0	62.3	58.3	75.4	66.5
Total	**82.3**	**47.9**	**49.3**	**72.8**	**56.1**
Coverage rate 2022 (%)					
Northeast	79.3	53.2	44.5	69.2	58.3
Mid-Atlantic	77.0	45.0	43.3	65.4	52.0
Southeast	78.6	42.4	44.4	64.1	50.7
Midwest	80.2	43.3	41.9	67.5	51.2
Southwest	77.9	38.6	46.2	76.7	49.8
Mountain Plains	72.4	39.4	40.0	60.5	46.8
Western	79.4	60.8	54.0	72.1	64.4
Total	**78.4**	**46.0**	**45.6**	**68.9**	**53.5**
Change in coverage rate for 2022 versus 2023 (percentage point difference)					
Northeast	3.7	3.2*	3.8*	3.7*	3.4*
Mid-Atlantic	2.6	2.3*	3.2*	3.4*	2.4*
Southeast	5.0*	0.4	4.0*	4.1*	1.6*
Midwest	3.6*	1.9*	3.8*	2.6*	2.4*
Southwest	4.8*	3.5*	3.0*	5.5*	3.9*
Mountain Plains	4.1*	2.1*	4.6*	4.3*	2.8*
Western	2.6	1.5*	4.3*	3.3*	2.1*
Total	**3.9**	**2.0***	**3.8***	**3.9**	**2.5***

Note: CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; FNS = Food and Nutrition Service; PRCS = Puerto Rico Community Survey

* Indicates a statistically significant difference between the 2021 and 2022 estimates of WIC coverage rates at the 95 percent confidence level. The statistical significance testing was conducted on the change in WIC eligibility based on the CPS ASEC and PRCS data, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.

Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

D. Trends in WIC Coverage Rates: CY 2016–CY 2023

In 2023, the overall WIC coverage rate increased to 56 percent, the highest coverage rate observed throughout the 2016 to 2023 period (see table 3.11 and figure 3.14). From 2016 to 2023, coverage rates were consistently highest for infants, followed by those for postpartum women, and were lowest for children[35] (see table 3.12 and figure 3.14). Among children, coverage rates for 1-year-old children were consistently highest across all children by year of age, followed by 2-year-old and 3-year-old children; 4-year-old children consistently had the lowest coverage rates (see table 3.12 and figure 3.15).

Figure 3.16 shows the overall coverage rates by FNS Region from 2016 through 2023. The Western Region consistently had the highest rates of coverage during this period (primarily because of the high rates in California), and the Mountain Plains Region had the lowest. See table F.5 of volume II for trends in coverage rates by FNS Region from 2016 through 2023 for each participant category.

Between 2016 and 2023, coverage rates were consistently highest for Hispanic individuals and lowest for non-Hispanic, White-only individuals (see figure 3.17). Following 2019, the coverage rate for Black-only, non-Hispanic individuals declined more steeply than the coverage rates for all other race and ethnicity categories; this group experienced an increase in coverage rate in 2023.

Table 3.11. Number of individuals eligible for WIC, number participating, and coverage rate: CY 2016–CY 2023

Year	Number eligible	Number participating	Coverage rate (%)
2016	14,005,712	7,593,888	54.2
2017	13,739,662	7,183,994	52.3
2018	12,691,698	6,748,797	53.2
2019	12,074,709	6,311,597	52.3
2020	12,081,717	6,283,462	52.0
2021	12,131,296	6,205,143	51.2
2022	11,793,023	6,310,423	53.5
2023	11,829,215	6,631,309	56.1

Note: CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

[35] In 2022, the coverage rates for children and pregnant women were the same (46 percent).

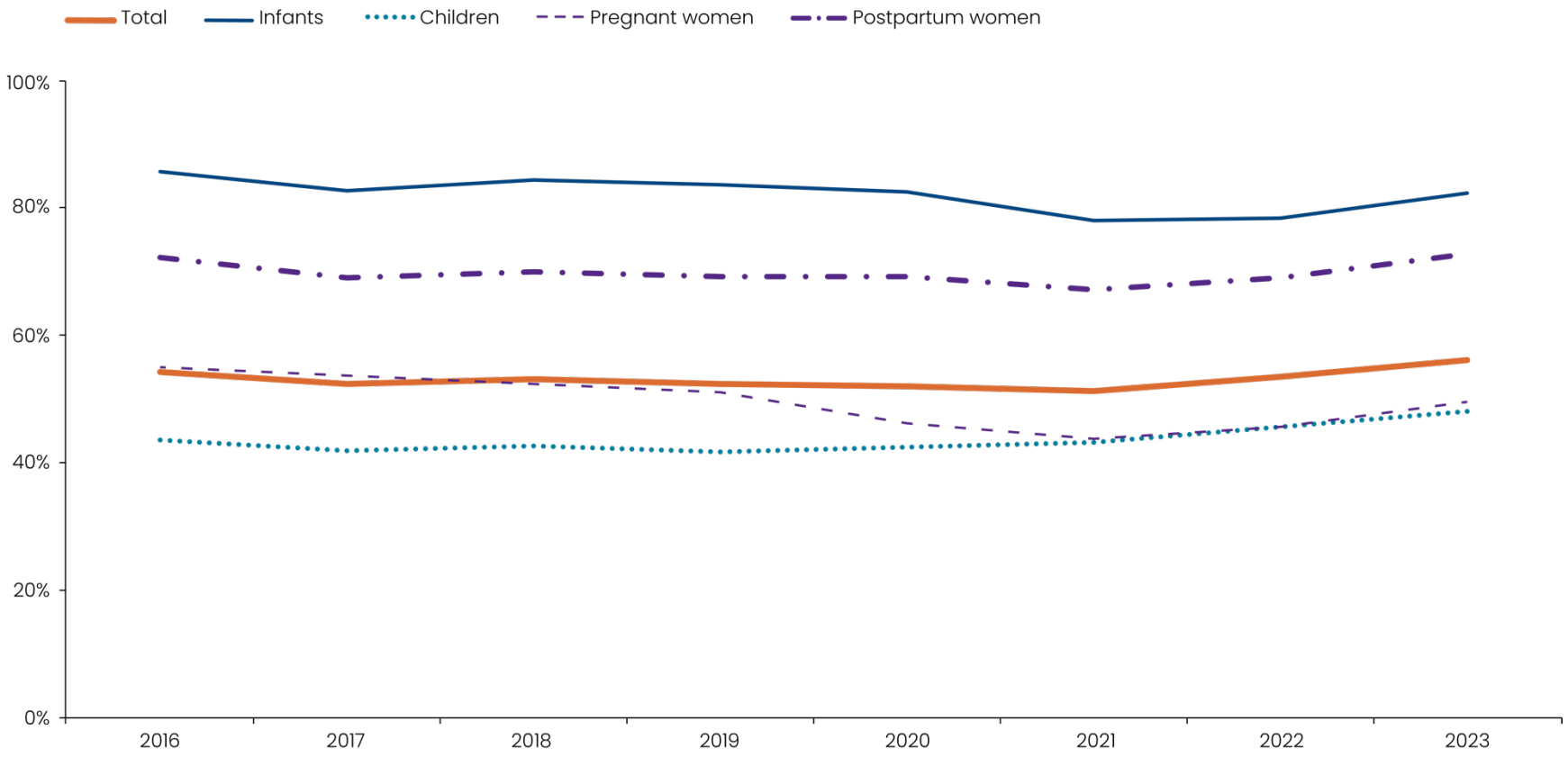
Table 3.12. Number of individuals eligible for WIC, number participating, and coverage rate by participant category: CY 2016–CY 2023

Participant category	2016	2017	2018	2019	2020	2021	2022	2023
Number eligible								
Infants	2,162,700	2,139,130	1,998,988	1,900,491	1,862,033	1,846,394	1,830,448	1,796,821
Children	9,023,248	8,847,389	8,123,987	7,726,475	7,784,680	7,851,014	7,523,916	7,626,138
1-year-old children	2,306,123	2,222,959	2,012,357	1,837,802	1,942,173	1,852,884	1,852,300	1,883,018
2-year-old children	2,284,503	2,304,834	2,043,373	1,916,514	1,916,424	2,051,553	1,909,244	1,914,319
3-year-old children	2,235,416	2,211,684	2,066,549	1,948,148	1,970,726	1,932,072	1,864,052	1,937,138
4-year-old children	2,197,205	2,107,912	2,001,709	2,024,011	1,955,357	2,014,506	1,898,321	1,891,664
Pregnant women	1,287,402	1,221,038	1,144,961	1,091,257	1,103,246	1,128,406	1,124,940	1,091,474
Postpartum women	1,532,362	1,532,105	1,423,761	1,356,486	1,331,757	1,305,482	1,313,719	1,314,781
Breastfeeding women	969,380	978,905	896,644	851,671	833,152	796,911	822,967	848,829
Non-breastfeeding women	562,982	553,199	527,117	504,816	498,605	508,571	490,752	465,952
Total	**14,005,712**	**13,739,662**	**12,691,698**	**12,074,709**	**12,081,717**	**12,131,296**	**11,793,023**	**11,829,215**
Number participating								
Infants	1,853,720	1,767,555	1,687,302	1,590,861	1,536,838	1,440,283	1,434,992	1,479,155
Children	3,926,229	3,702,118	3,460,346	3,223,616	3,315,832	3,395,487	3,457,293	3,656,078
1-year-old children	1,371,580	1,294,717	1,181,957	1,101,365	1,165,601	1,191,689	1,197,298	1,268,459
2-year-old children	1,052,589	992,638	934,510	870,824	884,764	906,409	950,552	1,004,346
3-year-old children	931,729	878,098	835,755	778,771	781,059	800,319	828,005	874,822
4-year-old children	570,330	536,666	508,123	472,656	484,408	497,070	481,438	508,450
Pregnant women	707,747	658,140	606,369	557,735	509,659	492,562	512,636	538,332
Postpartum women	1,106,191	1,056,180	994,781	939,384	921,133	876,811	905,501	957,744
Breastfeeding women	590,427	570,521	536,944	507,593	507,693	484,379	545,466	600,628
Non-breastfeeding women	515,764	485,659	457,837	431,792	413,440	392,433	360,035	357,117
Total	**7,593,888**	**7,183,994**	**6,748,797**	**6,311,597**	**6,283,462**	**6,205,143**	**6,310,423**	**6,631,309**

Participant category	2016	2017	2018	2019	2020	2021	2022	2023
				Coverage rate (%)				
Infants	85.7	82.6	84.4	83.7	82.5	78.0	78.4	82.3
Children	43.5	41.8	42.6	41.7	42.6	43.2	46.0	47.9
1-year-old children	59.5	58.2	58.7	59.9	60.0	64.3	64.6	67.4
2-year-old children	46.1	43.1	45.7	45.4	46.2	44.2	49.8	52.5
3-year-old children	41.7	39.7	40.4	40.0	39.6	41.4	44.4	45.2
4-year-old children	26.0	25.5	25.4	23.4	24.8	24.7	25.4	26.9
Pregnant women	55.0	53.9	53.0	51.1	46.2	43.7	45.6	49.3
Postpartum women	72.2	68.9	69.9	69.3	69.2	67.2	68.9	72.8
Breastfeeding women	60.9	58.3	59.9	59.6	60.9	60.8	66.3	70.8
Non-breastfeeding women	91.6	87.8	86.9	85.5	82.9	77.2	73.4	76.6
Total	**54.2**	**52.3**	**53.2**	**52.3**	**52.0**	**51.2**	**53.5**	**56.1**

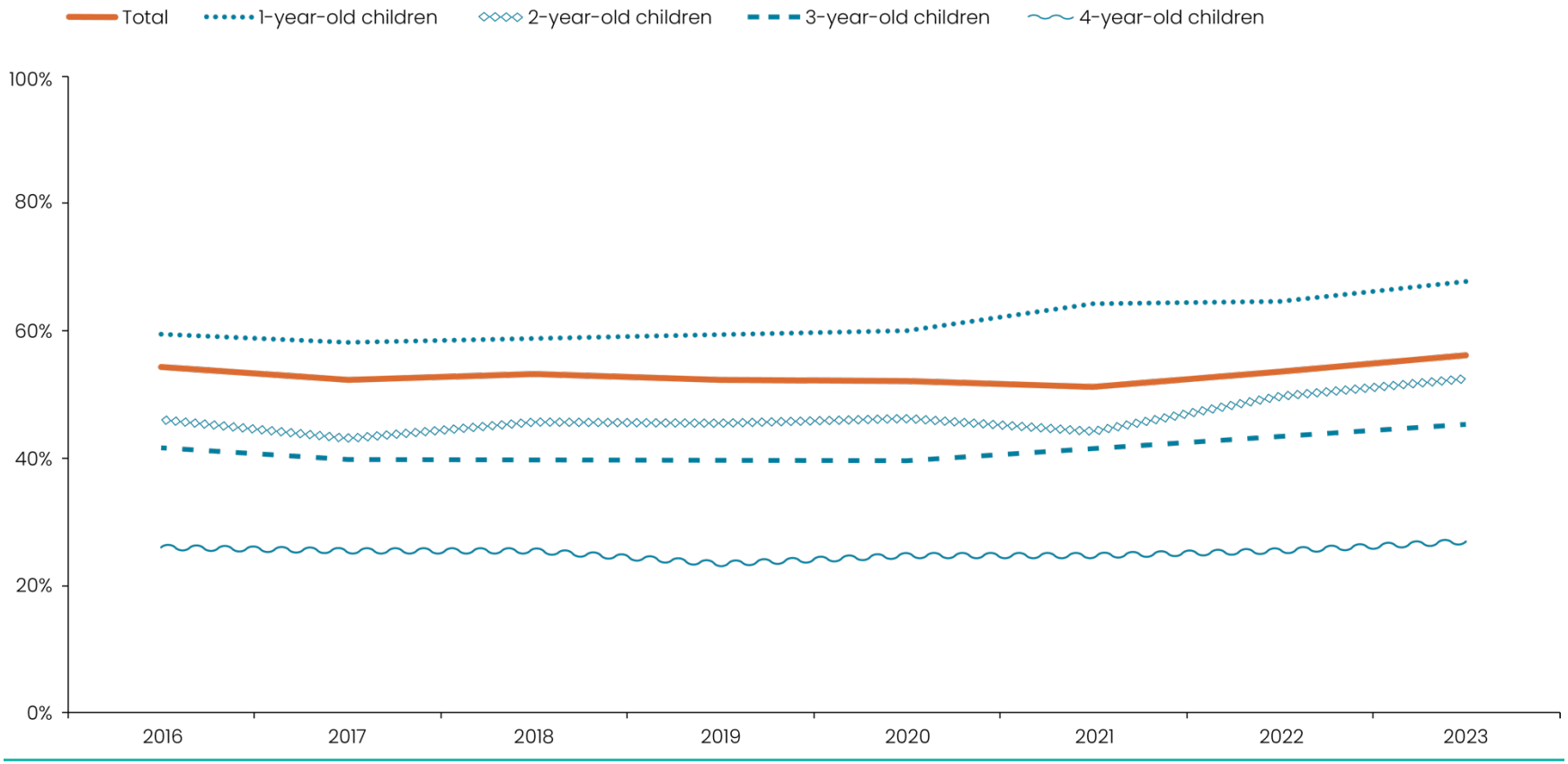
Note: CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Figure 3.14. Trends in WIC coverage rates by participant category: CY 2016–CY 2023



