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MT NEWFAM: THE MONTANA NEW FAMILY ASSISTANCE PROJECT

*Exploring the Impact of Montana's Food Assistance Systems
on Food Security of New Participants of WIC during COVID-19*



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SUMMARY

Federal food assistance programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), were vital resources to ensure food security for Montana families during the first year of the COVID-19 pandemic. The sudden onset of COVID-19 led to first-time food assistance program enrollment among some Montana residents. The current study, the Montana New Family Food Assistance Project (Montana NEWFAM), aimed to gain insight into the experiences, barriers, facilitators, and impact of WIC on newly enrolled WIC participants.

This mixed methods research drew upon a cross-sectional cohort of adults who were newly enrolled in WIC to participate in surveys and interviews. The findings from Montana NEWFAM will be used to identify policy, systems, and environmental strategies that will build responsive food assistance systems for WIC participants during and after public health crises.

The average survey participant was female, 31 years old, and worked part- or full-time or was a homemaker. Deciding to enroll in WIC was primarily due to a new pregnancy or child in the house and the need for WIC foods or formula. WIC helped families meet their basic needs through food benefits, food and nutrition information, breastfeeding support, and formula. A subset of study participants were also enrolled in SNAP and acquired food from community food system supports like a food pantry. Participants that were food insecure were significantly more likely to report one or more financial hardships, WIC benefits that lasted two weeks or less, participation in community food system supports like a food pantry, and miss one or more WIC appointments. Alternatively, participants that were food insecure were significantly more likely to have the ability to stockpile food during the COVID-19 pandemic and reported having a college or technical school degree. The main change participants wished to see in the WIC was an opportunity to buy WIC foods online. Flexibility waivers that were implemented due to the COVID-19 pandemic made enrolling and participating in WIC easier.

Highlighted Survey Results

- 1 in 3 survey respondents reported missing payments on one or more bills due to COVID-19.
- 1 in 3 reported taking time away from work to care for children as a source of financial stress due to COVID-19.
- The most common reasons that respondents chose to apply to WIC were a new baby or pregnancy, to purchase WIC foods, to purchase infant formula.
- Half of respondents heard about WIC from a family member. The other half heard about WIC from a doctor or health professional.
- 9 in 10 responded that the flexibilities implemented for WIC during COVID-19, including services over the phone, receive benefits (e.g., food package) remotely (versus in person) , and more WIC foods eligible at the store, were helpful.
- 9 in 10 felt that WIC food benefits are very helpful.
- Prior to participating in WIC, 6 in 10 participants reported eating less expensive food, even though it was less nutritious. Since signing up for WIC, 4 in 10 participants reported eating less expensive food, even though it was less nutritious.
- 7 in 10 survey respondents reported being food insecure.
- Despite participating in WIC, 7 in 10 respondents still worried about running out of food before they could buy more.
- Before enrolling in WIC, 3 in 10 participants received food from food banks or food pantries. After signing up for WIC, 2 in 10 participants received food from food banks or food pantries.
- 8 in 10 respondents are interested in WIC and SNAP online ordering.

Interviews were coded and resulted in 4 themes:

- 1** *Financial need and stigma reduction facilitated WIC enrollment;*
- 2** *Flexibilities introduced during COVID-19 enhanced the WIC experience and expanded flexibilities will facilitate client retention in the future;*

- 3** *WIC participants use their own food skills to choose and prepare nutritious foods on a budget, yet some experienced barriers to using their benefits during COVID-19;*
- 4** *Financial need and stigma reduction facilitated other nutrition assistance enrollment and participation. The themes and subthemes derived from interviews gave context and a deeper understanding of the survey results and the experiences of enrolling in WIC during the beginning stages of COVID-19.*

Highlighted Participant Interview Quotes



COVID hit and work hours were reduced... and you know, we can use the extra help now because if we don't get it now, we're going to just keep falling deeper and deeper behind."



I first applied when I found out that I was having twins and me and my husband weren't necessarily making enough. We thought that we might have to find some help with that. So I applied to make sure that my kids would be taken care of."



I really wish there was a way for us to use the WIC on online grocery orders, because if I'm keeping my kids out of the store so they don't get sick, but I have to go in and stuff, it just seems kind of counterproductive."



I think we're able to eat more fruits and veggies because those are kind of expensive to have as much added budget is really nice."



It was helpful for us to be able to afford formula for my first daughter. Especially then [during 2020 COVID-19] we were just so short on money to begin with. We weren't able to afford it. And that was one of the greatest help for us."



That's [cash value benefit] extremely helpful... especially so if I'm trying to keep myself from getting gestational diabetes."

Recommendations for practitioners, researchers, policy makers, and communities are to implement policy, systems, and environmental change to further support for WIC participants during a public health crisis. From this study it is recommended to:

Recruitment

1. Use social networking approaches to normalize WIC participation
2. Reduce stigma by communicating that individuals enroll in food assistance only when they need it

Enrollment

3. Make enrollment easy through remote options and caring staff

Eligibility

4. Expand WIC and SNAP eligibility
5. Decrease confusion about eligibility
6. Increase communication about WIC and SNAP flexibilities when they are implemented
7. Gather ideas for flexibilities from participants

Benefit Redemption

8. Expand WIC eligible foods
9. Allow flexible WIC appointment, both remote or in person
10. Increase benefit amounts for WIC and SNAP

11. Improve in-store experiences for WIC and SNAP experiences
12. Make online ordering possible for all WIC and SNAP participants
13. Ensure WIC eligible foods are stocked in stores, especially in rural areas
14. Label eligible foods appropriately in stores
15. Ensure check out process is seamless for the WIC or SNAP customer

Other Supports

16. Provide food skills education for those who are interested
17. Ensure apps, such as WIC Shopper, can be accessed by all including technology to use in stores

Food System

18. Improve access to nutritious foods in all geographies
19. Address high cost of nutritious foods with incentive programs
20. Stigma around enrollment and participation in food assistance should be addressed

It is important to note that these efforts are addressable in different ways at local, state, and federal levels. WIC's modernization efforts are actively working to address many of the strategies that the participants have highlighted. WIC's modernization initiatives improve outreach to families, streamline and expand the shopping

experience, invest in the workforce, and leverage technology for services. Implementing these strategies will help improve food security among WIC families now and during a future public health crisis.

REPORT

BACKGROUND

COVID-19 and Food Insecurity

The COVID-19 pandemic triggered an unprecedented public health crisis, exacerbating health disparities and inequities across the United States (U.S.). The effects of the early pandemic on poverty and unemployment were devastating and disproportionately affected families with children and those representing racial/ethnic minority groups (Parolin et al., 2020). Monthly poverty rates increased from 15% to 16.7% from February to September 2020 (Parolin et al., 2020), and the U.S. reached unemployment rates (14.8%) that were greater than the highest unemployment rates during the Great Recession of 2008 (10.0%) (Falk et al., 2020).

In 2019, before COVID-19 hit the U.S., 10.5% of U.S. households were food insecure, meaning they had inadequate access to enough food for an active, healthy life, at some point during the year (Coleman-Jensen et al., 2020). The overall percent of food insecure households remained at 10.5% in 2020 (USDA ERS, 2022) but according to a nationwide survey conducted in late March of 2020 (Fitzpatrick et al., 2020), food insecurity reached a rate of 38% in the early months of the pandemic (Fitzpatrick et al., 2020).

As COVID-19 disrupted income levels, jobs, and childcare, food insecurity rates rose for households already most vulnerable to food insecurity, including households with children, and families identifying as racial/ethnic minorities (Coleman-Jensen et al., 2021). In households with children, food insecurity rates increased from 13.6% in 2019 to 14.8% in 2020, and in Black, non-Hispanic households rates jumped from 19.1% in 2019 to 21.7% in 2020 (Coleman-Jensen et al., 2021). Such increases are alarming, given that food insecurity is associated with negative

health impacts including increased sick days and hospitalizations, growth and developmental impairments, and behavioral problems such as anxiety, depression, and attention deficit disorder (Gundersen & Kreider, 2009; Cook & Frank, 2008; Rose-Jacobs et al., 2008). As such, it is additionally important to ensure nutrition security (access, availability, and affordability to food that promotes health and prevents/treats disease) among food insecure populations.

In Montana, 1 in 10 residents experienced hunger, and nearly 35,500 children lived in food-insecure homes pre-COVID (Montana Food Bank Network, 2019). These numbers were likely exacerbated by the pandemic, although updated numbers are not yet released within the same dataset. Unemployment claims were three times higher than pre-COVID rates and projections that in some counties over 25% of the population would experience food insecurity, with the state rate at 5–8% in 2020 (Freeman, 2020). In Montana, and other states nationwide, food insecurity led to greater need for nutrition support services (Byker Shanks et al., 2022).

The Role of WIC

WIC plays a critical role in reducing food insecurity for households with children (Metallinos-Katsaras et al., 2011; Jeng & Ettinger de Cuba, 2009) and has been successful in positive health and dietary outcomes for kids ages 0 to 5, such as increased fruit and vegetable intake, higher rates of immunization, and reduced rates of anemia (Carlson & Neuberger, 2021). Further, WIC has become a health prevention and breastfeeding advocacy organization by providing education and health services to new mothers and children (Carlson & Neuberger, 2021).

Despite the proven benefits of WIC, enrollment in WIC has been steadily declining in the past decade (Neuberger, 2020) and only half of eligible individuals participate in WIC (Grey et al., 2021). Many caretakers may face barriers to participating in WIC including the time for WIC appointments, to fill out paperwork, and the stigma that can be associated with using WIC benefits in stores (Neuberger, 2020). Despite these barriers, WIC has made steps to encourage higher enrollment rates and decrease stigma through the implementation of Electronic Benefit Transfer (EBT) cards. To date, 48 states have completed the transition from paper vouchers to EBT cards (USDA FNS, 2022), and WIC participation increased by 7.78% within 3 years after implementation of EBT cards compared to states that did not make the transition (Vasan et al., 2021).

COVID-19 illuminated that in order to make WIC more accessible and equitable, modernization of WIC technology and more flexibilities for enrollment should be put in place. Due to COVID-19, WIC participants faced limited and inequitable shopping options. Online shopping options such as in-store pick-up, curbside pickup, and home delivery was not available for WIC foods (NWA, 2022). According to the National WIC Association's (NWA) 2022 State of WIC, 65.2% of WIC participants would order WIC

foods online for pickup, indicating there was a large desire for online shopping options. WIC participants also experienced higher prices in stores (McElrone et al., 2021), in the midst of grocery price increases among many products in March and April of 2020 (Ebel & Byker Shanks, 2022), including the largest monthly price increase ever recorded for cereal and bakery items, and a 6.8% increase for meats, poultry, fish, and eggs (US Bureau of Labor Statistics, 2021). With the mass rush to stock up on food during the height of COVID-19, many participants found empty food shelves and limited stock of both WIC and non-WIC items at grocery stores, making it hard to redeem all their WIC benefits (McElrone et al., 2021).