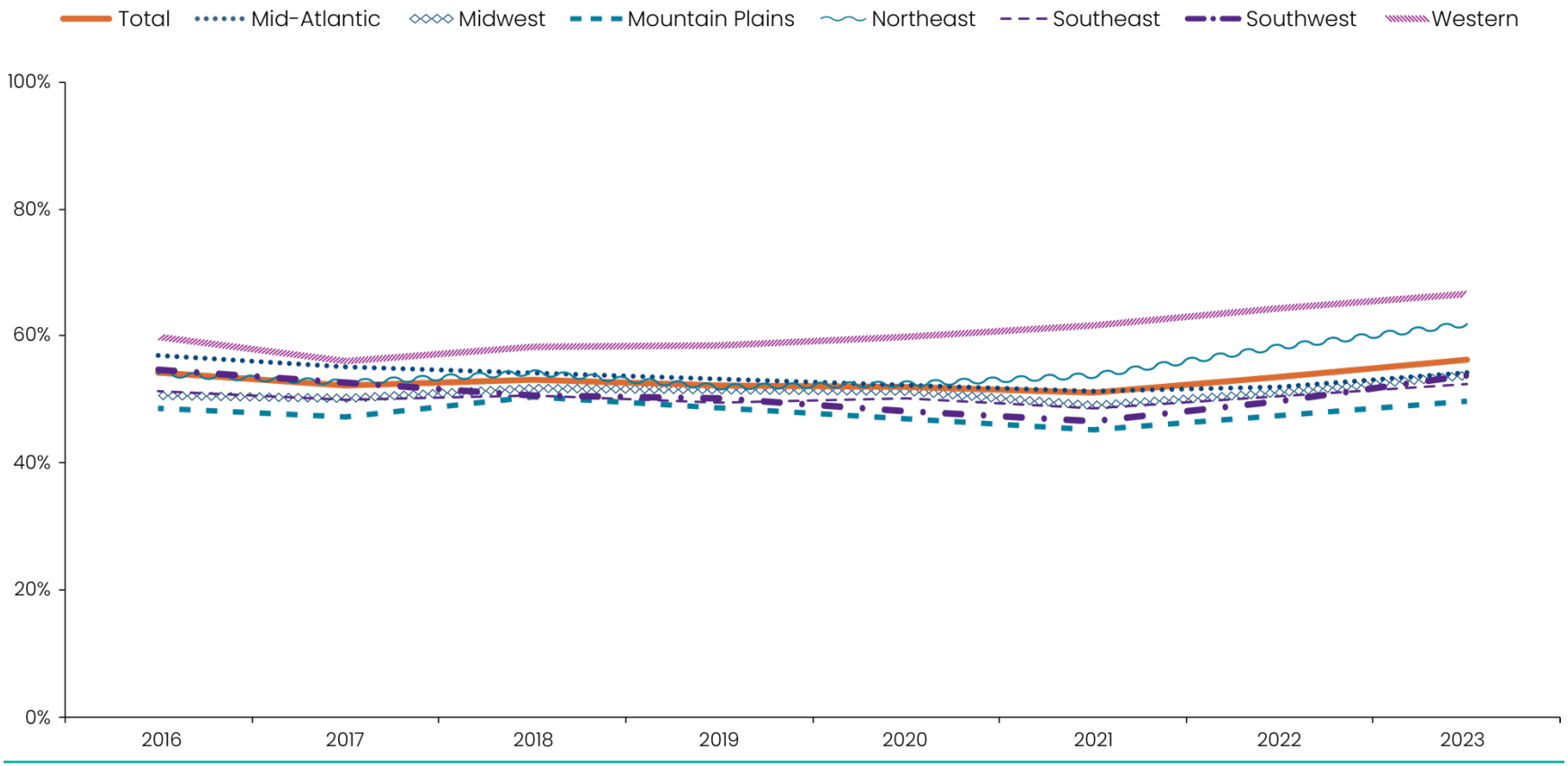
Note: Data for figure 3.14 are available in table 3.12. The estimates for CY 2016–CY 2020 are consistent with the results published in the CY 2021 report (Kessler et al., 2023) but differ from initial results published for those years because of updates to the methodology.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.15. Trends in WIC coverage rates for children by year of age: CY 2016–CY 2023



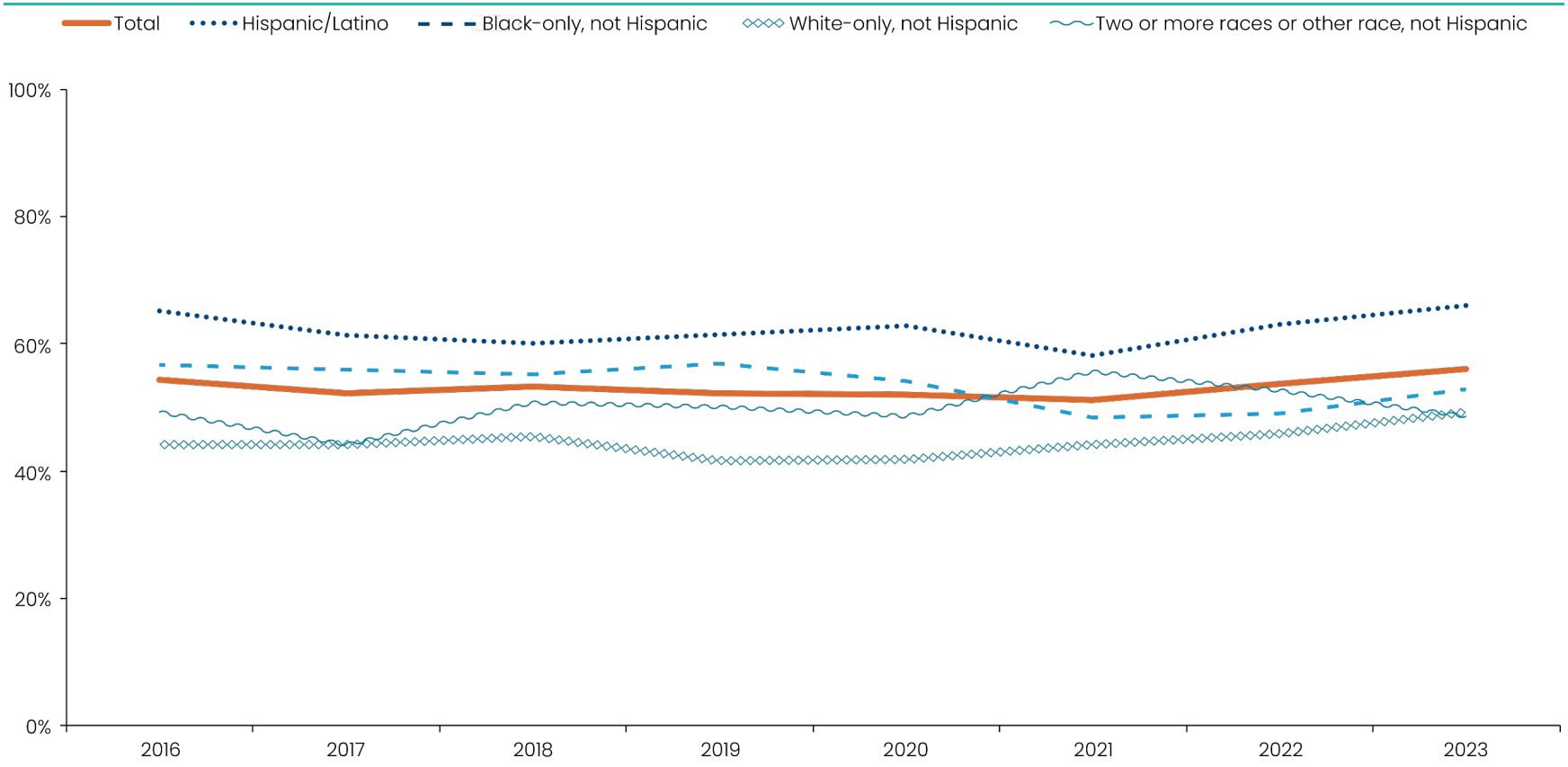
Note: Data for figure 3.15 are available in table 3.12.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Figure 3.16. Trends in WIC coverage rates by FNS Region: CY 2016–CY 2023



Note: See table F.5 in volume II for the underlying data.
CY = calendar year; FNS = Food and Nutrition Service
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Figure 3.17. Trends in WIC coverage rates by race and Hispanic ethnicity: CY 2016–CY 2023



Note: See table F.10 in volume II for the underlying data. Non-Hispanic individuals who self-identified as two or more races or as Asian, American Indian/Alaska Native, or Hawaiian/Pacific Islander are included in the two or more races or other race, not Hispanic category. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity was not available for the other U.S. territories.
CY = calendar year
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

E. Participation Counts for Tribal Organizations

The current WIC eligibility estimation methods and data sources do not permit an accurate estimation of coverage rates for Tribal Organizations that administer WIC. Coverage rates are estimated for geographic States, which include both State and Tribal Organization WIC State agencies that share geographies. In 2023, 33 Tribal Organizations served a monthly average of 45,532 WIC participants (see table 3.13 for a summary of the number of participants each Tribal Organization served).

Table 3.13. Average number of monthly WIC participants in ITOs by participant category: CY 2023

WIC ITO	Infants	Children	Women	Total
Northeast				
Indian Township Passamaquoddy Reservation	10	22	13	45
Pleasant Point Passamaquoddy Reservation	8	21	12	41
Southeast				
Mississippi Band of Choctaw Indians	171	381	150	702
Eastern Band of Cherokee Indians	87	283	100	470
Southwest				
Acoma, Canoncito, Laguna	62	154	62	278
Cherokee Nation	1,462	2,886	1,479	5,827
Chickasaw Nation	890	2,070	810	3,770
Choctaw Nation	1,129	3,413	1013	5,555
Citizen Potawatomi Nation	312	817	299	1,428
Eight Northern Indian Pueblos Council	72	129	63	264
Five Sandoval Indian Pueblos	36	85	29	150
Inter-Tribal Council of Arizona	1,268	4,014	1,124	6,406
Inter-Tribal Council of Oklahoma	128	330	107	565
Pueblo of Isleta	289	491	226	1,006
Muscogee Creek Nation	426	1,578	408	2,412
Navajo Nation	898	2,707	937	4,542
Osage Nation	781	2,392	670	3,843
Otoe-Missouria Tribe	70	130	53	253
Pueblo of San Felipe	45	122	42	209
Santo Domingo Pueblo	29	67	27	123
Wichita, Caddo, Delaware	821	2,526	824	4,171
Pueblo of Zuni	89	231	97	417
Mountain Plains				
Cheyenne River Sioux Tribe	109	324	95	528
Northern Arapaho Tribe	55	97	51	203
Omaha Nation	60	139	35	234
Rosebud Sioux Tribe	189	512	181	882
Santee Sioux Nation	12	24	10	46
Eastern Shoshone Tribe	19	38	15	72
Standing Rock Sioux Tribe	64	143	43	250
Three Affiliated Tribes	25	50	15	90
Ute Mountain Ute Tribe	33	71	33	137
Winnebago Tribe	39	65	27	131
Western				
Inter-Tribal Council of Nevada	89	320	73	482
Total	**9,777**	**26,632**	**9,123**	**45,532**

Note: CY = calendar year; FNS = Food and Nutrition Service; ITO = Indian Tribal Organization
Sources: FNS, 2025a; FNS, 2025b

Chapter 4

WIC Participation Rates for CY 2023

Key Findings: WIC Participation Rates

- In CY 2023, **41 percent of all infants and 25 percent of all children in the Nation participated in WIC.**
- Most States had participation rates between 20 percent and 30 percent.

Participation Rate

Percentage of the total population of women, infants, and children who received or picked up WIC benefits in an average month

This chapter presents WIC participation rates for women, infants, and children in 2023. The participation rates were calculated as the percentages of the total population of women, infants, and children who received or picked up WIC benefits in an average month in 2023. In contrast to coverage rates, participation rates are calculated as the ratio of the number of WIC participants to the number of individuals in the population, regardless of income level, adjunctive income eligibility, or nutritional risk. Participation rates are useful for understanding the overall reach of WIC across the total population. The 2023 WIC participation rates may be influenced by the CVB increase, infant formula shortage, and the effects of the unwinding of the COVID-19 PHE.

A. National-Level WIC Participation Rates

In 2023, 41 percent of all infants and 25 percent of all children in the Nation received WIC benefits (see table 4.1). Similar to WIC coverage rates, participation rates for children were highest for 1-year-old children (35 percent) and lowest for 4-year-old children (14 percent). A greater share of postpartum women (25 percent) than pregnant women (19 percent) received WIC benefits. The participation rate for postpartum breastfeeding women was 30 percent, and the rate for postpartum non-breastfeeding women was 20 percent.

Table 4.1. WIC participation rate by participant category: CY 2023

Participant category	Number participating	Total population	Participation rate (%)
Infants	1,479,155	3,600,389	41.1
Children	3,656,078	14,713,756	24.8
1-year-old children	1,268,459	3,672,400	34.5
2-year-old children	1,004,346	3,668,357	27.4
3-year-old children	874,822	3,619,422	24.2
4-year-old children	508,450	3,753,577	13.5
Pregnant women	538,332	2,791,608	19.3
Postpartum women	957,744	3,824,368	25.0
Breastfeeding women	600,628	1,995,462	30.1
Non-breastfeeding women	357,117	1,828,907	19.5
Total	**6,631,309**	**24,930,121**	**26.6**

Note: WIC administrative data on participating children by year of age were not available. The number of participating children by year of age in this table is based on the distribution of children who were enrolled in WIC in 2022 according to WIC PC 2022 data.
CY = calendar year; WIC PC = WIC Participant and Program Characteristics
Sources: FNS, 2024; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

B. Regional- and State-Level WIC Participation Rates

Participation rates varied among FNS Regions and States. The Western Region had the highest participation rate (32 percent), and the Mountain Plains Region had the lowest (20 percent) in comparison with the national average of 27 percent (see table 4.2). Among States, rates ranged from a low of 14 percent in Utah to a high of 35 percent in California. Most States (34) had participation rates between 20 percent and 30 percent. Puerto Rico had a higher participation rate (67 percent) than any State.

Table 4.2. WIC participation rate by State and FNS Region: CY 2023

State/FNS Region	Number participating	Total population	Participation rate (%)	Lower bound (%)	Upper bound (%)
State					
Alabama	111,698	403,499	27.7*	26.9	28.5
Alaska	14,037	57,064	24.6*	22.7	26.5
Arizona	149,740	524,965	28.5*	28.0	29.0
Arkansas	62,760	242,836	25.8	25.0	26.7
California	972,105	2,742,983	35.4*	35.2	35.7
Colorado	87,529	412,986	21.2*	20.8	21.6
Connecticut	48,241	239,943	20.1*	19.7	20.5
Delaware	20,526	72,724	28.2	26.4	30.1
District of Columbia	11,699	52,784	22.2*	21.3	23.1

State/FNS Region	Number participating	Total population	Participation rate (%)	Lower bound (%)	Upper bound (%)
Florida	421,853	1,531,934	27.5*	27.2	27.9
Georgia	216,026	873,040	24.7*	24.4	25.1
Hawaii	25,712	92,019	27.9*	26.7	29.2
Idaho	30,758	151,289	20.3*	19.7	21.0
Illinois	165,845	884,184	18.8*	18.5	19.0
Indiana	147,377	543,891	27.1	26.6	27.6
Iowa	57,828	250,459	23.1*	22.4	23.7
Kansas	46,951	233,294	20.1*	19.5	20.7
Kentucky	112,463	354,065	31.8*	31.0	32.5
Louisiana	94,945	388,223	24.5*	23.9	25.0
Maine	18,102	81,785	22.1*	20.9	23.3
Maryland	121,474	473,448	25.7*	25.2	26.1
Massachusetts	124,227	455,792	27.3*	26.7	27.8
Michigan	203,673	708,673	28.7*	28.2	29.3
Minnesota	105,664	435,375	24.3*	23.6	24.9
Mississippi	63,811	242,978	26.3	25.4	27.1
Missouri	90,657	470,313	19.3*	18.9	19.6
Montana	14,002	75,462	18.6*	17.7	19.4
Nebraska	36,599	164,319	22.3*	21.4	23.1
Nevada	53,534	224,389	23.9*	23.1	24.6
New Hampshire	13,153	82,634	15.9*	15.2	16.6
New Jersey	163,380	690,621	23.7*	23.3	24.1
New Mexico	38,920	141,199	27.6*	26.6	28.5
New York	421,604	1,384,353	30.5*	30.1	30.8
North Carolina	252,514	819,439	30.8*	30.3	31.3
North Dakota	10,508	64,726	16.2*	15.4	17.1
Ohio	177,743	883,586	20.1*	19.8	20.4
Oklahoma	98,848	317,499	31.1*	30.3	32.0
Oregon	77,520	264,265	29.3*	28.7	30.0
Pennsylvania	174,376	888,187	19.6*	19.3	20.0
Puerto Rico	86,471	129,676	66.7*	64.5	68.9
Rhode Island	17,578	68,745	25.6	24.5	26.6
South Carolina	95,108	399,307	23.8*	23.3	24.3
South Dakota	15,153	76,315	19.9*	18.9	20.9
Tennessee	131,895	559,561	23.6*	23.1	24.0
Texas	773,120	2,627,990	29.4*	29.2	29.6
Utah	42,187	307,886	13.7*	13.4	14.0
Vermont	10,791	35,821	30.1*	27.7	32.6
Virginia	120,272	649,331	18.5*	18.2	18.9
Washington	129,668	545,153	23.8*	23.4	24.2
West Virginia	37,114	117,574	31.6*	30.2	32.9

State/FNS Region	Number participating	Total population	Participation rate (%)	Lower bound (%)	Upper bound (%)
Wisconsin	90,803	411,931	22.0*	21.4	22.7
Wyoming	7,671	40,600	18.9*	17.6	20.2
FNS Region					
Northeast	656,270	2,357,392	27.8*	27.6	28.1
Mid-Atlantic	735,312	3,074,347	23.9*	23.7	24.1
Southeast	1,405,369	5,183,823	27.1*	27.0	27.3
Midwest	948,934	4,118,099	23.0*	22.9	23.2
Southwest	1,260,519	4,550,599	27.7*	27.6	27.8
Mountain Plains	309,070	1,538,016	20.1*	19.9	20.3
Western	1,315,835	4,107,846	32.0*	31.8	32.1
Total	**6,631,309**	**24,930,121**	**26.6**	**26.5**	**26.7**

Note: Estimates for U.S. territories other than Puerto Rico are included in regional totals but not shown separately because of constraints related to small sample sizes. Estimates for Puerto Rico are shown separately. State and FNS Region estimates and participant data include individuals in ITOs. Confidence intervals for the total and Northeast and Western regional participation rates are based on participation rate estimates that exclude the U.S. territories other than Puerto Rico, which may cause the confidence interval to appear asymmetrical.
CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; FNS = Food and Nutrition Service; ITO = Indian Tribal Organization; PRCS = Puerto Rico Community Survey
* Indicates a statistically significant difference between the State or regional participation rate and the national participation rate at the 95 percent confidence level. The statistical significance testing was conducted based on the CPS ASEC and PRCS data, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Two States (California and North Carolina) and Puerto Rico consistently had higher participation rates than national participation rates across all participant categories (see table 4.3). Six States (Alabama, Iowa, Kentucky, Michigan, New York, and North Carolina) consistently had higher participation rates than national participation rates across race and Hispanic ethnicity (see table 4.4).

Table 4.3. WIC participation rate (percentage) by State and FNS Region and participant category: CY 2023

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
State									
Alabama	49.9	24.3	34.9	28.0	21.4	12.9	24.1	22.7	27.7
Alaska	34.3	24.4	35.0	26.5	24.1	12.7	18.1	20.6	24.6
Arizona	43.1	27.9	38.3	30.9	27.6	15.1	17.3	25.3	28.5
Arkansas	48.5	21.4	32.1	22.1	18.2	13.1	23.2	23.8	25.8
California	44.4	36.3	50.4	38.1	37.8	19.8	25.4	30.6	35.4
Colorado	30.3	20.4	29.3	21.6	19.2	11.6	14.1	20.4	21.2
Connecticut	32.5	19.0	26.6	20.7	17.6	11.2	16.1	15.7	20.1
Delaware	44.6	26.9	37.5	30.9	25.6	13.7	21.1	23.0	28.2
District of Columbia	40.1	18.4	23.4	19.6	16.8	13.1	15.1	25.3	22.2
Florida	44.3	25.1	34.9	28.7	23.6	13.3	19.9	26.7	27.5
Georgia	46.1	21.1	27.8	25.8	20.5	10.3	20.8	22.4	24.7
Hawaii	38.4	27.6	37.5	31.6	26.7	15.5	19.5	24.9	27.9
Idaho	29.2	19.7	29.4	21.2	18.2	10.6	13.3	19.4	20.3
Illinois	35.0	16.0	22.7	15.2	13.7	12.5	15.1	17.3	18.8
Indiana	43.7	25.0	32.6	28.7	24.5	14.4	17.6	26.6	27.1
Iowa	35.8	22.3	31.4	24.5	21.1	12.1	15.1	20.1	23.1
Kansas	30.9	19.0	26.4	21.7	18.4	9.9	14.9	17.8	20.1
Kentucky	50.0	30.8	44.3	35.6	28.4	15.1	23.5	24.4	31.8
Louisiana	51.4	17.9	28.7	18.0	16.0	8.3	19.9	28.3	24.5
Maine	33.5	21.9	26.5	23.4	25.2	13.0	14.1	18.3	22.1
Maryland	41.5	23.1	30.2	27.8	22.2	12.7	20.2	25.0	25.7
Massachusetts	35.3	28.5	39.8	30.4	27.4	16.4	17.6	22.0	27.3
Michigan	43.8	28.2	38.2	32.2	28.6	14.5	21.5	21.9	28.7
Minnesota	34.9	23.8	28.7	26.5	25.4	14.9	16.2	22.0	24.3
Mississippi	53.8	21.8	29.2	23.6	22.8	11.2	17.5	25.2	26.3
Missouri	35.7	15.9	24.3	16.7	14.7	8.3	16.1	19.4	19.3

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
Montana	27.1	18.2	26.5	19.8	18.5	8.8	13.5	15.4	18.6
Nebraska	31.6	22.1	31.6	24.7	20.1	12.6	13.7	20.2	22.3
Nevada	38.7	22.0	30.6	23.7	21.7	12.5	15.1	23.8	23.9
New Hampshire	20.0	17.2	23.3	17.9	17.4	10.6	9.4	12.0	15.9
New Jersey	33.8	23.1	33.0	26.0	21.4	12.1	14.8	22.8	23.7
New Mexico	48.1	23.1	39.4	21.8	17.7	14.4	21.7	30.0	27.6
New York	43.0	30.1	39.9	34.3	29.6	17.2	18.9	28.2	30.5
North Carolina	47.7	29.0	38.0	35.4	27.8	14.5	22.9	27.7	30.8
North Dakota	23.6	16.3	23.5	17.9	15.1	9.0	9.7	13.8	16.2
Ohio	34.3	17.8	29.6	17.8	15.9	8.2	12.8	21.3	20.1
Oklahoma	50.9	27.9	33.0	32.8	29.4	17.0	29.4	26.0	31.1
Oregon	38.6	29.5	44.5	31.4	28.0	14.8	20.0	26.7	29.3
Pennsylvania	31.5	18.2	26.9	21.1	17.2	8.1	12.7	19.1	19.6
Rhode Island	39.9	23.8	32.5	30.3	21.6	11.5	19.1	23.9	25.6
South Carolina	40.9	21.6	32.0	25.4	19.2	9.3	17.3	21.6	23.8
South Dakota	30.1	19.6	24.1	18.4	18.7	17.4	13.8	15.6	19.9
Tennessee	41.2	20.0	29.5	21.8	19.0	9.7	19.7	23.5	23.6
Texas	48.7	24.5	36.0	25.5	24.0	12.2	22.8	35.0	29.4
Utah	21.4	12.7	18.8	13.5	11.8	6.9	9.9	13.1	13.7
Vermont	36.1	32.0	39.8	35.9	34.0	18.8	18.9	25.6	30.1
Virginia	29.1	17.7	16.4	22.9	19.9	11.8	12.3	16.2	18.5
Washington	32.1	23.6	30.8	25.9	22.8	15.3	18.1	20.5	23.8
West Virginia	48.1	31.2	45.6	34.1	27.4	18.4	22.2	24.3	31.6
Wisconsin	32.4	21.9	30.7	23.7	21.2	12.3	14.5	18.6	22.0
Wyoming	29.9	17.3	26.8	18.4	16.0	8.7	13.4	18.5	18.9

State/FNS Region	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum women	Total
FNS Region									
Northeast	39.2	27.8	37.3	31.0	27.2	15.9	17.8	24.7	27.8
Mid-Atlantic	36.1	22.8	29.9	26.6	22.3	12.7	16.7	22.1	23.9
Southeast	45.8	24.4	33.7	28.5	23.0	12.3	20.7	24.9	27.1
Midwest	37.3	21.4	30.1	23.0	20.6	12.4	16.1	21.0	23.0
Southwest	46.5	23.5	34.2	24.9	22.8	12.3	21.5	30.4	27.7
Mountain Plains	31.7	18.6	26.9	20.0	17.5	10.4	14.5	18.9	20.1
Western	41.3	32.5	45.2	34.4	33.1	18.0	22.9	28.0	32.0
Total	**41.1**	**24.8**	**34.5**	**27.4**	**24.2**	**13.5**	**19.3**	**25.0**	**26.6**

Note: Estimates for the U.S. territories are included in the total but are not shown separately because of small sample sizes. Estimates of State-level participation rates by year of age for children and other participant categories should be viewed with caution because of the small sample sizes for many States.
CY = calendar year; FNS = Food and Nutrition Service
Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b; Zvavitch et al., 2024

Table 4.4. WIC participation rate (percentage) by race and Hispanic ethnicity: CY 2023