Montana WIC participation aligns with the nationwide decline in WIC enrollment (MT WIC, 2021). Recertification numbers trend downwards in Montana, with recruitment and retention of participants being sometimes difficult due to stigma, lack of awareness about WIC, and barriers to accessing services such as transportation, operation hours, location, and childcare (Montana WIC, 2021). Despite recent rates of decreasing participation, Montana WIC experienced an increase in child participation during the first year of COVID-19 (NWA, 2022), which mirrored national statistics.



WIC Paired with Other Food Assistance

In a recent Multi-State WIC Participant Satisfaction Survey to learn from program adaptations during COVID-19, nearly all participants reported having to rely on additional sources of food assistance besides WIC during that time (Ritchie et al., 2021), including food from local food banks and pantries or SNAP. As part of COVID-19 response efforts by the U.S. Government, Pandemic-EBT (P-EBT) enabled school children to purchase food while schools were closed or operating at limited capacity (FNS, 2023). In Montana from March 2020 to August 2022, the Department of Health and Human Services provided over \$69 million in P-EBT (Montana Department of Health and Human Services, 2022).

SNAP is the largest federal food assistance program that aims to alleviate food insecurity (Gunderson, 2019), reaching 38 million people nationwide in 2019 alone (Hall & Nchako, 2022). In Montana, about 4,000 to 5,000 individuals participated in SNAP monthly between March 2021 and March 2023 (DPHHS, 2023).

Participation in SNAP is primarily based on eligibility, which is determined by the program's income guidelines and household size. Other secondary factors that have been shown to facilitate participation include shorter recertification periods and higher availability of state assistance offices (Pinard et al., 2017). Secondary factors that are barriers to participation involve a lengthy application, verification, or recertification process, and the perceived stigma that may come along with using federal food assistance (Pinard et al., 2017). SNAP has been proven to improve outcomes such as the increase in the ability to purchase food, and positive short-term and long-term health effects such as a lower risk of obesity, high blood pressure, heart disease, and diabetes (Schanzenbach, 2017).



COVID-19 and Food Assistance Programs

COVID-19 led to spikes in food insecurity, which in turn has fundamentally affected how food assistance, both federal and charitable, operates. Enrollment in federal nutrition assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) increased during the pandemic—for example, WIC child participation increased nationally by 10% during the first year of the pandemic (NWA, 2022). In Montana, SNAP participation increased temporarily during the pandemic and then decreased (DPHHS, 2023). Moreover, 6.7% of adults nationwide reported accessing a food pantry in 2020, compared to 4.4% in 2019 (Coleman-Jensen & Rabbit, 2021). In Montana, food pantries showed increased usage of at least 20 to 30% during 2020 (Montana Food Bank Network, 2019). All types of food assistance shifted services to meet rising demands and COVID-19 protocols (USDA FNS, 2023; Larison et al., 2021).

Food Assistance Flexibilities

Both WIC and SNAP implemented flexibilities and waivers to adapt to the changing needs of staff and participants due to COVID-19. WIC implemented a physical presence waiver, which allowed phone-based services, and food package substitution waivers which allowed for alternative options of eggs, milk, and infant food if the typical WIC eligible brand was not in stock in stores (USDA FNS, 2022). Emerging research has highlighted the impacts of the flexibilities and how they impacted the experiences of WIC participants. Certification and recertification rates for WIC increased by around 25% after the transition to remote services as a result of the federal waivers (Whaley & Anderson, 2021). Remote service delivery allowed families to continue participating in WIC despite the challenges related to COVID-19 (Au et al., 2021) and decreased fears of contracting the virus (Barnes & Petry, 2021). A study in Washington state found that appointment show rates improved after implementation of remote service delivery—WIC participants noted that remote service delivery improves redemption rates (Morris et al., 2022).

WIC agencies began providing online education services (Koleilat et al., 2022) and the WIC cash-value benefit (CVB) for fruits and vegetables increased during the pandemic (Martinez et al., 2022). Breastfeeding prevalence decreased overall from before the pandemic to after the pandemic, but the decline was not reflected among the WIC population due to access to remote and online breastfeeding education (Koleilat et al., 2022). In addition to appointment flexibilities, the increase in the WIC cash value benefit for fruits and vegetables during the pandemic from \$9 per child per month to \$35 per child per month allowed families to choose healthier options for their children without worrying about the cost of fruit and vegetables (Martinez et al., 2022).

Flexibilities and waivers for SNAP included adjustments in certification periods and interview format, increasing benefit amounts, an online purchasing pilot in 5 states, and using telephone or other remote communication for SNAP services (Bresnahan et al., 2021). Though the U.S. government increased SNAP allotments to the maximum benefit amount to safeguard food security during COVID-19, households who already received maximum benefits did not get an increase in benefits (Kinsey et al., 2020). In Montana specifically, certification periods were extended, periodic reporting was waived, initial and recertification interviews were waived, face-to-face interviews were waived, and expedited service interviews were postponed (FNS, 2022).

PROJECT GOALS

This research examined the experiences of newly enrolled WIC participants across one state in the U.S, with the understanding that COVID-19 deepened food insecurity and led to increased enrollments in WIC and other federal food assistance. Data collection was conducted in Montana with a sample of newly enrolled WIC participants, and a subset of participants who also were enrolled in SNAP. This research aims to inform responsive food assistance systems during and after public health crises for Montana families.

METHODS

Research Design

This mixed methods research draws upon a cross-sectional sample of newly enrolled Montana WIC participants who were caregivers of children. Participants completed a survey, and a subset of participants completed a semi-structured interview. This project was implemented with a lens of the socioecological model, which emphasizes that food security is a function of intersecting multi-level sectors, physical settings, social networks, and personal factors (Sallis & Owen, 2002).

The Montana Department of Public Health and Human Services (MT DPHHS) identified potential survey participants that were representative of key demographics and household composition in Montana. A Memorandum of Understanding (MOU) was entered into by and between the MT DPHHS Early Childhood & Family Support Division (ECFSD) and Montana State University (MSU). This agreement established a framework of collaboration between ECFSD and MSU as well as articulated specific roles and responsibilities in support of project efforts.

Participant Sample

Specific safeguards to assure the confidentiality and security of individually identifiable records or record information were put in place. Households were deduplicated and coded for the presence of at least one of the four key demographic areas of interest: American Indian/Alaskan Native; a child in the household less than 5 years of age; a pregnant woman; a foster child in the household. MT DPHHS created a randomized sample of 347 of eligible participants from WIC (please see [Appendix A](#) for a full summary of survey sampling methodology). Participants in this sample were contacted by MT DPHHS through WIC's text messaging system to complete a web-based survey. A follow-up text message was made 3 times to non-respondents. Participants were enrolled in the study if they consented at the introduction of the survey and provided contact information.

Surveys

Surveys were conducted fully online through Qualtrics. A small sample of survey participants were invited to participate in an interview. The opinions shared through surveys and interviews were not representative of all Montana WIC participants or WIC participants that were also enrolled in SNAP, participated in the charitable food system, or P-EBT participants.

Survey Measures

The survey was created from validated survey items, including demographic information, financial impacts of COVID-19, food security (Hunger Vital Signs Screener; Hager et al., 2010), participation in food assistance programs, food choices, experiences participating in WIC, and if applicable: participation and experiences with SNAP, charitable food system programs, or P-EBT. Survey items and sources are listed in [Appendix B](#).

Interview Measures

Survey participants who agreed to be contacted for an interview were randomly selected to be contacted to complete a 30 to 60-minute semi-structured phone interview. Potential participants were contacted up to 3 times via email or text message or until refusal to participate. Interview question topics included: program enrollment in WIC, program experiences with WIC, program enrollment in SNAP if a SNAP participant, program experiences in SNAP if a SNAP participant, program continuation for WIC or SNAP participant, food security and diet, budget and food priorities, experiences with the charitable food system, and diversity, equity, and inclusion. The semi-structured interview questions were asked in the listed order and limitations may exist to this approach. In particular, WIC participants that were also enrolled in SNAP may have compared the two programs which are structured differently. Questions were adapted from Monge-Rojas (2020), Wolfson (2020), Askelson et al., (2020), Edin et al., (2013), Bender et al., (2021), Ben Hassen et al., (2021), Jafri et al., (2021), and Wang et al., (2020), or created if no pre-existing questions were found. A list of interview items is listed in [Table 1](#).

Analysis

A majority of survey questions were analyzed quantitatively. Descriptive analysis (mean, standard deviation, frequency) was conducted for all survey items. For the inferential analysis, the primary outcome was food security status, with food insecure defined as responding affirmatively (“often” or “sometimes” to one or more of the following statements: “I worried whether our food would run out before we got money to buy more.” and/or “The food that I bought just didn’t last, and we didn’t have money to get more.”). The unadjusted association between a series of independent variables and our primary outcome (food secure: yes vs no) was evaluated using logistic regression. Independent variables included: race, pregnancy status, breastfeeding status, age of children, employment status, education status, financial hardship(s), supplemental income, duration of WIC benefit coverage per month, ability to stockpile, change in use of federal services (per additional service used since enrolling in WIC), change in use of community services (per additional service used since enrolling in WIC), currently enrolled in WIC, currently enrolled in SNAP, current charitable food system participation, P-EBT participation, change in number of food coping mechanisms (per additional food coping mechanism since applying to WIC), challenges applying to WIC, satisfaction with WIC, missed appointments, experience using WIC at store, social response to using WIC, challenges applying to SNAP, satisfaction with SNAP, helpfulness of SNAP flexibilities, experience using SNAP at the store, social response to using SNAP. Estimates of association were expressed as Odds Ratios with 95% confidence interval parameter estimates. P-values correspond to Wald Chi-Square test statistics. All analyses were conducted using SAS 9.4 (SAS Institute Inc.) with a 2-tailed significance level of 0.05 established *a priori*.



Qualitative data were read and grouped into themes based on common patterns and ideas from participant responses (Guest et al., 2012), including one open ended survey question. Semi-structured interviews were recorded, then transcribed verbatim using Trint software. Prior to coding all the interviews a draft codebook was created with codes that emerged from the interviews and were reviewed by two researchers to be applied to the interview transcripts. The codebook was then applied to transcripts using an iterative process in NVivo where the codebook was revised as additional codes or themes emerged.

FINDINGS

Survey Results

Demographics (Table 2). Among 251 survey participants, a majority were white (72.55%) with Native American being the next most common (16.47%) racial identity. Most participants were female (97.25%). The average age of participants was approximately 31 years old. The majority of participants were high school graduates or had completed some college while employment status was mixed, the most common employment statuses being working full or part time (49.20%) and full-time homemaker (23.60%). Nearly half (49.20%) were the parent and/or guardian of a child (1-4 years old), 32.40% were the parent or guardian of an infant, 9.20% were pregnant, and 26.80% were postpartum and/or breastfeeding. Participants had an average of 2.01 members of the household that were 18 or older, 1.43 children in the household between 0 and 5 years, and 1.83 children in the household between 6 and 17.

Finances (Table 3). When asked about self-reported financial stress due to COVID-19, the most frequent financial issues were missing payments on one or more bills (34.51%), taking time away from work to care for children (29.96%), and having to use savings or retirement accounts to make ends meet (27.98%). In the past year, most survey participants received money from a stimulus check (76.71%) and/or unemployment compensation (17.67%). In total, 18.62% did not receive any supplementary money.

Food Security (Table 3). The period prevalence of food insecurity among the survey participants was 69.7% (175 participants). Participants either often (20.32%) or sometimes (48.21%) worried about running out of food before they had money to buy more. Additionally, the statement “The food that I bought just didn’t last, and we didn’t have money to get more” was often true (13.94%) or sometimes true (43.82%).

WIC Enrollment (Table 4). Survey participants were asked to finish the statement “I did not apply to WIC benefits before COVID-19 because...” Most participants expressed their ineligibility due to not being pregnant or having a child under 5 years old (61.25%). Others noted their lack of financial need prior to COVID-19 (14.38%). Participants also mentioned not being aware of WIC at the time (14.38%). A majority of participants chose to apply to WIC because of a new baby or pregnancy (70.52%), to purchase WIC foods (64.54%), and/or to purchase infant formula (61.75%).

Most participants heard about WIC from a family member (47.58%) or a doctor or health professional (45.97%). When asked about the ease or difficulty of applying for WIC, the majority felt that it was either easy (41.20%) or very easy (38.00%). Some participants encountered challenges applying to WIC such as needing to reschedule or cancel an appointment (25.79%), although the majority did not encounter any challenges applying to WIC (66.97%).

WIC Experiences (Table 4). Most survey participants noted that their WIC benefits usually lasted 2-4 weeks, with 22.09% reporting they last 2 weeks, 23.29% reporting 3 weeks, and 16.87% reporting 4 weeks. Participants agreed (38.65%) or completely agreed (54.18%) with the statement “the staff were knowledgeable” and disagreed or completely disagreed with the statement “the staff was rude and/or judgmental” (94.02%).

A significant proportion of participants felt they receive their benefits quickly (93.62%). Most participants felt that the WIC office hours were either convenient (26.69%) or very convenient (50.60%). When asked about the flexibilities implemented for WIC during COVID-19 such as providing services over the phone, giving benefits remotely, and more WIC foods eligible at the store, a majority felt the changes were very helpful (68.13%) or somewhat helpful (21.51%).

A large proportion of participants felt that the WIC food benefits are very helpful (88.40%). Participants noted that food and nutrition information is very helpful (69.32%) or somewhat helpful (24.30%). When asked about the helpfulness of clinic services such as checking in on health or growth, most participants answered that the services are either very helpful or (52.99%) or somewhat helpful (25.90%). The survey found that 42.63% of participants believed the breastfeeding support to be very helpful, 20.72% believed it to be somewhat helpful, and 30.68% responded that they did not know. Most participants believed the information about other resources that they received from WIC to be either very helpful (54.98%) or somewhat helpful (27.49%).

When asked about missing WIC appointments, the majority reported never missing appointments (69.72%), about a third sometimes missed appointments (27.89%), and a small proportion often missed appointments (2.39%). Of those who had missed WIC appointments, participants noted the main reasons were forgetting about the appointment (45.95%), not being able to get off work (27.03%) or other issues such as phone problems (e.g., cellular data or cellular service) or being busy with children (27.03%).

Most participants either agreed (28.00%) or somewhat agreed (40.00%) that it is easy to find WIC items in the store, while a few somewhat disagreed (20.00%) and small proportion disagreed (6.40%). When asked about interest in online ordering of WIC products, a majority either agreed (62.40%) or somewhat agreed (15.20%).

A majority of participants have never done anything to hide using WIC (66.80%), while a smaller proportion sometimes (27.60%) or often hide using WIC (5.60%). When asked about treatment in stores, 62.70% had never been treated poorly in a store, 28.00% had sometimes been treated poorly, and 4.80% are often treated poorly. A large proportion of participants have never been treated

poorly when telling people that they received WIC assistance (71.20%), while others had sometimes (25.20%) or often been treated poorly when telling people that they received WIC assistance (3.60%).

When asked about suggestions to improve WIC services, implementation of online ordering (13.04%) was most recommended. Other participants suggested improvements in ways to locate WIC foods in stores (6.96%), adding more choices to the WIC food package (5.22%), keeping the increased CVB for fruits and vegetables (3.48%), and reducing stigma in grocery stores (2.61%).

Food Choices Before and After WIC Enrollment

([Table 4](#)). Prior to participating in WIC, nearly two thirds of participants reported eating less expensive food, even though it was less nutritious (62.87%). Other notable food choices prior to WIC included buying larger amounts of foods at cheaper prices (42.64%) and only buying items that were on sale or discounted (42.19%). Since signing up for WIC, a quarter of participants eat less expensive food, even though it is less nutritious (24.15%), many participants buy larger amounts of food at cheaper prices (39.61%), and about a third only buy items that are on sale or discounted (28.02%). Prior to WIC, 14.35% kept a backup food supply or stash. Since signing up for WIC, 25.60% keep a backup food supply or stash. When asked about choosing between food and other important items like medicine, hygiene products, bills, or rent, 30.80% noted that this was true prior to WIC and only 14.49% noted that this is true since signing up for WIC.

Stockpiling ([Table 4](#)). When asked about being able to stock up on 2 weeks of food to prepare for COVID-19, about a third of participants said they cannot afford to purchase a large amount of food at one time (33.33%), while nearly a third reported being able to stock up on at least two weeks' worth of food for their household (23.69%). The remaining participants said they were able to stock up on more food than usual, but not enough to last for two weeks (28.92%).

Other Food Assistance Support Before and After WIC Enrollment (Table 5). Before enrolling in WIC, many participants participated in SNAP (40.45%), received food gifts or money for food from family or friends (39.33%), received food from food banks or food pantries (36.53%), and 18.54% utilized free or reduced school lunch or breakfast. After enrolling in WIC, 43.03% of participants also participated in SNAP at some time, 22.42% received food from food banks or food pantries, 19.39% received food gifts or money for food from family or friends, and 23.03% use free or reduced school lunch or breakfast.

SNAP Enrollment (Table 5). In total, 27.20% (n=68) were current SNAP participants. Survey respondents were asked to finish the statement “I did not apply to SNAP benefits before COVID-19 because...” Most respondents expressed being less financially in need of SNAP prior to COVID-19 due to changes to employment status or the number of people in the household (57.58%). Others noted being ineligible before COVID-19 (27.28%) or difficulty in the application process (9.09%). The main reasons for SNAP enrollment were needing help getting food for the family (78.21%), loss or change of income (52.56%), and loss or change of job (35.90%).

About half of respondents heard about SNAP from a family member (50.75%), while others heard about SNAP from a friend (32.84%) or a doctor or health professional (22.39%). When asked about the ease or difficulty of applying for SNAP, 44.93% felt that it was easy or very easy, 18.84% felt that it was neither easy nor difficult, and 36.24% of respondents felt that it was either difficult or very difficult. The main challenges that respondents encountered when applying to SNAP were difficulty finding or submitting the proof of income documents (33.33%) and difficulty getting to the interview (28.79%).

SNAP Experiences (Table 5). Most survey respondents noted that their SNAP benefits usually last 2–4 weeks (possibly due to the increased allotment) with 18.84% reporting they last 2 weeks,

33.33% reporting 3 weeks, and 18.84% reporting 4 weeks. The majority of respondents either agreed or completely agreed that the SNAP staff was knowledgeable (71.10%), disagreed or completely disagreed with the statement “the staff was rude and/or judgmental” (65.22%), and felt they receive their benefits quickly (69.56%), while a smaller proportion did not feel they received them quickly (14.49%). Most respondents found the COVID-19 SNAP flexibilities (e.g., remote interviews, extended certification) either very helpful (40.58%) or somewhat helpful (30.43%). Only 39.13% of SNAP participants knew about SNAP-Ed.

Most respondents agreed (92.75%) or somewhat agreed (5.80%) that it is easy to find SNAP items in the store. When asked online ordering of SNAP products, a majority either agreed (72.46%) or somewhat agreed (5.80%) that they were interested.

A majority of respondents have never done anything to hide using SNAP (66.67%), while a smaller proportion sometimes (21.74%) or often hide using SNAP (5.60%). When asked about treatment in stores while using SNAP, 59.42% had never been treated poorly in a store, 30.43% had sometimes been treated poorly, and 10.14% are often treated poorly. Most respondents have never been treated poorly when telling people that they received SNAP assistance (60.87%), while some had sometimes been treated poorly (31.88%) and others had often been treated poorly (7.25%).

When asked about suggestions to improve SNAP services, respondents recommended implementing online shopping and delivery to avoid shopping with kids (20.00%) and avoid the stigma of using SNAP benefits (10.00%). Other respondents suggested improvements be made to SNAP agency customer service and a simplified application process (30.00%). Some respondents suggested changes to the benefit amount and the foods allowed, such as allowing hot foods (40.00%).

Other food assistance (Table 5). The most common reasons for using WIC but no other charitable food services were because other people need the food more (39.66%), they believed their family was not eligible (31.47%), they do not know of any other assistance programs (13.79%), and they do not need the food (13.79%).

Many participants had never heard of P-EBT (64.00%) and did not apply for P-EBT (57.09%). Of those who had heard about P-EBT, most found out through social media (33.33%) or school staff (12.70%). A small proportion self-reported receiving P-EBT (10.53%).

Predictors of food security (Table 6). Several variables showed significant inverse associations with food security, with a lower odds of being food secure among WIC participants who experienced one or more financial hardships (0.44 OR [95% CI: 0.23, 0.84], $P=0.01$), with WIC benefits lasting two weeks or less (0.48 OR [95% CI: 0.24, 0.97], $P=0.04$), currently participating in charitable food system (0.19 OR [95% CI: 0.08, 0.45], $P<0.01$), and those who missed one or more WIC appointments (0.41 OR [95% CI: 0.21, 0.79], $P=0.01$). White race (1.81 OR [95% CI: 0.98, 3.34], $P=0.06$) and food coping mechanisms (1.14 OR per [95% CI: 0.99, 1.31], $p=0.07$) were not associated with food security. Having the ability to stockpile food was significantly associated with being food secure (4.97 OR [95% CI: 2.75, 8.97], $P<0.01$), as was having a college or technical school degree (3.86 OR [95% CI: 2.05, 7.26], $P<0.01$). No other significant predictors of food security status were observed in our analyses. Further details, including reference groups and non-significant association and parameter estimates are available in.

Ensuring enough food for WIC participants.

Participants were asked an open-ended question in the survey, “What would make it easier for you and your family to have enough food? Please be as specific as possible.” In total, 11 major themes arose from the responses. The most prominent theme was *Costs of Living* and categorized responses that talked about the high cost of making ends meet for food, gas, housing, and other necessities. Responses in this theme also included mentions of desiring increased wages or a change in employment. The next most common theme was *Expand SNAP Eligibility*. These responses mentioned either wanting to be on SNAP but were ineligible due to income level. Participants noted that having SNAP as an additional support would decrease stress surrounding affording enough nutritious food for their families. Similarly, another theme that arose was *Expand WIC Eligibility*, which characterized responses that mentioned wanting to be re-enrolled in WIC, but participants are ineligible, or when participants mention wishing to stay on WIC longer than the allotted period (e.g., extend certification later in their child’s life). Along with expanding WIC eligibility, *Expand WIC Offerings* was a leading theme and was used to categorized responses where a participant expressed an expansion in the foods offered in WIC packages.