State	Hispanic/Latino			White-only, not Hispanic			Other than White-only, not Hispanic			Total		
	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound
Alabama	45.7	39.0	52.4	17.8*	17.3	18.3	37.8*	35.9	39.7	27.7*	26.9	28.5
Alaska	18.6*	13.6	23.6	15.6	13.9	17.2	35.8*	31.5	40.1	24.6*	22.7	26.5
Arizona	38.4*	37.7	39.2	15.4*	14.9	15.8	30.6	29.3	32.0	28.5*	28.0	29.0
Arkansas	34.8*	31.4	38.2	23.4*	22.6	24.3	26.3*	24.3	28.2	25.8	25.0	26.7
California	51.5*	51.0	52.0	11.2*	11.1	11.4	24.4*	24.0	24.8	35.4*	35.2	35.7
Colorado	32.1*	30.8	33.3	13.3*	12.9	13.6	21.6*	20.3	22.9	21.2*	20.8	21.6
Connecticut	35.2*	33.7	36.7	7.8*	7.6	8.0	24.5*	23.0	25.9	20.1*	19.7	20.5
Delaware	45.1	38.2	52.0	15.9	14.4	17.3	34.7*	31.7	37.7	28.2	26.4	30.1
District of Columbia	37.1*	32.6	41.5	1.2*	1.1	1.3	28.1	26.2	30.0	22.2*	21.3	23.1
Florida	38.5*	37.8	39.2	13.9*	13.6	14.2	33.0*	32.3	33.8	27.5*	27.2	27.9
Georgia	33.7*	32.1	35.3	16.4*	16.1	16.8	29.2	28.5	29.9	24.7*	24.4	25.1
Hawaii	26.9*	24.2	29.6	14.6	13.0	16.1	31.9*	30.2	33.7	27.9*	26.7	29.2
Idaho	27.6*	25.6	29.6	17.9*	17.3	18.5	19.6*	15.9	23.3	20.3*	19.7	21.0
Illinois	30.6*	29.7	31.4	10.6*	10.4	10.8	23.0*	22.3	23.8	18.8*	18.5	19.0
Indiana	40.5	37.6	43.4	20.2*	19.8	20.6	41.4*	39.3	43.4	27.1	26.6	27.6
Iowa	48.5*	43.0	54.0	16.2	15.7	16.6	40.2*	34.7	45.8	23.1*	22.4	23.7
Kansas	36.6*	33.9	39.3	13.5*	13.0	14.0	26.6	23.6	29.6	20.1*	19.5	20.7
Kentucky	46.0	39.5	52.4	28.6*	28.0	29.2	38.1*	35.4	40.7	31.8*	31.0	32.5
Louisiana	30.7*	28.2	33.1	17.8*	17.3	18.4	29.6	28.3	30.8	24.5*	23.9	25.0
Maine	28.7*	19.0	38.4	19.9*	18.9	20.9	37.0	27.0	46.9	22.1*	20.9	23.3
Maryland	48.2*	45.9	50.4	10.2*	10.0	10.5	27.6*	26.6	28.5	25.7*	25.2	26.1
Massachusetts	51.5*	49.2	53.8	14.6*	14.2	15.0	28.5	27.2	29.9	27.3*	26.7	27.8
Michigan	42.7	39.9	45.6	21.3*	20.9	21.7	41.7*	39.9	43.6	28.7*	28.2	29.3
Minnesota	41.7	36.3	47.1	14.4*	14.1	14.7	41.9*	38.3	45.6	24.3*	23.6	24.9
Mississippi	33.6*	28.5	38.6	17.9*	17.2	18.6	33.6*	31.7	35.5	26.3	25.4	27.1
Missouri	27.5*	25.0	30.1	16.4*	16.1	16.7	24.6*	23.3	25.9	19.3*	18.9	19.6
Montana	15.8*	11.9	19.7	15.9	14.9	17.0	35.0	26.3	43.6	18.6*	17.7	19.4
Nebraska	38.9	34.1	43.8	12.7*	12.3	13.1	38.2*	33.3	43.1	22.3*	21.4	23.1
Nevada	28.2*	27.2	29.2	18.6*	17.6	19.5	21.7*	20.2	23.3	23.9*	23.1	24.6
New Hampshire	32.1*	26.1	38.1	14.1*	13.3	15.0	15.3*	11.7	19.0	15.9*	15.2	16.6
New Jersey	39.7*	38.4	40.9	12.9*	12.6	13.2	21.3*	20.6	22.1	23.7*	23.3	24.1
New Mexico	31.7*	30.5	33.0	13.9*	12.7	15.1	31.1	27.3	34.9	27.6*	26.6	28.5
New York	42.1	40.9	43.3	18.8*	18.5	19.0	37.5*	36.7	38.3	30.5*	30.1	30.8
North Carolina	45.1*	43.1	47.0	21.2*	20.7	21.6	36.5*	35.4	37.5	30.8*	30.3	31.3
North Dakota	28.5*	18.6	38.5	10.0*	9.5	10.5	35.7	28.9	42.4	16.2*	15.4	17.1

State	Hispanic/Latino			White-only, not Hispanic			Other than White-only, not Hispanic			Total		
	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound	Rate	Lower bound	Upper bound
Ohio	31.3*	28.9	33.8	15.5*	15.2	15.7	28.6	27.6	29.7	20.1*	19.8	20.4
Oklahoma	41.0	38.1	43.9	22.2*	21.6	22.9	38.0*	35.4	40.5	31.1*	30.3	32.0
Oregon	40.9	38.8	43.0	26.5*	25.7	27.3	20.9*	19.2	22.6	29.3*	28.7	30.0
Pennsylvania	35.2*	33.7	36.8	13.4*	13.2	13.6	26.0*	24.8	27.2	19.6*	19.3	20.0
Rhode Island	47.9*	44.2	51.6	11.1*	10.4	11.8	27.9	23.4	32.3	25.6	24.5	26.6
South Carolina	30.2*	27.6	32.9	15.2*	14.9	15.6	33.6*	32.3	34.9	23.8*	23.3	24.3
South Dakota	26.4*	19.0	33.8	10.1*	9.6	10.6	54.7*	47.0	62.3	19.9*	18.9	20.9
Tennessee	34.0*	31.4	36.5	20.1*	19.8	20.5	26.4*	25.3	27.4	23.6*	23.1	24.0
Texas	41.4	41.0	41.8	12.9*	12.7	13.1	23.4*	23.0	23.8	29.4*	29.2	29.6
Utah	24.4*	22.9	25.9	9.7*	9.5	9.9	15.2*	13.4	17.0	13.7*	13.4	14.0
Vermont	33.3	16.3	50.4	29.3*	26.6	32.0	36.7	23.2	50.8	30.1*	27.7	32.6
Virginia	32.9*	31.2	34.5	10.6*	10.3	10.8	23.0*	22.2	23.8	18.5*	18.2	18.9
Washington	39.6*	38.2	40.9	16.3*	15.9	16.7	21.9*	21.0	22.7	23.8*	23.4	24.2
West Virginia	39.1	30.2	47.9	30.0*	28.6	31.4	45.3*	37.2	53.4	31.6*	30.2	32.9
Wisconsin	42.8	37.5	48.0	12.5*	12.2	12.8	43.0*	39.2	46.8	22.0*	21.4	22.7
Wyoming	26.1*	20.6	31.6	16.3	15.3	17.3	29.0	21.2	36.9	18.9*	17.6	20.2

Note: Estimates for Puerto Rico are included in the totals but not shown separately because of small sample sizes. Estimates for U.S. territories other than Puerto Rico are not included in the calculation of the coverage rates in this table because information on race and ethnicity was not available for the other U.S. territories in the data.

CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; PRCS = Puerto Rico Community Survey

[a] This category includes non-Hispanic individuals who self-identified as two or more races or as a race other than White. These categories were combined because of sample size concerns.

* Indicates a statistically significant difference between the State participation rate for a participant category's race and ethnicity and the national participation rate for that category at the 95 percent confidence level. The statistical significance testing was conducted based on the CPS ASEC and PRCS data, which included data only for States and Puerto Rico. It did not include data for the other U.S. territories served by WIC.

Sources: FNS, 2024; IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a; Zvavitch et al., 2024

Chapter 5

WIC Nonparticipation Among Individuals Participating in Medicaid and SNAP in 2023

Key Findings: WIC Nonparticipation

- Compared with individuals enrolled in SNAP or both SNAP and Medicaid, **Medicaid participants were least likely to participate in WIC** despite being adjunctively income-eligible for the program.
- Between 2022 and 2023, the **WIC nonparticipation rate among Medicaid and SNAP participants experienced a large decline.** WIC nonparticipation among individuals enrolled in Medicaid decreased by 5 percentage points; WIC nonparticipation among individuals enrolled in SNAP decreased by 11 percentage points. These estimates suggest that WIC participation increased for individuals participating in SNAP or Medicaid.

Pregnant and postpartum women, infants, and children who participate in Medicaid or SNAP are adjunctively income-eligible for WIC, yet many do not participate. This chapter describes the estimated WIC nonparticipation rates among Medicaid and SNAP participants in 2023. This chapter also presents trends from 2016 through 2023 in the number of Medicaid and SNAP participants who do not participate in WIC. These analyses use a different approach than the coverage and participation rates presented in chapters 3 and 4. The 2023 WIC nonparticipation rates may be influenced by the infant formula shortage and the unwinding of the PHE.

WIC Nonparticipation Rate

Percentage of the total population of Medicaid and SNAP participants categorically eligible for WIC who do not participate in WIC

A. WIC Nonparticipation Rates: CY 2023

In 2023, a total of 8.7 million individuals who were categorically eligible for WIC participated in Medicaid, SNAP, or both. Table 5.1 presents the WIC nonparticipation rates among individuals who were eligible for WIC and participated in Medicaid and SNAP. Medicaid enrollees were more likely to not participate in WIC (56 percent) than individuals enrolled in SNAP (42 percent). The proportion of Medicaid enrollees who did not participate in WIC was higher than the proportion of the entire population of individuals eligible who did not participate in WIC (44 percent) in 2023.[36]

Among both programs, pregnant women were least likely to be enrolled in WIC of the four WIC participant categories examined, followed by children. Estimated nonparticipation rates were similar for infants and postpartum women because the estimates of postpartum women are based on the counts of eligible infants.[37] Postpartum women and infants often enroll simultaneously, which may contribute to similar nonparticipation rates. The low nonparticipation rates for infants and postpartum women signify that infants and postpartum women enrolled in Medicaid or SNAP are more likely to enroll in WIC compared with children and pregnant women.

Table 5.1. WIC nonparticipation among Medicaid and SNAP participants eligible for WIC: CY 2023

Medicaid and SNAP subgroups	Number eligible for WIC	Number not participating in WIC	WIC nonparticipation rate (%)	Lower bound (%)	Upper bound (%)
Medicaid all					
Total	**7,661,941**	**4,318,752**	**56.4**	**53.6**	**59.2**
Infants	1,010,017	404,443	40.0	33.6	46.5
Children, 1–4	5,312,763	3,108,660	58.5	55.6	61.5
Pregnant women	599,363	509,709	85.0	83.9	86.2
Postpartum women	739,799	295,939	40.0	33.5	46.5
SNAP all					
Total	**4,189,897**	**1,778,417**	**42.4**	**39.1**	**45.8**
Infants	626,481	155,142	24.8	17.9	31.6
Children, 1–4	2,729,692	1,211,017	44.4	40.4	48.3
Pregnant women	375,082	298,902	79.7	78.1	81.3
Postpartum women	458,643	113,357	24.7	17.9	31.6

[36] Chapter 3 estimates an overall WIC coverage rate of 56 percent for 2023, which translates to a WIC nonparticipation rate of 44 percent.

[37] The numerator and denominator for the nonparticipation rates among postpartum women are based on infant WIC participation in the CPS ASEC (numerator) and Medicaid and SNAP program participation in the CPS ASEC (denominator). As a result, nonparticipation rates for infants and postpartum women are much more similar than the coverage rates for infants and postpartum women presented in the rest of this report.

Medicaid and SNAP subgroups	Number eligible for WIC	Number not participating in WIC	WIC nonparticipation rate (%)	Lower bound (%)	Upper bound (%)
Medicaid only					
Total	**4,503,280**	**3,062,732**	**68.0**	**64.7**	**71.3**
Infants	596,378	314,576	52.7	44.1	61.4
Children, 1–4	3,103,042	2,186,098	70.4	66.9	74.0
Pregnant women	366,842	331,578	90.4	89.1	91.7
Postpartum women	437,018	230,480	52.7	44.1	61.4
SNAP only					
Total	**1,031,235**	**522,398**	**50.7**	**43.7**	**57.6**
Infants	212,842	65,275	30.7	19.4	41.9
Children, 1–4	519,971	288,455	55.5	46.3	64.6
Pregnant women	142,560	120,771	84.7	82.3	87.1
Postpartum women	155,862	47,897	30.7	19.5	42.0
Medicaid and SNAP					
Total	**3,158,662**	**1,256,020**	**39.8**	**35.7**	**43.9**
Infants	413,639	89,867	21.7	13.0	30.5
Children, 1–4	2,209,721	922,563	41.8	37.3	46.2
Pregnant women	232,522	178,131	76.6	74.5	78.7
Postpartum women	302,781	65,459	21.6	12.9	30.3
Medicaid and ≤ 185 percent of FPG[a]					
Total	**4,601,613**	**2,310,831**	**50.2**	**46.5**	**54.0**
Infants	593,323	212,276	35.8	27.3	44.2
Children, 1–4	3,262,452	1,692,235	51.9	47.7	56.0
Pregnant women	311,703	251,433	80.7	78.9	82.5
Postpartum women	434,134	154,887	35.7	27.3	44.1
Medicaid and > 185 percent of FPG[a]					
Total	**3,060,329**	**2,007,921**	**65.6**	**61.7**	**69.5**
Infants	416,693	192,168	46.1	36.6	55.6
Children, 1–4	2,050,310	1,416,425	69.1	65.2	73.0
Pregnant women	287,661	258,276	89.8	88.4	91.2
Postpartum women	305,664	141,052	46.1	36.7	55.6

Note: Estimates are not comparable with the counts used to produce the overall WIC coverage rates. For the nonparticipation rates presented in this table, WIC participation and nonparticipation are calculated using self-reported CPS ASEC data, while other tables calculate coverage rates using FNS administrative data. Income data used for the Medicaid stratification are also based on the CPS ASEC. The CPS ASEC methods for assessing income vary from how WIC assesses income data.