Many participants mentioned that their family would benefit from more money each month from SNAP and/or WIC, which created the theme *Increase Benefit Amounts*. Increased SNAP and WIC benefits each month could increase families purchasing power and decrease the need to use the charitable food system. Participants also mentioned that they would want to keep the expanded WIC fruit and vegetable benefits as it allows families to increase nutritious foods in their diets as well as expand access to other nutritious foods, this arose in the theme *Improve Access to Nutritious Foods*.



Other themes that arose include *Improve Food Skills*, when participants mentioned they want to improve their food skills such as meal planning, *Improve In-Store Experiences*, such as improving the WIC app and having better signage of WIC foods. *Online Ordering of SNAP or WIC Foods* also came out as a theme, along with *Improve SNAP Application Process*, which was categorized when participants mentioned wanting an easier, less confusing, or less intensive SNAP application. Lastly, some participants did not mention improvements but instead stated how WIC has helped their family, this was defined as *WIC is Helpful*.

INTERVIEW FINDINGS

A total of 32 interviews were completed, including 17 rural and 15 urban participants, 5 participants who were currently pregnant, 16 who were a caretaker of a baby, 18 who were a caretaker of a child under 5, 3 who were foster parents, and 6 participants who identified as American Indian or Alaskan Native. See [Table 2](#) for demographic results of survey participants. Related codes were grouped together to create the final 4 themes:

- Financial need and stigma reduction facilitated WIC enrollment
- Flexibilities introduced during COVID-19 enhanced the WIC experience and will facilitate client retention in the future
- WIC participants use their food skills to choose and prepare nutritious foods on a budget, yet some experienced barriers to using their benefits during COVID-19
- Financial need and stigma reduction facilitated other nutrition assistance enrollment and participation

These 4 themes were developed to explore and define the results and conclusions for this study and subthemes that arose associated with each, described below ([Table 7](#)).

Theme 1: Financial need and stigma reduction facilitated WIC enrollment. There were various motivators and challenges for an individual enrolling in WIC.

Subtheme 1.1: Enrollment barriers. Individuals expressed that they did not previously participate in WIC because they did not think that they were eligible given their financial position. WIC participants that enrolled during COVID-19 only did so after they understood eligibility. One participant described how they thought: “The biggest thing is that people might not even realize they are eligible. For a while I didn’t really think I would be honestly.”

Various participants described their feelings that they did not need WIC and others needed WIC more. One participant relayed, “With my first child, they kept trying to get me to sign up, but I didn’t really need it. And so I figured someone else...could really use it...” Another said, “I would try not to use WIC and save it for, you know, people who really, really needed it.” Moreover, participants expressed that stigma around enrollment is a reason they did not previously apply or a reason that others may not apply. “The biggest reason [others] wouldn’t apply is pride and looking like they’re trying to get a handout,” one participant said. Another shared “I just assumed that I made too much money between me and my husband and probably a little bit of a pride thing.”

Subtheme 1.2: Social network nudges. Individuals were regularly referred to WIC by someone in their social network, either a friend or family member that had previous experiences with WIC or a professional worker that referred the individual to WIC while providing other social service support. A participant’s social network was important for reducing stigma, especially by receiving referrals from friends, family, healthcare professional, or other assistance agencies that normalized enrollment.

A foster parent described that, “Other foster moms and then the caseworkers that have been a little more seasoned will encourage you [to participate in WIC].” Another respondent said that they “just have known about it [WIC] because my mom has it for my siblings.” Other participants describe learning about WIC through their hospital, “I met with a WIC person actually, in the hospital, and she said... we totally qualified” or received a referral from their doctor “My doctor also referred me over so that I could apply for WIC and get on the WIC benefits.” Overcoming feelings of stigma was an important step for a participant to decide to apply and utilize to WIC, “I was worried for like the first few months of like having it, and I was really weird about using it.”

Subtheme 1.3: Financial necessity to enroll.

Individuals enrolled due to financial necessity, such as a new child or income changes due to COVID-19. WIC participants typically decided to drop out when they no longer needed benefits due to greater financial stability. The negative financial ramifications that COVID-19 produced for families were motivators for participation in WIC, with one participant describing, “COVID hit and work hours were reduced... and you know, we can use the extra help now because if we don’t get it now, we’re going to just keep falling deeper and deeper behind.” Many WIC participants felt a specific financial need, such as need for purchasing formula, with a participant expressing their concern, “What if we have to give my son formula...it’s so expensive?” Becoming pregnant or giving birth were main facilitators to WIC enrollment. One participant shared, “I first applied when I found out that I was having twins and me and my husband weren’t necessarily making enough. We thought that we might have to find some help with that. So I applied to make sure that my kids would be taken care of.” Other participants specifically applied due to financial changes resulting from COVID-19. “My husband did get hours cut from work, so his checks went down. So just knowing that we did have WIC as a backup and for food monthly was nice” one participant said. Another shared, “In 2019, I had a full-time job. Um, and I was making enough money. But I lost that job because of COVID.”

Theme 2: The flexibilities introduced during COVID-19 enhanced the WIC experience and will facilitate client retention in the future.

Due to COVID-19 best-practices and regulations, the federal government instituted waivers and flexibilities to adapt to life in pandemic world. These flexibilities allowed for remote services such as telephone or zoom appointments and other virtual services that created a more inclusive, stress-free experience for most. The flexibilities introduced enhanced the WIC experience by improving ease of services through

flexible forms of engagement and other expanded flexibilities. Though these flexibilities were overall positive many participants were unaware of certain flexibilities, such as WIC food package substitutions.

Subtheme 2.1: Ease of services. The enrollment process during COVID-19 was easier than expected for many—several participants expected the WIC application to be similar to SNAP, which they perceived as difficult. “I think that’s also what makes people scared [of applying] because they understand this process of SNAP and how hard it is to get approved.” This feeling of ease was facilitated by helpful staff that treat everyone equally. “I really like the people that work with us and stuff. They’re real nice and they help us as much as they can. And if we have a problem or an issue, they get on it real quick and they’ll be ready.” Inclusive marketing also helped WIC to be perceived as accessible to all. “I actually really feel like WIC does a good job, especially lately with their advertising being really inclusive and not making it feel like you should feel guilty for signing up or anything.” Flexibilities introduced during COVID-19 in Montana simplified participation for many, including remote benefits issuance, a physical presence waiver, certification extension, extensions on medical documentation, and food substitutions. A vast majority of participants described that the ability to have WIC appointments via phone created a less stressful and less time-consuming experience, “I found it really easy [applying to WIC]. Mostly because they have phone interviews.”

Subtheme 2.2: Flexible formats of engagement.

A majority of WIC participants preferred remote services online or over the phone and strongly preferred continuing the remote services in the future as they reduce barriers to meeting participation requirements. Some participants desired a mix of remote and in person to connect with staff, while a small minority desired in person only services.

Remote WIC services helped participants fit appointments in their schedules as caretakers of young children, or as pregnant women. One participant described that, “Having an in-person appointment there’s added stress of either figuring out how I’m going to deal with three kids or figuring out childcare for them and since childcare is an extra cost, that’s a whole other thing. So, yeah the phone interviews, I feel like work best for me.” Further, remote services create a more equitable environment by removing the burden of transportation to a WIC office, especially in rural communities. One participant described how some people in their community miss WIC appointments, “Most of the time they usually don’t have rides to their appointment and then sometimes... they’re so busy with their lives...”

Overall, these flexible forms of engagement were a positive addition to WIC services, though some participants described either wanting to have the option of remote or in-person services or preferred in-person services compared to remote. One participant described how phone signal was sometimes an issue during calls, while others explained that being in person brings out more conversation and personable experiences with WIC staff, “If you want more personable definitely in person is the better option.”



Subtheme 2.3: Unaware of flexibilities. Although all participants described at least one positive experience that was facilitated because of the flexibilities introduced during COVID-19, not all participants were cognizant of the flexibilities available, especially substitutions for food packages in stores. Most participants either stated they did not get food substitutions or that they were unaware it was an option. “I did experience stores being out of WIC products a lot, but I never. I never knew about the substitutions at all, though.” One participant said, “I actually didn’t know you could do substitutions. So if there was something not in stock, we just waited.” The lack of knowledge for WIC food packages substitutions led to WIC participants waiting until WIC items were back in stock, or traveling to another store, one participant explained, “I just ended up not getting it that day and going elsewhere.”

Subtheme 2.4: Expanded flexibilities. WIC participants had ideas about expanding flexibilities in the future to facilitate redemption of benefits, including curbside pickup and online ordering. Online ordering was a popular request for an expansion of WIC services, with many individuals citing that it would reduce the burden of shopping as a busy caretaker or would have increased comfort levels surrounding shopping during the height of COVID-19. One mother shared, “I have two little I have a two-year-old and a ten-month-old and I do a lot of curbside [shopping]. And sometimes when I think about just having to go inside to get eggs or formula and lug them out in the snow, and it’s like, I mean, I’m grateful I have it, but it would be so nice to have curbside online ordering.” Another mother illustrated how online ordering could reduce in-store contact and possible infection, “I really wish there was a way for us to use the WIC on online grocery orders, because if I’m keeping my kids out of the store so they don’t get sick, but I have to go in and stuff, it just seems kind of counterproductive.”

The WIC app helped facilitate easier experiences in grocery stores, “I like what they have the app that’s really helpful in the store to scan to see what’s approved and not approved. It helps us a lot monthly. So I’m very thankful for that.” Though the app is useful for many, it does not always function properly or does not always have the most updated information, one participant described “I have had it happen where it’ll scan the barcode and it’ll say it’s not approved. I’ve learned that if I have to double or triple, check it because it’ll say it’s not approved. And then if I scan it again, it’ll say it’s approved or vice versa.” Moreover, WIC participants who do not have access to the app, such as participants who do not have a smart phone, have to rely on WIC food brochures for information on what foods are available to them. One participant described, “Before I was able to get the app...I had to constantly be pulling out the brochure and then when I would try to scan things and get them to work with WIC I would find out that that actually doesn’t work. And so I was spending a lot of money trying to figure out why I couldn’t get my WIC card to work. And I just, I got really embarrassed and so I would just pay for it [food] and leave and...It broke my heart a lot.”

Theme 3: WIC participants use their food skills to choose and prepare nutritious foods on a budget, yet some experienced barriers to using their benefits during COVID-19. WIC facilitates nutritious diets (e.g., fruits, vegetables, whole grains, lean proteins) for participants through a nutritious food package. Yet, barriers exist to redeeming monthly benefits—balancing finances, in-store experiences including low availability of WIC foods, poor labeling of WIC foods, or unpleasant staff interactions. Further, some participants prioritized food stockpiling during COVID-19, while others were unable or not interested.

Subtheme 3.1: Prioritizing food among other financial demands. WIC participants use a wide range to food skills (budgeting, planning, shopping for sales, cooking at home) to prioritize buying food for their families. But other financial priorities, such as bills, healthcare, and childcare cause WIC participants to make sacrifices in the healthfulness of the food in order to make ends meet.

Some participants prioritize food over other bills to ensure their family gets fed. One participant shared, “If we have a short check... I usually just don’t pay like my internet and I’ll wait a little bit on my car insurance and just pay a late fee later on. If pay those bills and I can’t buy food, then I don’t pay them because they’re not necessities.” Another participant explained, “If I’m in a tight spot, the food comes first because I have to eat to live... I can try and hold off a bill for a little bit or, you know, make a plan for that. I can’t really do that as much for food.” Participants use or develop food skills to budget and create meals for their families utilizing WIC benefits. “We are a little bit more creative with the things that are offered by WIC, you know, like beans. We never really used beans before but figured out ways to switch recipes up in order to utilize that.”

Other participants prioritized various bills over food. “We make sure our rent’s paid first and then our life before anything. And then and then if we have extra money left over, we use it for our necessities, like our costs... We buy food, but then if we run out, then we have money left over to buy extra food.” To make ends meet, many participants sacrificed healthfulness and bought the cheapest food options. One participant said, “*Sometimes we get the cheapest just so that we can end up with more food in the end.*” Another said they “Can’t buy lunch [meats] because it’s too expensive... So then we go revert back to the peanut butter and jelly.”

Subtheme 3.2: WIC facilitates nutritious diets that would otherwise be unattainable. WIC benefits were essential to meet the nutrition needs of family for formula, fruits and vegetables, and other key foods. One participant described how WIC has encouraged them to eat healthier. “I think WIC has encouraged eating healthier...during like the fall, they gave us food stipends to go to the farmer’s market. So, that encouragement of...being more cognizant of what we’re buying and what we’re putting into our bodies. Also I like that they would give us recipes in the mail.” A majority of participants described that without WIC their family’s diet would lack in variety and nutrition because they could not afford healthier items. “I think we’re able to eat more fruits and veggies because those are kind of expensive to have as much added budget is really nice.” Further, the WIC fruit and vegetable vouchers were highlighted repeatedly as essential to facilitating fruit and vegetable consumption. “You know, I think it’s like \$47 [for produce] for us this month, so that’s extremely helpful. And especially so if I’m trying to keep myself from getting gestational diabetes.”

Without WIC affording formula for their baby would not be possible for some. “It was helpful for us to be able to afford formula for my first daughter. Especially then [during 2020 COVID-19] we were just so short on money to begin with. We weren’t able to afford it. And that was one of the greatest help for us.” WIC providing formula became even more vital for these families during the 2022 formula recall. “Once the Similac recall happened, I really appreciated that we were able to get it [through WIC] basically his last month’s worth of formula any kind because we had to end up switching in multiple times because they couldn’t find any formula.”

Despite the usefulness of WIC foods for nutritious diets, participants often desired that WIC foods were more available in stores and more brand and size options be added to WIC food packages. Various participants described the size of whole wheat bread being limiting. “The one thing that was frustrating to me was, um, the whole wheat option they give you. I think it’s 16 ounces, so you can’t get a loaf of whole wheat bread with that much.” Other participants wanted to expand products, such as meat, to WIC food packages. “I would say if we could get meat or something like being able to get a pound of chicken breast or something that would help.”

Subtheme 3.3: Food stockpiling. There were mixed results about whether participants stockpiled or not due to COVID-19 recommendations. Participants that stockpiled were uncertain about food availability in stores. “The shelves were pretty empty, so it felt like you needed to grab what you can because you didn’t know if the shelves were going to be restocked and there were people going even more nuts where they would be there as soon as the shelves were stocked and would just take everything. So there was a worry that I would have no food to eat because crazy people who were going overboard were taking it all.” Some worried about the risk of COVID-19 infection. “We were really worried about COVID... If one of us got it, we didn’t want anyone else to have to.... and I just didn’t want my babies to go hungry.” Participants often adjusted their budget to ensure their household had enough food. “We just had to tighten our budget down, and we didn’t have any extra spending money, we didn’t have extra fuel money, we had to really budget down to the penny.... We had a lot more staying home.” Some participants who lived in rural areas already stockpiled food because of the distance from grocery stores. “We kind of live in an area where we’re very remote anyways, and so we have to travel about 2 hours to like the next major town to actually get things that we need. So, I mean, we kind of already shop that way to begin with.” Common foods that were stockpiled were non-perishable and frozen items.

“We got a lot of canned food... canned fruits and vegetables. You know, green beans. Peaches. Then there was frozen vegetables.”

Participants who did not stockpile noted that their local stores were not stocked well. “It probably would not have made a huge difference with or without WIC because we just couldn’t get products up here.” Others had financial constraints, “You can only stockpile as much as you can afford, so we didn’t” or had limited storage capacity, “We have a really tiny pantry, so it’s not that easy to stockpile food when you don’t have a place.”

Subtheme 3.4: Irregular in store experiences. WIC participants chose food stores to redeem benefits where the least complications exist in the labels and checkout process (technology accepting foods and benefits, non-judgmental staff) for WIC-eligible foods. “If we don’t find it, we just go to other stores,” and “you can’t in some stores, you can’t use it at every register. Like sometimes the self-registers won’t take WIC. Always been a little embarrassing but I mean once it happens once then I know for future they don’t do that.”

The amount of out of stock or mislabeled WIC eligible foods increased, especially in rural areas. “I honestly had trouble finding items in the store that were WIC, because unless you went to Walmart like nothing was ever labeled, to be honest with you, I never even used half of my WIC stuff because I didn’t know what kind of cereal to get or I didn’t know what kind of peanut butter to get.”

Theme 4: Financial need and stigma reduction facilitated other nutrition assistance enrollment and participation. Similarly to WIC enrollment, participation in other nutrition assistance such as SNAP, or programs within the charitable food system are facilitated by financial need, stigma reduction, and pleasant experiences using the service.

Subtheme 4.1: Community food systems supports.

Many individuals expressed that they were unaware of the food assistance supports in communities. “I mean, I don’t even know how I would start with a food bank, I guess. I just don’t know.” Along with being unaware, many did not participate in programs because they felt as if they did not need to and that WIC, or a combination of SNAP and WIC, met their food needs. “We get SNAP and WIC, which helps us a lot. We’re still able to put in the difference. Like if we run out of SNAP, across the street there is a food bank. But we try not to. We’re trying to save that for last resort. Like extreme, extreme emergency. But other than that, we’re able to cover pretty much like what we need for the rest of the month if our snap week runs out.” Not participating in food assistance supports in the community was often met with the idea that other need the services more. “I just honestly feel like there’s probably somebody else that could benefit for that more than we need it.”

Individuals that did participate in food assistance supports in the community indicated mixed experiences that enhanced or inhibited future participation and offered ideas to improve experiences. Some described positive experiences with kind staff and an inclusive environment. “The lady that works there, she’s real friendly. You should know that. They really are. They really try to overstock us, but we tell them no, because, you know, there’s other people in the community, but they know how many kids we have.” Another participant described, “I like to go there in general cause they have a like a children’s arcade. It’s like a little area for, little kids to just go and play. You shop and [kid] loves it...[kid] can socialize with all the people. It’s kind of cool.”



Other participants described difficult experiences with food assistance supports in the community, such as expired food, “I don’t like most of it is usually because it’s expired,” or experiences with the screening process, “You have to not only step out of your comfort zone, you have to share your finances, you have to tell them how much you make. They want to know how much money you have in your account. It’s very silly, invades privacy, and it makes you uncomfortable, especially when you’re asking for help. And you know, they can barely look you in the face without crying in there. And then you’ve got someone over here wearing a beautiful suit, dressed up nice shoes, and they’re like...Okay, so you spend all your money on your rent and your car payment? Well, how else do you do you spend money? You know, it’s very interesting and it’s very belittling here in Montana.”

Subtheme 4.2: SNAP Supports. Many individuals also participated in SNAP at the same time as WIC. Individuals enrolled due to financial necessity, including income changes due to COVID-19. Participants who were previously enrolled or not enrolled in SNAP, were no longer eligible or felt that they no longer needed the extra assistance.

Despite the application and stigma surrounding SNAP, it still was vital for many families who participated, with caretakers stating things like, “I do feel like SNAP is beneficial for giving more of a variety of food choices. If you have kids that maybe have special foods that they need or things like that, snack gives you a little bit more freedom and with a little more specific,” and “it provides where we’re lacking. I feel like we’re able to get. And even though right now, with the prices being a lot higher, we’re able to choose healthier options and not just like cheaper stuff.”

DISCUSSION

This study, the Montana New Family Food Assistance Project, aimed to understand the experience of newly enrolled participants in Montana's WIC in order to inform responsive food assistance systems moving forward. It showed that WIC is important to families because the food benefits, food and nutrition information, breastfeeding support, and formula are important help to meet their basic needs. Overall, the results from survey and interview data mirrored each other and showed that participants enrolled in WIC to increase food security for families. Since enrolling in WIC, fewer participants received food from the community food system, family, and/or friends because they felt that WIC and/or a combination of WIC and SNAP during the pandemic met their overall food needs. Fewer participants purchased less expensive food even though it is less nutritious. More participants were able to keep a backup food supply or stash and fewer participants had to choose between food and other important items like medicine, hygiene products, bills, and rent each month. Despite participating in WIC, many respondents still worried about running out of food before they could buy more (68.53%), and qualitative quotes elucidated worry, financial stress, and the high cost of living. These findings align with other research that indicates WIC participants rely on WIC and other food assistance such as SNAP and food pantries to support food security (Ritchie et al., 2021).

In general, participants expressed that enrolling and using WIC was generally easy, which was facilitated by COVID-19 flexibilities. During the onset of the COVID-19 pandemic, WIC implemented a series of flexibilities including phone-based services and food package substitution waivers (USDA FNS, 2022). Remote WIC services, along with caring staff, improved the participant experience for enrolling WIC. For Montana WIC participants, these flexibilities made the application process

easier by allowing busy caregivers and pregnant women, who many times balanced employment, the opportunity to attend appointments via phone or online without having to worry about transportation, childcare, taking time off work, or missing an in-person appointment for WIC. This allowed for a more equitable environment and minimized barriers to WIC application and participation. Research shows that simplicity is an important mechanism to increase WIC enrollment and participation (Davis et al., 2022) and that remote services will continue to improve benefit application, redemption, and recertification rates beyond the pandemic (Morris et al., 2022; Ventura et al., 2022). Extending federal waivers into the way WIC works would facilitate continuation of an enrollment process that was low barrier to entry.

WIC participants who also were enrolled in SNAP discussed SNAP flexibilities during the pandemic including adjustments in certification periods and interview format, increasing benefit amounts, online purchasing pilots, and using telephone or other remote communication for SNAP services (Bresnahan et al., 2021). For Montana residents who participate in both WIC and SNAP, SNAP flexibilities were beneficial and improved access to the program.

Survey data revealed that becoming pregnant or having a child were large motivators for enrolling in WIC. Interview data confirmed that a desire for WIC foods and formula to support nutrition needs were specific reasons for participation in WIC. A group of participants explicitly enrolled because of financial need caused by COVID-19, and many in this group were also motivated by specific needs such as formula, as described by this quote from an interview participant: "What if we have to give my son formula? ... It's so expensive." Social networks were also a driver for participation in WIC, as well as for WIC participants also enrolled in SNAP.