CPS ASEC = Current Population Survey Annual Social and Economic Supplement; FPG = Federal Poverty Guidelines; SNAP = Supplemental Nutrition Assistance Program

[a] Nonparticipation rate estimates for Medicaid and Federal Poverty Guidelines include all Medicaid participants.

Source: U.S. Census Bureau, n.d.-a

Among individuals who participated only in Medicaid, the proportion of those who did not participate in WIC was consistently higher than the proportion of individuals enrolled in SNAP only or in both Medicaid and SNAP who did not participate in WIC. WIC nonparticipation rates were lower overall and for each WIC participant category among individuals enrolled in both

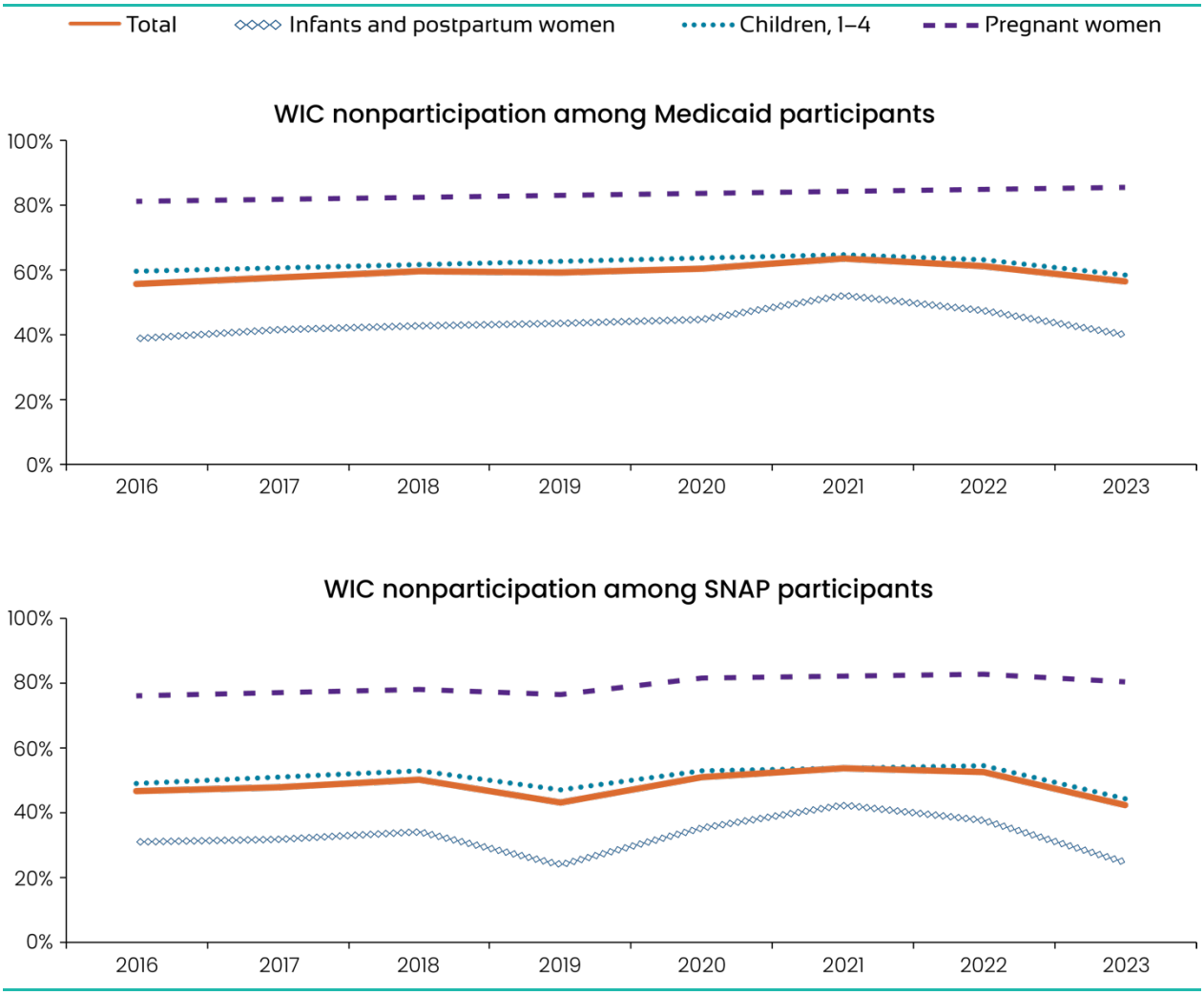
Medicaid and SNAP compared with individuals enrolled in only one program. That is, individuals enrolled in SNAP or in both Medicaid and SNAP were more likely to enroll in WIC compared with those enrolled in Medicaid only. Nonparticipation rates for pregnant women were consistently higher than for other participant categories, although these rates are likely influenced by the methodology (i.e., pregnant women are not directly identified in the CPS ASEC). Section C of this chapter includes more detail on these limitations.

Among Medicaid participants, WIC nonparticipation rates were higher for individuals living in households with incomes above 185 percent of the Federal Poverty Guidelines, with 66 percent of this group not participating in WIC compared with 50 percent of individuals living in households with income at or below 185 percent of the Federal Poverty Guidelines.

B. Trends in National WIC Nonparticipation Rates

The proportion of Medicaid participants who did not participate in WIC steadily increased between 2016 and 2022 (figure 5.1, first panel), followed by decreases in nonparticipation rates across all participant categories. The largest declines in nonparticipation were observed for infants and postpartum women participating in Medicaid, from 48 percent in 2022 to 40 percent in 2023 for both categories. Among SNAP participants, the proportion who did not participate in WIC increased from an observed nonparticipation low of 43 percent in 2019 to 53 percent in 2022 and then decreased to 42 percent in 2023 (figure 5.1, second panel). The proportion of infants and postpartum women enrolled in SNAP who did not participate in WIC decreased from 38 percent in 2022 to 25 percent in 2023; nonparticipation decreased by 3 percentage points for pregnant women participating in SNAP.

Figure 5.1. Trends in WIC nonparticipation rates by participant category: CY 2016–CY 2023



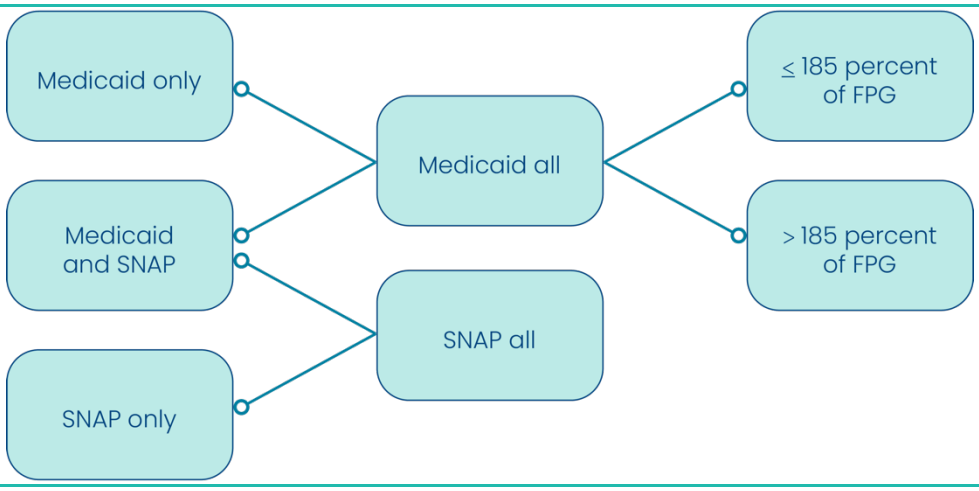
Note: See table F.11 in volume II for the underlying data.
CY = calendar year; SNAP = Supplemental Nutrition Assistance Program
Source: U.S. Census Bureau, n.d.-a

C. WIC Nonparticipation Methodology

The CPS ASEC is the primary data source for estimating the WIC nonparticipation rates among Medicaid and SNAP participants. The overall WIC eligibility estimates rely on FNS administrative and WIC Participant and Program Characteristics (WIC PC) data to provide data on WIC participation; however, Medicaid and SNAP participation measurement is limited in WIC PC and unavailable in the FNS administrative data. As a result, neither of these data sources could be used for the nonparticipation analyses. Instead, these analyses use WIC participation as measured in the CPS ASEC to calculate the numerator of the nonparticipation rates. The denominator for the rates is calculated using the same general procedures and adjustments as the overall eligibility estimates, except the ACS is not used to impute Medicaid and SNAP participation.[38] WIC nonparticipation rates are calculated as the proportion of categorically eligible Medicaid and SNAP participants who do not participate in WIC.

This chapter presents WIC nonparticipation rates for seven overlapping categories of Medicaid and SNAP participation (figure 5.2) to account for possible differences in participation between individuals enrolled in, for example, only Medicaid compared with individuals participating in both Medicaid and SNAP. These groups include (1) all Medicaid participants (regardless of whether they participate in SNAP); (2) all SNAP participants (regardless of whether they participate in Medicaid); (3) Medicaid-only participants (i.e., they do not participate in SNAP); (4) SNAP-only participants (i.e., they do not participate in Medicaid); and (5) SNAP and Medicaid participants. The universe of Medicaid participants is further broken out by poverty status, specifically (6) above and (7) at or below 185 percent of the Federal Poverty Guidelines.

Figure 5.2. Medicaid and SNAP categories used for producing nonparticipation rates among individuals eligible for WIC



Note: FPG = Federal Poverty Guidelines; SNAP = Supplemental Nutrition Assistance Program

[38] The ACS does not include a measure of WIC participation, so WIC participation cannot be imputed using the same techniques used to impute Medicaid and SNAP. Imputing Medicaid and SNAP without imputing WIC would result in artificially high nonparticipation rates. See appendix A of Kessler et al. (2023) for more information on the imputation procedures.

The WIC nonparticipation analyses have several key limitations:

- All data used to produce the WIC nonparticipation rates come from self-reported data. Using any survey inherently adds uncertainty to the estimates.
- The CPS ASEC has a documented undercount of individuals with low incomes (U.S. Census Bureau, 2016, 2019) and underreporting of program participation (Meyer et al., 2020). The underreporting of WIC, Medicaid, and SNAP varies (Noon et al., 2019; Macartney, 2013; Meyer et al., 2020), which may mean the actual levels of participation among the three programs are higher than reported. The CPS ASEC methods for assessing income vary from how WIC assesses income data.
- The CPS ASEC lacks a measure of pregnancy, making the estimation of pregnant women particularly challenging.

Chapter 6 includes a more detailed description of the methodology used to produce the WIC nonparticipation estimates.

Chapter 6

Methodology

This chapter describes the methodology used to produce estimates of individuals eligible for WIC, coverage rates, and participation rates for 2023.[39] The estimation procedures used to develop the estimates for WIC eligibility are based primarily on the methodology recommended by CNSTAT panel members (Ver Ploeg & Betson, 2003) and incorporate updates made during the past 3 years (see Kessler et al., 2023, and Kessler et al., 2024, for more details about these updates). The estimates also include two additional improvements to the estimation methodology: (1) providing new coverage rates for Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic individuals and (2) providing historical coverage rates and confidence intervals for newly presented race and ethnicity categories. These enhancements are discussed in this chapter (section G); additional details about these new procedures are included in appendix A of volume II.

The following data sources were used as the starting point for the 2023 estimates: (1) 2024 CPS ASEC data (U.S. Census Bureau, n.d.-a), which asks about income and program participation during 2023; (2) 2022 and 2023 ACS and PRCS data (IPUMS-USA, n.d.); and (3) 2023 IDB data (U.S. Census Bureau, n.d.-b). Additional data sources were used to adjust the estimates to more closely reflect the population eligible for WIC.

The step-by-step process for producing the 2023 national, State, and U.S. territory estimates of individuals eligible for WIC is explained in section A (for infants and children), section B (for pregnant women), and section C (for postpartum women). Section D describes the method used to calculate WIC coverage rates, section E explains the method used to calculate participation rates, and section F explains the method used to calculate WIC nonparticipation rates among Medicaid and SNAP participants. Section G highlights additions to this report compared with the most recent report (Kessler et al., 2024).

[39] The eligibility estimates are intended to represent average monthly figures—the numbers of women, infants, and children eligible for WIC in an average month of a calendar year—to be consistent with average monthly data on program participation.

Table 6.1 summarizes the steps, data sources, and adjustment factors used to estimate eligibility for WIC in 2023. Table 6.2 shows the derivation of the number of individuals eligible for WIC at each step of the process and the final number of eligible individuals. Tables 6.1 and 6.2 appear at the end of this chapter.

A. Determining the Number of Infants and Children Eligible for WIC

The first step in estimating the number of individuals eligible for WIC was to determine the number of infants and children eligible for WIC nationally, in each State, and in the U.S. territories WIC serves. The current methodology cannot be used to estimate the number of individuals eligible for WIC that could be served by the WIC Tribal Organizations because of several reasons (see appendix A for more details). Data for individuals eligible for WIC through Tribal Organizations are included in the data for the geographic State where the Tribal Organization is located.[40]

1. National Estimates

Produce Preliminary Counts of Infants and Children

The national estimates of infants and children eligible for WIC are based on the 2024 CPS ASEC data. These data are used to produce preliminary counts of infants and children eligible for WIC in 2023. The data were collected in spring 2024, and each household was asked to report income and program participation for the prior calendar year (2023).

Produce Adjusted Counts of Infants and Children

The preliminary counts of infants and children from the CPS ASEC were then adjusted to compensate for the differences between the weighted counts of infants and children in the CPS ASEC data and the CDC Vital Statistics annual report of births adjusted for observed infant deaths (CDC, n.d.-a) and immigration patterns (Migration Policy Institute, n.d.). Two possible reasons explain the differences in the number of infants and children reported in the CPS ASEC and the CDC Vital Statistics data: (1) the U.S. Census Bureau's weighting procedures for the CPS ASEC data were not designed to meet population targets by year of age, and (2) Vital Statistics data offer the most recent and accurate count of births. The adjustment factors (see table 6.1) reflect Vital Statistics data by age and sex relative to the weighted counts in the CPS ASEC data for the same year.[41] The adjustment factors inflated or deflated the CPS ASEC count for each subgroup (age and sex) to better reflect the Vital Statistics population estimate for that subgroup.