Friends, family, and health professionals either encouraged enrollment or were examples of people who participate in WIC. In addition, participants commonly thought about their community and neighbours—they mentioned reluctance to enroll because they perceived others needing assistance more than them.

Barriers to WIC and SNAP participation once enrolled were also discussed. The desire for online shopping options (77.6% in WIC; 78.26% in SNAP) shown in this study aligns with NWA's (2022) study, as well as Kinsey et al's (2020) reflecting a large desire for online ordering. For those who do not have access to smartphones or online services, it is important to improve and update informational materials such as brochures and WIC signage in stores.

High food prices created further financial stress on participants during an unprecedented pandemic. This view has also been expressed in prior research (McElrone et al., 2021; Ebel & Byker Shanks, 2022). COVID-19 revealed inadequacies in the food supply chain and left many grocery store shelves empty or picked over (McElrone et al., 2021). It is recommended to expand WIC offerings improve the types and sizes of foods to avoid grocery stores not having enough WIC food items on the shelves, while conforming to dietary requirements. The phenomena of limited items on store shelves combined with the necessity to buy specific WIC items led some participants to search for items in the store or at multiple stores, skip items altogether, or forgo stockpiling.

Stigma was a barrier for some despite many participants having comfortable interactions with WIC and SNAP staff (94.02%; 65.22%) and using WIC or SNAP in the store (67.20%; 59.42%). Positive in store experiences were hampered by inconsistent product labeling and point of sales systems that caused confusion or embarrassment for customers when checking out. In addition, the lengthy and

sometimes deemed invasive recertification and application process for SNAP and the feeling that others need food assistance more led to stigma and misconception around eligibility, application processes, and staying enrolled in the program. Similar barriers are highlighted by Neuberger (2020) and Pinard et al. (2017).

WIC package substitutions should continue and be promoted as a way to ensure Montana WIC participants are not missing out on necessary items due to low stock in store or supply chain issues. During the formula shortage of 2022, some explained that substitutions from their local WIC agency were vital for keeping their child fed. The WIC cash value benefit was also a facilitator for participants accessing fresh fruits and vegetables and increased access to important foods. One participant, who was also pregnant said, "That's [cash value benefit] extremely helpful... especially so if I'm trying to keep myself from getting gestational diabetes." SNAP played an essential role in many WIC participant's lives to promote food security, allowing larger benefit amounts and a wide range of choices for food compared to WIC.

Barriers and facilitators were similar across race, ethnicity, and geography for Montana WIC participants, though rural WIC participants did have different experiences compared to non-rural WIC participants. Rural participants struggled more with empty shelves, transportation or long travels to stores and WIC appointments, as well as irregular in store experiences. Conversely, rural participants were more likely to stockpile food (likely due to food skills education and transportation) as a regular purchasing practice which was significantly associated with being food secure.

Food assistance programs should work synergistically to decrease barriers and stigma to enrollment in federal food assistance programs such as WIC and SNAP. Waivers and flexibilities should be promoted thoroughly and directly through state and local community food system support agencies, such as food pantries. Educational materials that are easy to read and interpret are important for WIC and SNAP participants to fully understand their benefits, especially when new policies change benefits (Barnes & Riel, 2022). Sharing updated changes in the way food assistance programs work and general enrollment outreach should be a collaboration with local community food system support agencies that serve specific populations. More work should be done to understand where and how community food system support agencies can fill gaps in nutrition security. Efforts to modernize federal food assistance program technology, including online ordering of SNAP and WIC foods, should be similarly implemented and streamlined across programs to improve accessibility and comprehensibility to various populations. Data sharing among federally funded nutrition programs and Medicaid should also be implemented to reach groups eligible but not currently utilizing other programs.

Modernizing WIC should be at the forefront of strategies to promote food security and equity among families in Montana. For WIC, the WIC app should be improved and updated to reflect current WIC food package items and should be a platform to deliver important policy changes such as flexibilities and waivers. Montana WIC and SNAP should create opportunities for online ordering of WIC and SNAP foods to reduce barriers to participation, promote accessibility, and increase redemption of benefits. WIC and SNAP agencies in areas without reliable internet or phone access should work with community partners to create updated streams of information and alternatives

to ordering online such as organized scheduled deliveries to homes or centralized locations. Further, Montana WIC could improve the WIC food environment by campaigning for improved WIC labeling at all WIC-approved vendors or creating a specific area for WIC food items, along with expanding the cash value benefit for fruits and vegetables. Alternatively, WIC food packages could be expanded to include more items and SNAP as a national program could consider increases in its benefit amount.

Despite Montana's rurality, there is a strong social network of participants and practitioners that promote SNAP and WIC. This network should be utilized to reduce stigma and increase enrollment through cross-sectional collaboration, coalition, and campaign building. These collaborations can continue to bolster culturally relevant nutrition education through flexible formats to WIC and SNAP participants.

For many WIC and SNAP participants, the high cost of living including the increasing costs of food, gas, housing, and other necessities presents many barriers to meeting families' needs. COVID-19 exacerbated issues related to high cost of living as price increases for food were amplified in March and April of 2020 (Ebel & Byker Shanks, 2022). Federal and state policies should increase the minimum wage to a living wage that reflects the current cost of living to support financial and food security. For current participants, benefit amounts should be increased to improve access to nutritious foods and ensure that benefits last the entire month. A nationwide study highlighted the need for increased program benefits and improved access to food during times such as the pandemic or other disasters (Harper et al., 2022).

CONCLUSIONS

The COVID-19 pandemic highlighted the disparities within the food system, and programs such as WIC and SNAP were successful in reducing obstacles for participation. The Montana New Family Food Assistance Project set out to understand the experience of newly enrolled participants in WIC in order to build responsive food assistance systems moving forward.

It is important to note that these efforts are addressable in different ways at local, state, and federal levels. WIC's modernization efforts are actively working to address many of the strategies that the participants have highlighted. WIC's modernization initiatives improve outreach to families, streamline and expand the shopping experience, invest in the workforce, and leverage technology for services. These efforts should continue to be implemented and enhanced to improve food security and reduce inequities in Montana beyond the COVID-19 pandemic.

Recommendations from WIC participants to elevate include the following:

Recruitment

1. Use social networking approaches to normalize WIC participation
2. Reduce stigma by communicating that individuals enroll in food assistance only when they need it

Enrollment

3. Make enrollment easy through remote options and caring staff

Eligibility

4. Expand WIC and SNAP eligibility
5. Decrease confusion about eligibility
6. Increase communication about WIC and SNAP flexibilities when they are implemented
7. Gather ideas for flexibilities from participants

Benefit Redemption

8. Expand WIC eligible foods
9. Allow flexible WIC appointment, both remote or in person
10. Increase benefit amounts for WIC and SNAP

11. Improve in-store experiences for WIC and SNAP experiences
12. Make online ordering possible for all WIC and SNAP participants
13. Ensure WIC eligible foods are stocked in stores, especially in rural areas
14. Label eligible foods appropriately in stores
15. Ensure check out process is seamless for the WIC or SNAP customer

Other Supports

16. Provide food skills education for those who are interested
17. Ensure apps, such as WIC Shopper, can be accessed by all including technology to use in stores

Food System

18. Improve access to nutritious foods in all geographies
19. Address high cost of nutritious foods with incentive programs
20. Stigma around enrollment and participation in food assistance should be addressed

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MT-NEWFAM TABLES

Table 1. Interview Questions

- 1** **Tell me how you first learned about WIC? When and why did you first apply?**
Probe: Why did you not apply before COVID?
- 2** **Overall, how easy or difficult would you say applying to WIC was for your household?**
Probe: What would make it easier? If you had a phone interview, how would you describe your appointment experience?
- 3** **The process to sign-up for WIC changed during COVID-19. Depending on which month you signed up and your household's situation, you may or may not have had some flexibilities during your application process.**
Probes: Can you please describe if any of the following flexibilities were helpful for you during your application process? Get WIC benefits remotely, such as online services or phone services, rather than face-to-face? Food that was WIC eligible for purchase in stores, such as substitutions for milk if it wasn't available?
- 4** **Would you prefer in-person visits or online WIC services? Why?**
 - Reliable access to the internet
 - Comfort around privacy and security online
 - The time it takes to get to clinic visits
- 5** **What do you like or dislike about WIC?**
Probes: What do you think could be changed about WIC that would help your family meet its food needs? Would your family benefit from online ordering of WIC foods? Increased benefits? Changes in the application process? More WIC food options? Information about eligibility/access? Language barriers? Greater coordination between other services? More WIC food in stock at stores? Better service at WIC? Better service at the store?
- 6** **Some people who are eligible for WIC do not sign up? Why do you think this is?**
- 7** **Some people who are enrolled in WIC drop out? Why do you think this is?**
- 8** **If you received infant formula through WIC in February or March 2022, what was your experience with the formula recall?**
Probes: How did your local WIC clinic address the recall? Were you able to get alternatives? Were all your concerns addressed? Any other experiences?

[For WIC participants not enrolled in SNAP]

Are you currently eligible or have you ever been enrolled in SNAP in the past?

If yes, eligible ask: Why are you not enrolled in SNAP currently?

9

If yes, enrolled in the past, move to program enrollment and experience questions below.
Ask in past tense.

[If SNAP participant]

Next, I would like to talk about your experiences of applying to and participating in SNAP in comparison to your experiences in WIC.

10

Tell me a little bit about your experience with SNAP. How does it compare to your experiences with WIC?

11

Why did you first apply to SNAP?

12

What do you like or dislike about SNAP?

13

How does SNAP help you to make ends meet?

14

Some people who are eligible for SNAP do not sign up? Why do you think this is?

Are there any reasons you would not reapply for WIC [or SNAP] benefits?

15

Probe: Recertification process? WIC is easier to apply to? SNAP is easier to apply to? WIC benefits are more useful? SNAP benefits are more useful?

16

What foods do you typically buy using WIC?

17

Are there any foods you wish you could buy but they are not in stock or not eligible?

18

How has your household's food buying and eating changed, if at all, since participating in WIC?

Probe: Ability to buy more food? Ability to buy healthier food? Ability to buy infant food?

In 2020, during the height of the pandemic, the government recommended that households stockpile up to two weeks worth of food at a time for their families in order to reduce travel and contact in grocery stores. Did you go out of your way to prioritize stocking up on food at any time during COVID-19?

Were you on WIC during the stockpiling recommendations? If you were on WIC, would that have helped you stockpile? If yes, why?

Probe: Gov. recommendations, limit exposure, worried about low stocks in stores? Were WIC foods in stock at the stores you shop at? How did the availability of WIC foods affect how you shopped for food for your family?

19 Probe: How much food did you stock up at one time?

Probe: Which types of foods did you stock up on? Canned foods (canned meat, vegetables, fruit, beans, etc) Frozen foods (meat, vegetables, fruits, etc) Fresh foods (fresh produce or meats) Dry goods (cereal, beans, pasta, rice, powdered milk, etc) Packaged quick meals (mac and cheese, hamburger helper, ramen, instant potatoes, etc) Packaged snack foods (chips, cookies, etc) Baby food Infant formula

Probe: How did stockpiling food affect your budget for other expenses during the month? Do you feel like you are able to stockpile as much as you wanted to?

Probe: How did stocking up on food affect the way you feed your family? If no, why not?

Probe: Storage capacity, unable to buy extra food at once, not interested, limited supply in stores

20 **Overall, would you say WIC was or wasn't helpful in feeding your family during the height of COVID-19? Why or why not?**

These days, families have tight budgets and sometimes decisions have to be made about what to buy and what isn't a priority to buy now. When you face these difficult choices, how would you say you prioritize your household expenses like bills with respect food?

21 Probes: debt, rent/mortgage, childcare, household items, food, household supplies/personal care products, medical bills, giving to friends and family, child support, transportation, utilities, communication, savings, hobbies, clothing, legal aid

Probes: What is the cheapest? What will fill us up most? What will last longest? What everyone likes and will eat? What gives us the most nutrition for the least amount of money?

22 **Could you tell me about your experiences using other food assistance such as local food pantries, food banks, free food at daycare, or school lunch programs?**

Probes: How did you hear about that/those program(s)? What did you like? What didn't you like? How did you decide which program to use?

23 **Did these organizations ever encourage you to participate in other nutrition assistance like SNAP or WIC?**

24 **How do you think these programs could better support families who also participate in [SNAP and] WIC?**

What suggestions do you have that would make WIC be more accessible, accepting and respectful to all people in your community?

- 25** Probes: Does WIC meet the needs of young families in your community? Why or why not? Location of sites? Store/WIC food purchasing experience? Grocery store staff? Signage for WIC foods? Inclusion of fathers and other family members? Online services? Language barriers?

Do you think that WIC meets the needs of all types of people in your community? For example, people who are of different races/ethnicities? Why or why not?

- 26** Probes: Would more diversity help? More staff of my race/ethnicity? Diversity among WIC participants? Cultural awareness and humility among WIC staff?

Probe: Have you experienced discrimination based on your race or ethnicity, or any other forms of discrimination at your local WIC site? If so, would you mind telling me about this experience?

Probe: More culturally appropriate food selections? Which foods?

- 27** **Is there anything else I haven't asked that you'd like me to know about your experiences in WIC [or SNAP]?**

Table 2. Demographic characteristics of survey and interview participants

Demographics	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Race (n=251)		
White or European American	170 (67.73%)	21 (65.63%)
American Indian and Alaska Native	31 (12.35%)	7 (21.88%)
Multi-race or ethnicity	18 (7.17%)	5 (15.63%)
Hispanic and Latino/a/x	16 (6.37%)	5 (15.63%)
Black and African American	3 (1.20%)	1 (3.13%)
Asian	2 (0.80%)	2 (6.35%)
Other race or ethnicity	2 (0.80%)	0 (0.00%)
Middle Eastern and North African	0 (0.00%)	0 (0.00%)
Native Hawaiian and Pacific Islander	0 (0.00%)	0 (0.00%)
Don't know/not sure	0 (0.00%)	0 (0.00%)
Prefer not to answer	9 (3.59%)	2 (6.25%)
Gender (n=249)		
Male	3 (1.20%)	1 (3.22%)
Female	246 (98.01%)	31 (96.88%)
Non-binary/Third Gender	0 (0.00%)	0 (0.00%)
Other	0 (0.00%)	0 (0.00%)
Age (n=250)		
In Years	30.08 (9.02)	30.34 (8.01)
Education (n=251)		
Never attended school	0 (0.00%)	0 (0.00%)
Kindergarten	0 (0.00%)	0 (0.00%)
Grades 1 though 8 (elementary school)	1 (0.40%)	0 (0.00%)
Grades 9 through 11 (some high school)	18 (7.17%)	1 (3.13%)
Grade 12 or GED (high school graduate)	82 (32.67%)	10 (31.25%)
Technical school	13 (5.18%)	1 (3.13%)

Demographics	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Some college	96 (38.25%)	15 (46.88%)
Bachelor's degree	31 (12.35%)	4 (12.50%)
Master's degree (MA, MBA, MSW)	7 (2.79%)	1 (3.13%)
Professional degree (MD, DDS, JD) or Doctorate degree (PhD, EdD)	2 (0.80%)	0 (0.00%)
Current Employment (n=248)		
Not currently employed and not looking for work	18 (7.26%)	1 (3.13%)
Not currently employed, but looking for a job	22 (8.87%)	4 (12.50%)
Retired or disabled	5 (2.02%)	1 (3.13%)
Full-time homemaker/stay-at-home parent	60 (24.19%)	15 (46.88%)
Full-time student	8 (3.23%)	1 (3.13%)
Currently employed in a part-time job for less than 30 hours per week	56 (22.58%)	3 (9.36%)
Currently employed in a full-time job for more than 30 hours per week	70 (28.23%)	6 (18.75%)
Other	9 (3.63%)	0 (0.00%)
Pregnancy/Parental Status (n=250)		
Pregnant	23 (9.20%)	5 (15.63%)
Postpartum, breastfeeding	67 (26.80%)	7 (21.88%)
Postpartum, not breastfeeding	36 (14.40%)	5 (15.63%)
Parent and/or guardian of an infant	81 (32.40%)	12 (37.50%)
Parent and/or guardian of a child (1-4 years)	123 (49.20%)	16 (50.00%)
None of these apply	5 (2.00%)	0 (0.00%)
Members of household 18 years or older (n=251)		
	2.01 (1.01)	2.13 (1.54)
Children under the age of 18 in household (n=251)		
Age 0-5	1.43 (0.91)	1.47 (0.78)
Age 6-17	1.83 (1.86)	1.75 (2.05)

Table 3. Survey responses about financial and food security

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Financial Issues (n=247)		
Missed paying one or more bills	87 (35.22%)	9 (28.13%)
Had to use savings or retirement accounts to make ends meet	69 (27.94%)	5 (15.63%)
Took time away to care for children	74 (29.96%)	6 (18.75%)
Took time away from work to care for myself or others who were sick	48 (19.43%)	4 (5.15%)
Experienced a change in housing	43 (17.41%)	6 (18.75%)
Unable to make one or more rental payments	39 (15.79%)	5 (15.63%)
Had to quit my job to take care of my child(ren) or other family members	25 (10.12%)	6 (18.75%)
Laid off temporarily	24 (9.72%)	1 (3.13%)
Laid off permanently	18 (7.29%)	4 (15.50%)
Unable to make one or more loan or mortgage payments	15 (6.07%)	0 (0.00%)
Had to temporarily close a business I own	6 (2.43%)	0 (0.00%)
Took time away to care for an elderly person	5 (2.02%)	1 (3.13%)
Had to permanently close a business I own	2 (0.81%)	0 (0.00%)
Had to lay off employees	0 (0.00%)	0 (0.00%)
Other	14 (5.67%)	
Did not experience any of these hardships	46 (18.62%)	8 (25.00%)
Sources of money (n=249)		
Stimulus check	191 (76.71%)	23 (71.88%)
Have not received money from these services	45(18.07%)	5 (15.63%)
Unemployment compensation	44 (17.67%)	6 (18.75%)
Rental assistance	15 (6.02%)	4 (15.50%)
Disability (SSDI), workman’s compensation, or Supplemental Security Income (SSI)	8 (3.21%)	1 (3.13%)
Loan forgiveness/assistance	6 (2.41%)	0 (0.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Social security and/or pension	2 (0.80%)	0 (0.00%)
Other	5 (2.01%)	1 (3.13%)

FOOD SECURITY

Food Security Status

Food insecure	175 (69.70%)	
Food secure	76 (30.30%)	

“I was worried whether our food would run out before we got money to buy more.” (n=251)

Often true	51 (20.32%)	8 (25.00%)
Sometimes true	121 (48.21%)	16 (50.00%)
Never true	79 (31.47%)	8 (25.00%)

“The food that I bought just didn’t last, and we didn’t have money to get more.” (n=251)

Often true	35 (13.94%)	5 (15.63%)
Sometimes true	110 (43.82%)	16 (50.00%)
Never true	106 (42.23%)	11 (34.38%)

Table 4. WIC Enrollment, Experiences, Stockpiling

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
WIC ENROLLMENT		
Current WIC participation (n=250)		
Current participant	228 (91.20%)	28 (87.50%)
Not a current participant	22 (8.80%)	4 (12.50%)
“I did not apply to WIC benefits before COVID-19 because...” (n=160)		
Ineligible due to not being pregnant or having a child under 5 years old	98 (61.25%)	
Less financial need	30 (18.75%)	
Unaware of WIC	23 (14.38%)	
Moved to Montana from another state	3 (1.88%)	
Difficult application process	2 (1.25%)	
Low access to transportation	1 (0.63%)	
Stigma	1 (0.63%)	
Difficulty attending appointments	1 (0.63%)	
No shortages of food at stores	1 (0.63%)	
Reasons for WIC (n=251)		
New baby/pregnancy	177 (70.52%)	23 (71.88%)
WIC foods	162 (64.54%)	21 (65.63%)
Infant formula	155 (61.75%)	20 (62.50%)
To improve the health of my child	131 (52.19%)	19 (59.38%)
Help getting food for my family	114 (45.42%)	19 (59.38%)
Nutrition information	78 (31.08%)	12 (37.50%)
Breastfeeding support	69 (27.49%)	10 (31.25%)
Loss or change of income	68 (27.09%)	10 (31.25%)
Information for a healthy pregnancy	58 (23.11%)	11 (34.38%)
Loss of change of job	35 (13.94%)	7 (21.88%)
A breast pump	30 (11.95%)	6 (18.75%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Change in childcare	11 (4.38%)	1 (3.13%)
Other	11 (4.38%)	2 (6.25%)
None of these apply	1 (0.40%)	0 (0.00%)

Learning about WIC (n=248)

A family member	118 (47.58%)	15 (46.88%)
A doctor or health professional	114 (45.97%)	15 (46.88%)
A friend	71 (28.23%)	10 (31.25%)
Pamphlet	6 (2.42%)	1 (3.13%)
Social media	5 (2.02%)	2 (6.25%)
Advertisement on a website	3 (1.21%)	0 (0.00%)
Television	0 (0.00%)	0 (0.00%)
Radio	0 (0.00%)	0 (0.00%)
Newspaper	0 (0.00%)	0 (0.00%)
Billboard or poster	0 (0.00%)	0 (0.00%)
Other	20 (8.06%)	3 (9.38%)
No one told me about WIC	15 (6.05%)	3 (9.38%)

Contacting WIC (n=251)

Contacted local WIC office	193 (76.89%)	28 (87.50%)
Referred by a healthcare provider or other program	32 (12.75%)	3 (9.38%)
A friend or family member helped me	17 (6.77%)	1 (3.13%)
Emailed montanawicprogram@mt.gov	4 (1.59%)	0 (0.00%)
Contacted state office	1 (0.40%)	0 (0.00%)
Other	4 (1.59%)	0 (0.00%)

Ease of applying to WIC (n=250)