[40] Some Tribal Organizations cover land outside a geographic State. The Tribal Organization is associated with the State where its primary address is located.

[41] The national-level adjustment factors were calculated separately by (1) age of infant or child (0, 1, 2, 3, or 4 years old) and (2) sex (female or male).

Determine the Number of Income-Eligible Infants and Children

WIC regulations specify that all individuals living as one economic unit (i.e., related or unrelated individuals who contribute to the household income) are treated as one unit for eligibility determination.[42] The CPS ASEC data do not explicitly indicate how household members (people living in the same dwelling) share resources. For purposes of estimating WIC eligibility, the economic unit was defined as all individuals in the CPS ASEC household who were related by blood, marriage, or adoption, plus the unmarried partner of any of those individuals and that partner's dependents.[43] Economic units in the CPS ASEC with annual income less than or equal to 185 percent of the Federal Poverty Guidelines were identified as income-eligible.[44, 45] The adjusted counts of infants and children were used to estimate the number of income-eligible infants and children.

Determine the Number of Adjunctively Income-Eligible Infants and Children

Individuals who participate in Medicaid, SNAP, or TANF may be adjunctively income-eligible for WIC. Participation in these programs was determined by first identifying the infants and children who appeared adjunctively income-eligible according to data from the CPS ASEC. However, the CPS ASEC is known to underestimate participation in these programs, especially relative to the ACS (Meyer et al., 2020). Because of this limitation, data from the ACS were used to impute Medicaid and SNAP participation in the CPS ASEC.

Because the concern in relying on the CPS ASEC is with the survey underreporting program participation rates, the imputations were made only for CPS ASEC respondents who indicated they were nonparticipants but were likely to have participated based on their age, race and ethnicity, and income eligibility status. Imputations were made until the share of participants in the CPS ASEC was equal to the share of participants in the ACS.[46] While these imputations were made for all infants and children regardless of income eligibility, only adjunctively income-eligible infants and children in economic units whose annual income exceeded 185 percent of the Federal Poverty Guidelines were added to the number of income-eligible infants and children.[47]

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[42] For all references to WIC regulations in this report, see Special Supplemental Nutrition Program for Women, Infants, and Children, 7 CFR § 246 (2014).

[43] For example, if a CPS ASEC household consisted of a woman living with her children, her unmarried partner, and the partner's child from a prior relationship, all individuals would be included in the economic unit for the purposes of calculating the WIC eligibility estimates in this report.

[44] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): 2022/2023 Income Eligibility Guidelines, 86 F.R. 12903 (2021).

[45] HHS issues new Federal Poverty Guidelines near the start of each calendar year, but the WIC program begins using each year's new guidelines in July; therefore, the poverty guidelines for 2 consecutive years were averaged to estimate income eligibility for WIC. For the 2023 estimates, the guidelines used to estimate WIC eligibility from July 2022 through June 2023 (the guidelines released in early 2022) were averaged with the guidelines used by the WIC program for July 2023 through June 2024 (the guidelines released in early 2023).

[46] TANF participation, however, was still based on the CPS ASEC's program participation data because the ACS does not ask specifically about receiving TANF benefits, while the CPS ASEC does.

[47] Adjunctive income eligibility is counted by the first program that qualifies the person for WIC, in this order: SNAP, TANF, and Medicaid.

Appendix A of volume II of the 2021 WIC eligibility estimates report (Kessler et al., 2023) provides additional information on these logistic regression models.

Adjust for Fluctuations in Monthly Income and Certification Periods

After determining the adjusted count of income-eligible or adjunctively income-eligible infants and children, adjustments were made to address (1) the differences between annual and monthly income and (2) the effects of 6- and 12-month certification periods.[48] The annual-to-monthly income adjustment accounted for how annual income data and program participation data could incorrectly estimate monthly eligibility.[49] The adjustment for certification periods accounted for the fact that eligible infants were certified for a year, whereas some eligible children were certified for only 6 months and others for a year, depending on the State or U.S. territory.[50] After a participant's certification period ends, eligibility must be confirmed again.

These adjustment factors—calculated separately for infants and children by race and ethnicity and to reflect shorter certification periods for children in some States and U.S. territories[51]—were calculated using data from the Survey of Income and Program Participation (SIPP), which provides month-by-month observation of family circumstances (see table 6.1; U.S. Census Bureau, n.d.-c). The 2016–2017 eligibility estimates presented in this report use data collected as part of the 2014 SIPP panel to calculate the annual-to-monthly adjustment factor. The 2018–2021 SIPP panels were used to update the adjustment factor (see appendix A of volume II for more information) for the 2018–2021 estimates, 2019–2021 SIPP panels were used to update the adjustment factor for the 2022 estimates, and 2020–2022 SIPP panels were used to produce the adjustment factor for the new 2023 estimates.

Adjust for Nutritional Risk

The final step in producing national estimates of infants and children eligible for WIC was to adjust for nutritional risk. For all estimates presented in this report, the nutritional risk adjustment factor is set to 1.0 based on guidance from the Institute of Medicine (2002) establishing "failure to meet the Dietary Guidelines [for Americans]" (p. 5) as a WIC nutritional risk category. Although this risk code does not apply to infants or children under 2, FNS and a panel of subject matter experts recommended updating this factor to 1.0 for all participant categories.

[48] The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111–296) gave States the option of certifying children eligible for WIC every 12 months instead of every 6 months. Whether and when a State has adopted this option affects WIC eligibility for children. In 2023, all States and U.S. territories had adopted the 12-month certification period except for the U.S. Virgin Islands.

[49] For example, family income may fluctuate during the year, which may result in an infant or child being eligible based on income in certain months even though the family's annual income is above 185 percent of the poverty guidelines, or the family's annual income may suggest eligibility, but the family's monthly income is above 185 percent of the poverty guidelines for certain months of the year. Program participation in Medicaid, SNAP, and TANF may also fluctuate during the year.

[50] For example, an infant or child may appear ineligible based on annual income but could have been eligible because they were certified in the prior year. Conversely, a child may appear eligible based on annual income, but the family income could have increased by the time the child needed to be recertified.

[51] All 50 States and the District of Columbia implemented the 12-month certification policy for children before 2023. Among territories, the U.S. Virgin Islands uses a 6-month certification policy for children.

2. State Estimates

The State-level estimates of infants and children eligible for WIC were calculated using the same methods used to generate the national-level estimates but with ACS data instead of CPS ASEC data.[52] Data from the 2022 and 2023 ACS were pooled to account for small sample sizes in several States. The total numbers of infants and children were first identified in each State, and the counts were then adjusted to reflect State population estimates (U.S. Census Bureau, 2024c).[53] The number of infants and children in economic units with annual income less than or equal to 185 percent of the Federal Poverty Guidelines was determined, and the numbers of adjunctively income-eligible infants and children were added to that count. The annual-to-monthly income adjustments and the nutritional risk adjustments were then applied.[54] The ACS-based counts of infants and children eligible for WIC were totaled across the States, and each State's share of the ACS-based national-level estimate was determined (separately by year of age[55] of participant) and applied to the CPS-based national estimates to derive State-specific estimates by age.

3. Territory Estimates

Estimates of infants and children eligible for WIC in Puerto Rico are based on the 2022 and 2023 PRCS data and were created with the same methods and adjustments used to develop the State-level estimates. Estimates for the other four U.S. territories WIC serves are based on the 2023 IDB data for those areas. Starting from the numbers of infants and children in the U.S. territories in the IDB data, two adjustments were applied: (1) 2010 decennial census data were used to estimate the percentage of the income-eligible population, and (2) the relationship between income eligibility and adjunctive income eligibility in the States and Puerto Rico in 2023 was used to estimate the additional number of infants and children eligible through adjunctive income eligibility in the other four U.S. territories.[56]

[52] Unlike the CPS ASEC data, the ACS data provide information for each household member's relationship to the reference person (householder) rather than the members' relationships to each other. To better understand relationships across all household members, which is important for determining WIC eligibility, the Minnesota Population Center's IPUMS data were used. IPUMS data provide users with educated conjectures about the relationships between household members not related to the reference person.

[53] For State estimates, the weight adjustments were calculated by year of age (within each State), not by sex.

[54] When the annual-to-monthly factors were applied at the State level, two race and ethnicity factors were applied in each State: one for White-only, non-Hispanic children and one for children who were either non-White or Hispanic/Latino. The factors for children were permitted to vary by each State's implementation of 12-month certification.

[55] Age 0, 1, 2, 3, or 4

[56] The relationship between adjunctive income eligibility and income eligibility in Puerto Rico and the mainland in 2023 was used to estimate the additional number of infants and children who would gain eligibility through participation in other safety net programs. These procedures resulted in an estimate of 81 percent of infants and 85 percent of children eligible for WIC in the other U.S. territories because of annual income or program participation.

B. Determining the Number of Pregnant Women Eligible for WIC

The next step in estimating eligibility for WIC in 2023 was to determine the number of pregnant women eligible for WIC in the States and U.S. territories WIC serves. Because the CPS ASEC and ACS data do not include information about pregnancy, there is no direct way to identify pregnant women in either survey. The national count of pregnant women was derived by first identifying women of reproductive age (15–44) in the CPS ASEC and then adjusting for the likelihood of pregnancy among this group based on CDC guidance on estimating the pregnant population (CDC, n.d.-b). The State-level estimates used the final average monthly estimates of infants eligible for WIC as the starting point for estimating pregnant women.

1. National Estimates

Produce Preliminary Counts of Pregnant Women

The number of pregnant women was derived from the population of women of reproductive age (15–44) in the CPS ASEC. The total population of women of reproductive age was adjusted to account for the likelihood of being pregnant based on CDC guidance (CDC, n.d.-b). The procedures estimate pregnancy based on the number of live births from Vital Statistics, the number of multiple births (e.g., twins), and the number of pregnancy losses and induced abortions and adjust for the expected duration of pregnancy.[57] The estimates of the total pregnant population account for differences in the likelihood of pregnancy based on race and ethnicity.

Produce Adjusted Counts of Pregnant Women

The preliminary counts of pregnant women from the CPS ASEC were then adjusted to compensate for the differences between the weighted counts of pregnant women in the CPS ASEC data and the U.S. Census Bureau's population estimates. The adjustment factors (see table C.3b3 of volume II of this report for the full list of adjustment factors by age) reflect national population estimates (U.S. Census Bureau, 2024b) by race and ethnicity and by age during a 4-year period relative to the weighted counts in the CPS ASEC data for the same period. The adjustment factors inflated or deflated the CPS ASEC count for each subgroup (i.e., age; race and ethnicity) to better reflect the U.S. Census Bureau population estimate for that subgroup. The adjustment factors were used only when the direction of the difference between the U.S. Census Bureau population estimate and the CPS weighted count was the same as for the 4-year accumulations (i.e., if the Census Bureau figure was either greater or smaller in both cases). If the direction of the difference was not the same for a particular group, no adjustment was performed (i.e., the weight adjustment factor was 1.0). The same procedures for estimating income and

[57] Counts of births, multiple births, and pregnancy losses come from Vital Statistics. Counts of induced abortions are based on the CDC's Abortion Surveillance System (Ramer et al., 2024).

adjunctive income eligibility, including the ACS imputation for Medicaid and SNAP, were applied to the adjusted count of pregnant women.

Adjust for Nutritional Risk

Based on recommendations from FNS and the presumption of nutritional risk, all estimates provided in this report set the nutritional risk adjustment factor to 1.0 for pregnant women (see table 6.1).

2. State Estimates

The State-level estimates were calculated by using the ACS-based State estimates of infants eligible for WIC as a starting point. The infant estimates were then adjusted to reflect the population of pregnant women, accounting for multiple births and infant deaths, length of pregnancy, income during pregnancy, and nutritional risk, generating each State's share of pregnant women eligible for WIC in the ACS. Those shares were then applied to the national-level estimate of pregnant women eligible for WIC based on the CPS ASEC data to produce the final State-level estimates of eligible pregnant women.

Adjust Estimates for Multiple Births and Infant Deaths

The number of pregnant women can differ from the number of infants because of (1) multiple births (which reduce the number of pregnant women compared with the number of infants) and (2) fetal and infant deaths (which increase the number of pregnant women compared with the number of infants). The adjustment factor is calculated using National Vital Statistics System data on births, infant deaths, and fetal deaths (see table 6.1).

Adjust Estimates for Length of Pregnancy

The 2023 estimates were also adjusted to reflect that the length of a typical pregnancy is 9 months[58] (see table 6.1).

3. Territory Estimates

Estimates of pregnant women eligible for WIC in the U.S. territories were calculated with a method parallel to the one used to estimate the number of women eligible for WIC in the States. The adjustments described earlier in this section were applied to the infant eligibility estimates for the U.S. territories to derive the number of pregnant women eligible for WIC.

[58] The estimates calculate pregnant women as eligible from conception, which is consistent with Federal WIC eligibility guidelines.

C. Determining the Number of Pregnant Women Eligible for WIC

The final step in estimating the number of individuals eligible for WIC in 2023 was to calculate the number of postpartum breastfeeding and non-breastfeeding women eligible for WIC in the Nation, States, and U.S. territories. These estimates were calculated using adjusted counts of infants eligible for WIC instead of separate counts from the CPS ASEC data. Breastfeeding status is key to estimating WIC eligibility for postpartum women, and CPS ASEC data do not identify breastfeeding status. A new mother may receive WIC benefits for 6 months if she is not breastfeeding and up to 12 months if she is breastfeeding. Therefore, information was needed on breastfeeding rates among mothers eligible for WIC during the first 6 months and second 6 months after giving birth and the rate at which breastfeeding mothers ceased breastfeeding during these two periods. These rates were applied to the count of postpartum women to estimate the numbers of postpartum breastfeeding and postpartum non-breastfeeding women for 2023.

1. National Estimates

The national estimates of postpartum women were calculated based on the estimated counts of infants eligible for WIC. A series of adjustments were made to the final average monthly estimate of infants eligible for WIC to create the national-level estimate of postpartum women eligible for WIC. Descriptions of these adjustments follow.

Adjust Estimates for Multiple Births, Infant Deaths, and Maternal Deaths

The number of postpartum breastfeeding and non-breastfeeding women can differ from the number of infants for a variety of reasons. These include (1) multiple births (which reduce the number of all postpartum women compared with the number of infants), (2) fetal and infant deaths (which increase the number of non-breastfeeding women compared with the number of infants), (3) maternal deaths (which reduce the number of all postpartum women compared with the number of infants), and (4) induced abortions (which increase the number of non-breastfeeding women compared with the number of infants). Separate breastfeeding and non-breastfeeding adjustment factors are calculated using National Vital Statistics System data on births, infant deaths, and fetal deaths; the National Vital Statistics System data on maternal deaths (Hoyert, 2025); and the Abortion Surveillance System data on induced abortions (Ramer et al., 2024). Separate adjustments were made to the counts of infants eligible for WIC for four race and ethnicity groups: White-only, non-Hispanic; Black-only, non-Hispanic; two or more races or other race, non-Hispanic; and Hispanic/Latino (see table 6.1).

Adjust Estimates for Breastfeeding Status

National breastfeeding rates were used to adjust for breastfeeding status by race and ethnicity for the 2023 estimates. The breastfeeding rates were drawn from the most recent National

Immunization Survey (NIS) the CDC conducted: the 2022 and 2023 surveys for the 2021 birth cohort.[59] CDC conducted special tabulations of the NIS data to provide breastfeeding rates for all infants, infants participating in WIC, and nonparticipating infants who were eligible for WIC and were born in 2021. (For these tabulations, eligibility for WIC accounted for income and Medicaid participation.) NIS participant caregivers of children aged 19–35 months were asked whether the child was ever breastfed or fed breast milk and the age when the child completely stopped breastfeeding or being fed breast milk. These data were provided for three points in time: (1) ever, (2) at 6 months, and (3) at 12 months. These data were also collected for four racial and ethnic categories: White-only, non-Hispanic; Black-only, non-Hispanic; two or more races or other race, non-Hispanic; and Hispanic/Latino. This information was used to calculate adjustments to derive the estimate of postpartum women eligible for WIC by breastfeeding status.

Adjust for Nutritional Risk

All postpartum women were assumed to be at nutritional risk, so an adjustment factor of 1.0 was used (see table 6.1).

2. State Estimates

Adjustments similar to those applied to the CPS ASEC data were applied to the ACS-based infant eligibility estimates to derive State-level estimates of postpartum breastfeeding and non-breastfeeding women eligible for WIC. State-level NIS data on breastfeeding rates were provided by the CDC to produce the 2023 estimates.[60] The ACS-based estimates were then used to generate each State's share of total postpartum women eligible for WIC, and those shares were applied to the national-level estimate of postpartum women eligible for WIC based on the CPS ASEC data.

3. Territory Estimates

Adjustments similar to those applied to the CPS ASEC data were applied to the estimates of eligible infants in the U.S. territories to derive estimates of postpartum breastfeeding and non-breastfeeding women eligible for WIC in the U.S. territories WIC serves. National breastfeeding rates were used to estimate the numbers of postpartum breastfeeding and non-breastfeeding women eligible for WIC in the U.S. territories other than Puerto Rico.[61]

[59] Unpublished internal CDC data

[60] The three most recent birth cohorts were pooled to produce a 3-year average rate for each State to reduce year-to-year variation because of small sample sizes in some States.

[61] National breastfeeding rates were used because breastfeeding rates were not available for the U.S. territories other than Puerto Rico.

D. Estimating Coverage Rates

The coverage rate is defined as the percentage of women, infants, and children eligible for WIC who were enrolled in WIC *and* received their benefits in an average month in 2023.[62] Coverage rates are useful for understanding how well WIC reaches individuals who may benefit from the program.

The source for the number of participants was WIC administrative data from FNS. FNS provides these administrative counts of WIC program participants by State for each of the five WIC participant categories: infants, children, pregnant women, postpartum breastfeeding women, and postpartum non-breastfeeding women. The coverage rates were calculated based on the ratio of WIC participants (numerator) in an average month in 2023 to the estimates of individuals eligible for WIC (denominator) in an average month in 2023.

The administrative data on WIC participant counts used for this study did not provide the number of participating children by year of age (age 1, 2, 3, or 4) and did not count participants by race and ethnicity. However, these data were available in the WIC PC 2022 report (Zvavitch et al., 2024). Therefore, the distribution of WIC-enrolled individuals across these participant categories was applied to the total number of WIC participants to estimate coverage rates by year of age for children and by race and Hispanic ethnicity.[63] This approach implicitly assumes that the likelihood that an enrolled person's benefits are not received does not vary by race or ethnicity or by a child's age.

National coverage rate estimates for 2023 were derived for infants, children by year of age, pregnant women, postpartum breastfeeding and non-breastfeeding women, and race and Hispanic ethnicity (see chapter 3). State coverage rates were also derived for infants, children by year of age, and pregnant and postpartum women by race and Hispanic ethnicity. Race and ethnicity categories vary at the national and State levels because of sample size concerns. Starting with the 2022 estimates, this report includes national-level coverage rates for American Indian/Alaska Native, non-Hispanic individuals. This report also adds, for the first time, estimates for Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic individuals (see section G in this chapter and appendix A for more information).

Urbanicity among the population eligible for WIC is determined using the CPS ASEC measure of metropolitan status based on Office of Management and Budget (OMB) metropolitan designations. OMB classifies a core-based statistical area as metropolitan if it includes at least one urbanized area with 50,000 or more individuals; all other areas are classified as nonmetropolitan (OMB, 2021). For urbanicity among WIC participants, ZIP Codes for each participant's WIC local agency serve as a proxy for ZIP Code of residence. Local agency ZIP Codes are classified as metropolitan or nonmetropolitan using the core-based statistical area

[62] A small number of individuals who were enrolled in WIC during a given month may not have participated (i.e., received their benefits from their State agencies that month).

[63] For example, to estimate the number of WIC participants who were 2 years old, WIC PC 2022 data were used to estimate the percentage of WIC-enrolled children with those characteristics; that proportion was then applied to the number of WIC-participating children according to WIC administrative data.

codes. Using the WIC local agency likely leads to some misclassification of participant residences, with more metropolitan agencies than metropolitan residences. This misclassification results in an overestimation of coverage rates for metropolitan areas and an underestimation of coverage rates for nonmetropolitan areas.

Coverage rates for Tribal Organizations cannot be calculated using the data sources and methods used in this report because of how the source data sample Tribal populations. Tribal Organizations vary in how they define their service area, which adds complexity to defining the eligible population and matching CPS ASEC or ACS data to Tribal Organization service areas (see appendix A for more details on these variations). Counts of individuals served by Tribal Organizations administering WIC were included in the State where the Tribal Organization is headquartered.

Each coverage rate is estimated independently based on the number of participating individuals in WIC compared with the estimated number of individuals eligible for WIC in that category. To create a consistent set of estimates, the total number of eligible individuals is the same regardless of how they are stratified by subgroup. This report contains some coverage rate estimates over 100 percent, meaning the number of individuals estimated to be eligible in a particular subgroup was smaller than the number of participants. In large part, a coverage rate over 100 percent is likely the result of sampling variability in the CPS ASEC or ACS survey data used to estimate the number of eligible individuals (denominator of the rate). Appendix B of volume II contains more information on measures of statistical precision for the eligibility estimates. Rates over 100 percent are indicated in the notes of each table and figure. The report also excludes coverage rates where the Wald 95 percent confidence interval includes both 0 and 100 percent.

E. Estimating Participation Rates

The participation rate is defined as the percentage of the total population of women, infants, and children who received WIC benefits in an average month in 2023. Participation rates provide information on the percentage of all infants, children, pregnant women, and postpartum women in the Nation who received WIC benefits in 2023.

National participation rate estimates for 2023 were derived for infants, children by year of age, pregnant women, and postpartum breastfeeding and non-breastfeeding women (see chapter 4).

F. Estimating Nonparticipation Among Medicaid and SNAP Participants

This report also includes national estimates of WIC nonparticipation among Medicaid and SNAP participants. Medicaid and SNAP confer adjunctive income eligibility to categorically eligible individuals (i.e., pregnant, breastfeeding, or non-breastfeeding women; infants; and children up

to age 5). Research on WIC participation among individuals eligible for WIC who participate in Medicaid and SNAP is limited.

The CPS ASEC served as the starting point for estimating WIC nonparticipation among Medicaid and SNAP participants eligible for WIC (the denominator of the nonparticipation rates). WIC participation (the numerator of the nonparticipation rates) was determined using the CPS ASEC measure of WIC participation at any time during the past year instead of FNS administrative data. This approach is limited by how WIC is measured in the CPS ASEC. The CPS ASEC data indicate more than double the number of WIC participants in 2023 than the number recorded in WIC administrative data for the year. In addition, the WIC participation variable on the CPS ASEC is asked only of households with adult females (individuals aged 15 or older).[64] Individuals whose WIC status was not assessed were removed from the analysis.

Medicaid and SNAP participation is not mutually exclusive; individuals can participate in both programs. Individuals enrolled only in Medicaid may also have a different likelihood of participating in WIC than individuals who participate in both Medicaid and SNAP. Nonparticipation rates were calculated for seven groups:

1. All individuals participating in Medicaid
2. All individuals participating in SNAP
3. Individuals only in Medicaid
4. Individuals only in SNAP
5. Individuals in both Medicaid and SNAP
6. All individuals participating in Medicaid whose income is at or below 185 percent of the Federal Poverty Guidelines
7. All individuals in Medicaid whose income is above 185 percent of the Federal Poverty Guidelines

The total number of individuals eligible for WIC was determined for each of the seven groups. The CPS ASEC WIC participation variable was then used to identify the proportion of individuals in each group who did not participate in WIC using the following formula:

$$NonParticipation\ Rate_{PY} = \frac{CategoricallyEligPop_{PY,CPS} - WICParticipants_{PY,CPS}}{CategoricallyEligPop_{PY,CPS}}$$

—where *PY* represents the population that participates in program *P* (Medicaid, SNAP, or both) in year *Y*.

WIC nonparticipation rates were calculated among all individuals eligible for WIC and then separately for infants, children, pregnant women, and postpartum women.

[64] Approximately 12,000 additional children under 5 from households without an adult female participated in Medicaid or SNAP but did not have their WIC status assessed by the CPS ASEC.

G. Additions to This Year's Report

This section summarizes additions to this year's report compared with the previous report (Kessler et al., 2024).

1. Analysis of WIC Coverage Rates for Individuals Identifying as Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic

This report includes the first national-level estimates of coverage rates for Asian, non-Hispanic and Native Hawaiian/Pacific Islander, non-Hispanic individuals (see table 3.1). The coverage rates use CPS ASEC and WIC PC data to estimate the number of non-Hispanic individuals who identify as Asian and, separately, as Native Hawaiian/Pacific Islander who are eligible for and participate in WIC. Both groups include individuals who identify as one race or two or more races. This approach is consistent with the calculation of the coverage rate for American Indian/Alaska Native, non-Hispanic individuals. Table A.2 and figure A.1 in appendix A of volume II also include historical estimates for these two race and ethnicity categories covering CY 2016–CY 2023. Appendix A also includes more details about the estimation procedures.

2. Historical WIC Coverage Rates for Detailed Race and Ethnicity Categories

Table A.2 and figure A.1 in appendix A of volume II include new historical estimates for three race and ethnicity categories: American Indian/Alaska Native, non-Hispanic; Asian, non-Hispanic; and Native Hawaiian/Pacific Islander, non-Hispanic. The historical estimates cover CY 2016–CY 2023. Estimates for these race and ethnicity categories (especially the American Indian/Alaska Native, not Hispanic and Native Hawaiian/Pacific Islander, not Hispanic categories) are based on small sample sizes and have low precision. Figure A.1 depicts the wide 95 percent Wald confidence intervals associated with these estimates. Readers should interpret the coverage rates with caution.

Table 6.1. Steps, data sources, methods, and adjustment factors used for CY 2023 estimates of WIC eligibility

Step	Data source(s)	Methods and adjustment factors	
Infants and children			
Categorical eligibility	■ 2024 CPS ASEC, national estimates ■ 2022 and 2023 ACS, State estimates ■ 2022 and 2023 PRCS, Puerto Rico estimates ■ 2023 IDB, other island territories estimates	Identify individuals aged 0, 1, 2, 3, and 4 in each survey.	
Weight adjustments	■ National estimates – 2023 Vital Statistics and March CPS ASEC for 2024 ■ State and Puerto Rico estimates – Postcensal population estimates from U.S. Census Bureau for July 2023	Adjust sampling weights to account for undercount or overcount in CPS estimates relative to Vital Statistics estimates by year of age and sex.	
		Adjustment factors for females ■ Infants: 1.0316 ■ 1-year-old children: 0.9454 ■ 2-year-old children: 0.9930 ■ 3-year-old children: 1.0109 ■ 4-year-old children: 0.9498	*Adjustment factors for males* ■ Infants: 1.0192 ■ 1-year-old children: 0.9572 ■ 2-year-old children: 1.0033 ■ 3-year-old children: 1.0174 ■ 4-year-old children: 0.9379
Income eligibility	■ 2024 CPS ASEC, national estimates ■ 2022 and 2023 ACS, State estimates ■ 2022 and 2023 PRCS, Puerto Rico estimates ■ 2023 IDB, other island territories estimates ■ Blended 2022 and 2023 FPGs	Count as eligible if the prior year's annual income was ≤ 185 percent of the Federal Poverty Guidelines.	
Adjunctive income eligibility	■ 2024 CPS ASEC ■ 2022 and 2023 ACS ■ 2022 and 2023 PRCS	Add as eligible those infants and children in families who reported participating in Medicaid, SNAP, or TANF at any point during the prior calendar year. Use 2023 ACS to impute Medicaid and SNAP participation for those who do not report participating in either program to account for potential underreporting of program participation in CPS ASEC.	

Step	Data source(s)	Methods and adjustment factors
Adjustments for fluctuations in monthly income and certification periods	Average of factors from 2020, 2021, and 2022 Survey of Income and Program Participation panel	Adjust estimates to account for the impact of monthly fluctuations in income and program participation and for the impact of 6- and 12-month certification periods. ■ Infants adjustment factor (used for estimates from PRCS and IDB data): 1.0015 ■ Infants adjustment factors by race and ethnicity (used for estimates from CPS ASEC and ACS data): – White-only, not Hispanic: 1.0911 – All others: 1.0000 ■ Children adjustment factor assuming 12-month certification periods (used for estimates from PRCS and IDB data): 1.0000 ■ Children adjustment factors by race and ethnicity (used for estimates from CPS ASEC data): – White-only, not Hispanic: 1.0000 – All others: 1.0000
Adjustment for nutritional risk	CNSTAT panel; IOM report (2002); FNS guidance	Multiply infant and child estimates by the factor to account for otherwise eligible infants and children who might not be at nutritional risk. Estimates assume all infants and children were at nutritional risk. Adjustment factor for infants and children: 1.0000
Pregnant women		
Categorical eligibility	■ 2024 CPS ASEC, national estimates ■ 2022 and 2023 ACS, State estimates ■ 2022 and 2023 PRCS, Puerto Rico estimates ■ 2023 IDB, other island territories estimates ■ Average of 3 years of CDC National Vital Statistics data (i.e., 2021–2023 Births: Final Data, 2021–2023 Period Linked Birth/Infant Death Data Files, and 2019–2022 Fetal Death Data Files); Abortion Surveillance System (2020–2022); National Vital Statistics System mortality file (2021–2023)	National: Identify women of reproductive age (15–44) in the CPS ASEC, and apply adjustments proposed by the CDC (n.d.) to estimate the number of pregnant women based on births, multiple births, abortions, and fetal deaths accounting for an average duration of pregnancy. State and territory: Use as a starting point the final average monthly eligibility estimate for infants. Multiply by the factor to account for the impact of multiple births, induced abortions, and fetal and infant deaths (so the number of pregnant women is not exactly equal to the number of infants).

Step	Data source(s)	Methods and adjustment factors
Weight adjustment	■ National estimates – Postcensal population estimates from U.S. Census Bureau and March CPS ASEC for 2021, 2022, 2023, and 2024 ■ State and Puerto Rico estimates – Postcensal population estimates from U.S. Census Bureau for July 2023	Adjust sampling weights to account for undercount or overcount in CPS estimates relative to U.S. Census Bureau population estimates by year of age and four race/ethnic categories (White-only, not Hispanic; Black-only, not Hispanic; two or more races or other race, not Hispanic; and Hispanic/Latino).
Income eligibility	■ 2024 CPS ASEC, national estimates ■ 2022 and 2023 ACS, State estimates ■ 2022 and 2023 PRCS, Puerto Rico estimates ■ 2023 IDB, other island territories estimates ■ Blended 2022 and 2023 FPGs	Count as eligible if prior year's annual income was ≤ 185 percent of the Federal Poverty Guidelines.
Adjunctive income eligibility	■ 2024 CPS ASEC ■ 2022 and 2023 ACS ■ 2022 and 2023 PRCS	Add as eligible women in families who reported participating in Medicaid, SNAP, or TANF at any point during the prior calendar year. For national estimates, use 2023 ACS data to impute Medicaid and SNAP participation for those who do not report participating in either program to account for CPS ASEC undercount.
Adjustment for length of pregnancy	N/A	For State estimates, account for 9 months of pregnancy (0.75 factor). National-level pregnancy calculations account for pregnancy duration.
Adjustment for fluctuations in monthly income	Average of factors for 2020, 2021, and 2022 Survey of Income and Program Participation panel	Adjust estimates to account for the impact of monthly fluctuations in income. Use the infants adjustment factors: ■ Infants adjustment factor (used for estimates from PRCS and IDB data): 1.0015 ■ Infants adjustment factors by race and ethnicity (used for State-level estimates): – White-only, not Hispanic: 1.0911 – All others: 1.0000
Adjustment for nutritional risk	CNSTAT panel; IOM report (2002); FNS guidance	Multiply pregnant women estimates by the factor to account for otherwise eligible pregnant women who might not be at nutritional risk. Estimates assume all pregnant women are at nutritional risk. Adjustment factor for pregnant women: 1.0000

Step	Data source(s)	Methods and adjustment factors
Postpartum women		
Starting point	Eligible infants as estimated using methods outlined earlier in table	Use as a starting point the final average monthly eligibility estimate for infants.
Adjustment for multiple births and infant deaths	Separate adjustment factors for breastfeeding and non-breastfeeding postpartum women to reflect the population: ■ Breastfeeding: CDC National Vital Statistics (i.e., 2023 Births: Final Data; 2021–2023 Period Linked Birth/Infant Death Data Files) and National Vital Statistics System mortality file (2023) ■ Non-breastfeeding: CDC National Vital Statistics (i.e., 2023 Births: Final Data, 2021–2023 Period Linked Birth/Infant Death Data Files, and 2020–2022 Fetal Death Data Files); National Vital Statistics System mortality file (2023); Abortion Surveillance data	Breastfeeding postpartum women: Multiply by the factors to account for the impact of multiple births and maternal, fetal, and infant deaths (so the number of breastfeeding women is not exactly equal to the number of infants). ■ Breastfeeding postpartum women adjustment factors: – Hispanic/Latino: 0.9873 – Black-only, not Hispanic: 0.9778 – White-only, not Hispanic: 0.9834 – Two or more races or other race, not Hispanic: 0.9854 Non-breastfeeding postpartum women: Multiply by the factors to account for the impact of multiple births; abortions; and maternal, fetal, and infant deaths (so the number of non-breastfeeding women is not exactly equal to the number of infants). ■ Non-breastfeeding postpartum women adjustment factors: – Hispanic/Latino: 1.1361 – Black-only, not Hispanic: 1.1752 – White-only, not Hispanic: 1.1767 – Two or more races or other race, not Hispanic: 1.1696
Adjustment for breastfeeding status	CDC NIS breastfeeding rates computed for 2019, 2020, and 2021 birth cohorts (NIS survey years 2022 and 2023)	Multiply by factors to estimate the average monthly women eligible for WIC as breastfeeding women (0 < 12 months postpartum) or non-breastfeeding women (< 6 months postpartum). Separate State-level breastfeeding adjustments are used for the ACS data. ■ Breastfeeding (used for estimates from PRCS and IDB data): 0.4800 ■ Breastfeeding by race and ethnicity (used for estimates from CPS ASEC): – Hispanic/Latino: 0.4978 – Black-only, not Hispanic: 0.4441 – White-only, not Hispanic: 0.4803 – Two or more races or other race, not Hispanic: 0.4777 ■ Non-breastfeeding (used for estimates from PRCS and IDB data): 0.2236 ■ Non-breastfeeding by race and ethnicity (used for estimates from CPS ASEC): – Hispanic/Latino: 0.2146 – Black-only, not Hispanic: 0.2421 – White-only, not Hispanic: 0.2247 – Two or more races or other race, not Hispanic: 0.2214

Step	Data source(s)	Methods and adjustment factors
Adjustment for nutritional risk	CNSTAT panel; IOM report (2002); FNS guidance	Multiply estimates for postpartum women by the factor to account for some otherwise eligible women who may not have been at nutritional risk. Estimates assume all postpartum women were at nutritional risk. Adjustment factor for postpartum women: 1.0000

Note: CDC NIS breastfeeding rates are based on unpublished internal CDC data. Adjustment factors shown in this table were used to produce estimates of eligible individuals. When applicable, the same adjustment factors were used to produce estimates of the total population; because of differences in breastfeeding rates, adjustment factors differed for mothers eligible for WIC and the total population of mothers.

ACS = American Community Survey; CDC = Centers for Disease Control and Prevention; CNSTAT = Committee on National Statistics; CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; FNS = Food and Nutrition Service; FPG = Federal Poverty Guidelines; HHS = U.S. Department of Health and Human Services' IDB = International Database; IOM = Institute of Medicine; N/A = not applicable; NIS = National Immunization Survey; PRCS = Puerto Rico Community Survey; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

Sources: The data sources listed in this table are as follows, in order of mention: for 2024 CPS ASEC data, see U.S. Census Bureau, n.d.-a; for 2022 and 2023 ACS and PRCS data, see IPUMS-USA, n.d.; for 2023 IDB data, see U.S. Census Bureau, n.d.-b; for 2020–2023 National Vital Statistics data, see National Center for Health Statistics, n.d.; for July 2023 postcensal population estimate data, see U.S. Census Bureau, 2024a, 2024b, 2024c; for WIC income eligibility criteria, see Special Supplemental Nutrition Program for Women, Infants, and Children, 2014; for 2022 and 2023 FPG, see HHS, n.d.; for 2020–2023 SIPP data, see U.S. Census Bureau, n.d.-c; for the Committee on National Statistics panel data, see Ver Ploeg & Betson, 2003; for 2020–2022 Abortion Surveillance System data, see Ramer et al. 2024; for 2021–2023 National Vital Statistics System data on maternal mortality, see Hoyert, 2025.

Table 6.2. Step-by-step adjustments applied to CPS ASEC data to derive the average monthly number of individuals eligible for WIC by participant category: CY 2023

Step	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum breastfeeding women	Postpartum non-breastfeeding women	Total
Estimating infants and children										
Total number of infants and children in CPS ASEC data	**3,487,959**	**14,977,140**	**3,833,595**	**3,650,791**	**3,543,599**	**3,949,155**	**_**	**_**	**_**	**18,465,099**
Number after adjustment for CPS undercount, overcount	3,575,929	14,612,293	3,647,249	3,644,356	3,593,962	3,726,726	_	_	_	18,188,222
Number with annual income ≤ 185 percent of the FPG	1,090,312	4,596,731	1,202,558	1,115,240	1,166,031	1,112,902	_	_	_	5,687,044
Number adjunctively income-eligible and with annual income > 185 percent of the FPG[a]	637,306	2,946,485	660,249	778,916	750,935	756,384	_	_	_	3,583,791
Through SNAP	248,528	1,151,502	264,013	284,149	309,289	294,050	_	_	_	1,400,030
Through TANF	4,553	17,906	2,004	6,799	6,892	2,211	_	_	_	22,459
Through Medicaid	384,225	1,777,077	394,232	487,968	434,754	460,123	_	_	_	2,161,302
Total number income- and adjunctively income-eligible	1,727,619	7,543,216	1,862,807	1,894,157	1,916,966	1,869,286	_	_	_	9,270,835
Number after adjustment for monthly income and certification periods	1,775,844	7,543,216	1,862,807	1,894,157	1,916,966	1,869,286	_	_	_	9,319,060
Total number eligible: Number after adjustment for nutritional risk (infants and children)	**1,775,844**	**7,543,216**	**1,862,807**	**1,894,157**	**1,916,966**	**1,869,286**	**_**	**_**	**_**	**9,319,060**

Step	Infants	All children	1-year-old children	2-year-old children	3-year-old children	4-year-old children	Pregnant women	Postpartum breastfeeding women	Postpartum non-breastfeeding women	Total
Estimating pregnant and postpartum women										
Estimated population of women of reproductive age or infants: Starting points for pregnant and postpartum women[b]	–	–	–	–	–	–	25,163,037	1,775,844	1,775,844	28,714,726
Total number eligible: Number after adjustments for pregnancy and breastfeeding status	–	–	–	–	–	–	**1,077,644**	**838,771**	**461,267**	**2,377,682**
Total number eligible in the 50 States and the District of Columbia, excluding the U.S. territories WIC serves	1,775,844	7,543,216	1,862,807	1,894,157	1,916,966	1,869,286	1,077,644	838,771	461,267	11,696,742
Total number eligible in all U.S. territories WIC serves[c]	20,977	82,922	20,211	20,163	20,171	22,378	13,830	10,058	4,685	132,473
Total number eligible in the 50 States, the District of Columbia, and the U.S. territories WIC serves	**1,796,821**	**7,626,138**	**1,883,018**	**1,914,319**	**1,937,138**	**1,891,664**	**1,091,474**	**848,829**	**465,952**	**11,829,215**

Note: CPS ASEC = Current Population Survey Annual Social and Economic Supplement; CY = calendar year; FPG = Federal Poverty Guidelines; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

[a] Adjunctive income eligibility was counted by the first program that qualified the individual for WIC, in this order: SNAP, TANF, and Medicaid.

[b] The starting point for pregnant women is the total number of women of reproductive age (15–44 years) in the CPS ASEC. The starting point for postpartum women is the number of infants estimated to be eligible for WIC.

[c] See appendix D of volume II for the derivation of WIC eligibility in U.S. territories.

– denotes blank cells

Sources: IPUMS-USA, n.d.; U.S. Census Bureau, n.d.-a, n.d.-b

Abbreviations and Acronyms

ACS	American Community Survey
CDC	Centers for Disease Control and Prevention
CPS ASEC	Current Population Survey Annual Social and Economic Supplement
CVB	cash value benefit
CY	calendar year
EBT	electronic benefit transfer
FNS	Food and Nutrition Service
FPG	Federal Poverty Guidelines
FY	fiscal year
HHS	U.S. Department of Health and Human Services
IDB	International Database (of U.S. Census Bureau)
IOM	Institute of Medicine
IPUMS	Integrated Public Use Microdata Series
ITO	Indian Tribal Organization
NIS	National Immunization Survey
OMB	Office of Management and Budget
PHE	public health emergency
PRCS	Puerto Rico Community Survey
SIPP	Survey of Income and Program Participation
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
USDA	U.S. Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WIC PC	WIC Participant and Program Characteristics

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