Very difficult	0 (0.00%)	0 (0.00%)
Difficult	7 (2.80%)	1 (3.13%)
Neither easy nor difficult	45 (18.00%)	3 (9.38%)
Easy	103 (41.20%)	14 (43.75%)
Very easy	95 (38.00%)	14 (43.75%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Challenges applying to WIC (n=221)		
Had to reschedule an appointment	40 (18.10%)	1 (3.13%)
Had to cancel an appointment	17 (7.69%)	1 (3.13%)
Had to bring my child(ren) to the WIC office	15 (6.79%)	1 (3.13%)
Had trouble getting an appointment	9 (4.07%)	2 (6.25%)
There is too much involved in applying or it is too confusing	9 (4.07%)	0 (0.00%)
Had a hard time finding or submitting the proof of income documents	9 (4.07%)	0 (0.00%)
Had trouble getting transportation to an appointment	4 (1.81%)	0 (0.00%)
Takes too long to complete an appointment	3 (1.36%)	1 (3.13%)
Did not understand the process of applying for WIC after speaking with WIC staff	2 (0.90%)	0 (0.00%)
Did not receive good information about WIC benefits	1 (0.45%)	0 (0.00%)
Did not receive good information about who is eligible for WIC	1 (0.45%)	0 (0.00%)
Other	6 (2.71%)	2 (6.25%)
Did not encounter any challenges applying to WIC	148 (66.97%)	22 (68.75%)
Receiving infant formula in Feb. or March 2022 (n=250)		
Yes	93 (37.20%)	12 (37.50%)
No	157 (62.80%)	20 (62.50%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
WIC EXPERIENCES		
How long did WIC benefits last (n=249)		
One week or less	10 (4.02%)	3 (9.36%)
2 weeks	55 (22.09%)	5 (15.63%)
3 weeks	58 (23.29%)	7 (21.88%)
4 weeks	42 (16.87%)	5 (15.63%)
More than 4 weeks	7 (2.81%)	0 (0.00%)
Depends	67 (26.91%)	11 (34.38%)
Other	10 (4.02%)	1 (3.13%)
Knowledgeable staff (n=251)		
Completely disagree	5 (1.99%)	1 (3.13%)
Disagree	1 (0.40%)	0 (0.00%)
Neither disagree nor agree	12 (4.78%)	2 (6.25%)
Agree	97 (38.65%)	9 (28.13%)
Completely agree	136 (54.18%)	20 (62.50%)
Rude or judgmental staff (n=251)		
Completely disagree	167 (66.53%)	26 (81.25%)
Disagree	69 (27.49%)	3 (9.38%)
Neither disagree nor agree	13 (5.18%)	2 (6.25%)
Agree	2 (0.80%)	1 (3.13%)
Completely agree	0 (0.00%)	0 (0.00%)
Receiving WIC benefits quickly (n=251)		
Completely disagree	6 (2.39%)	1 (3.13%)
Disagree	0 (0.00%)	0 (0.00%)
Neither disagree nor agree	10 (3.98%)	0 (0.00%)
Agree	92 (36.65%)	13 (40.63%)
Completely agree	143 (56.97%)	18 (56.25%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Convenience of office (n=251)		
Very convenient	127 (50.60%)	16 (50.0%)
Somewhat convenient	67 (26.69%)	7 (21.88%)
Somewhat inconvenient	15 (5.98%)	4 (12.50%)
Very inconvenient	23 (9.16%)	3 (9.38%)
Do not know	19 (7.57%)	2 (6.25%)
COVID-19 Flexibilities (n=251)		
Very helpful	171 (68.13%)	21 (65.63%)
Somewhat helpful	54 (21.51%)	6 (18.75%)
Not very helpful	4 (1.59%)	5 (15.63%)
Not at all helpful	0 (0.00%)	0 (0.00%)
These flexibilities did not impact my experience	22 (8.76%)	0 (0.00%)
Food Benefits (n=250)		
Very helpful	221 (88.40%)	31 (96.88%)
Somewhat helpful	24 (9.60%)	1 (3.13%)
Not very helpful	2 (0.80%)	0 (0.00%)
Not at all helpful	0 (0.00%)	0 (0.00%)
Do not know	3 (1.20%)	0 (0.00%)
Food and nutrition information (n=251)		
Very helpful	174 (69.32%)	24 (65.63%)
Somewhat helpful	61 (24.30%)	8 (25.00%)
Not very helpful	8 (3.19%)	0 (0.00%)
Not at all helpful	2 (0.80%)	0 (0.00%)
Do not know	6 (2.39%)	0 (0.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Clinic services (Checking in on health or growth) (n=251)		
Very helpful	133 (52.99%)	17 (53.13%)
Somewhat helpful	65 (25.90%)	6 (18.75%)
Not very helpful	17 (6.77%)	1 (3.13%)
Not at all helpful	5 (1.99%)	1 (3.13%)
Do not know	31 (12.35%)	6 (18.75%)
Breastfeeding support (n=251)		
Very helpful	107 (42.63%)	15 (46.88%)
Somewhat helpful	52 (20.72%)	4 (12.50%)
Not very helpful	10 (3.98%)	0 (0.00%)
Not at all helpful	5 (1.99%)	0 (0.00%)
Do not know	77 (30.68%)	12 (37.50%)
Information about other resources (n=251)		
Very helpful	138 (54.98%)	23 (71.88%)
Somewhat helpful	69 (27.49%)	5 (15.63%)
Not very helpful	12 (4.78%)	0 (0.00%)
Not at all helpful	2 (0.80%)	0 (0.00%)
Do not know	30 (11.95%)	4 (12.50%)
Missing WIC appointments (n=251)		
Sometimes	70 (27.89%)	7 (21.88%)
Often	6 (2.39%)	1 (3.13%)
Never	175 (69.72%)	24 (75.00%)
Reasons for missing WIC appointments (n=74)		
Forgot about it	34 (45.95%)	5 (15.63%)
Could not get off work	20 (27.03%)	1 (3.13%)
It takes too long to complete the appointment	2 (2.70%)	0 (0.00%)
Other	20 (27.03%)	3 (9.38%)
None of these apply	10 (13.51%)	0 (0.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
WIC items in stores (n=250)		
Agree	70 (28.00%)	7 (21.88%)
Somewhat agree	100 (40.00%)	18 (56.25%)
Neither agree nor disagree	14 (5.60%)	2 (6.25%)
Somewhat disagree	50 (20.00%)	4 (12.50%)
Disagree	16 (6.40%)	1 (3.13%)
Online ordering of WIC products (n=250)		
Agree	156 (62.40%)	23 (71.88%)
Somewhat agree	38 (15.20%)	4 (12.50%)
Neither agree nor disagree	28 (11.20%)	4 (12.50%)
Somewhat disagree	7 (2.80%)	0 (0.00%)
Disagree	21 (8.40%)	1 (3.13%)
Hiding WIC (n=250)		
Often	14 (5.60%)	2 (6.25%)
Sometimes	69 (27.60%)	8 (25.00%)
Never	167 (66.80%)	22 (68.75%)
Treated poorly using WIC in store (n=250)		
Often	12 (4.80%)	3 (9.38%)
Sometimes	70 (28.00%)	11 (34.38%)
Never	168 (67.20%)	18 (56.25%)
Treated poorly telling someone you use WIC (n=250)		
Often	9 (3.60%)	1 (3.13%)
Sometimes	63 (25.20%)	9 (28.13%)
Never	178 (71.20%)	22 (68.75%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
“Do you have any suggestions to improve WIC services?” (n=115)		
Online ordering	15 (13.04%)	
Improve ways to locate WIC foods in stores	8 (6.96%)	
Add more choices to the WIC food package	6 (5.22%)	
Keep the increased cash-value benefit (CVB) for fruits and vegetables	4 (3.48%)	
Reduce stigma in grocery stores	3 (2.61%)	
Include meat in the WIC food package	3 (2.61%)	
Improve/allow self-checkout in stores	3 (2.61%)	
Improve training and use of the WIC Shopper App	2 (1.74%)	
Add more formula brands to the WIC food package	2 (1.74%)	
Increase the amount of WIC foods in stores	2 (1.74%)	
Take precautions in the clinic to prevent the spread of COVID-19	1 (0.87%)	
Adjust food package amounts with inflation	1 (0.87%)	
Allow the 12-month appointment to happen earlier so caregivers can purchase milk at exactly 12 months	1 (0.87%)	
Increase the WIC benefit amount	1 (0.87%)	
Provide recipes that can be used with the WIC food package	1 (0.87%)	
Improve the application process	1 (0.87%)	
None	60 (52.17%)	

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
FOOD CHOICES BEFORE AND AFTER WIC ENROLLMENT		
Before WIC (n=237)		
Eating less expensive food, even though it is less healthy	149 (62.87%)	22 (68.75)
Buying larger amounts of foods at cheaper prices (bulk purchasing)	101 (42.62%)	13 (40.63%)
Only buying items that were on sale or discounted	100 (42.19%)	19 (59.38%)
Having to choose between food and other important items like medicine, hygiene products, bills, or rent	73 (30.80%)	13 (40.63%)
Buying damaged or less expensive items	70 (29.54%)	13 (40.63%)
Using coupons	65 (27.43%)	15 (46.88%)
Relying on fast food more than usual	62 (26.16%)	9 (28.13%)
Using money from savings accounts or payday loans to buy food	61 (25.74%)	8 (25.00%)
Spending a lot of time thinking about how to get food	54 (22.78%)	9 (28.13%)
Keeping a backup food supply or stash	34 (14.35%)	6 (18.75%)
Allowing certain members of the house to have more access to food than others, such as children having more food than adults	28 (11.81%)	5 (15.63%)
Eating more food than needed when food was available	26 (10.97%)	4 (12.50%)
Eating food, even though it was spoiled or expired	17 (7.17%)	3 (9.38%)
Other	6 (2.53%)	0 (0.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Since WIC (n=207)		
Buying larger amounts of food at cheaper prices (bulk purchasing)	82 (39.61%)	11 (34.38%)
Only buying items that were on sale or discounted	58 (28.02%)	6 (18.75%)
Keeping a backup food supply or stash	53 (25.60%)	10 (31.25%)
Eating less expensive food, even though it is less healthy	50 (24.15%)	5 (15.63%)
Using coupons	45 (21.74%)	8 (25.00%)
Buying damaged or less expensive items	42 (20.29%)	8 (25.00%)
Having to choose between food and other important items like medicine, hygiene products, bills, or rent	30 (14.49%)	3 (9.38%)
Allowing certain members of the house to have more access to food than others, such as children having more food than adults	29 (14.01%)	4 (12.50%)
Using money from savings account or payday loans to buy food	24 (11.59%)	2 (6.25%)
Spending a lot of time thinking about how to get food	21 (10.14%)	3 (9.38%)
Relying on fast food more than usual	12 (5.80%)	0 (0.00%)
Eating more food than needed when food was available	10 (4.83%)	0 (0.00%)
Eating food, even though it was spoiled or expired	10 (4.83%)	1 (3.13%)
Other	11 (5.31%)	0 (0.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Stockpiling (n=249)		
Yes, I was able to stock up on at least 2 weeks of food for my household	72 (28.92%)	10 (31.25%)
I was able to stock up more food than usual, but not 2 weeks of food for my household	59 (23.69%)	7 (21.88%)
No, stores near me were sold out of a lot of products and I couldn't fully stock up on food	52 (20.88%)	10 (31.25%)
No, I can't afford to purchase that much food at one time	83 (33.33%)	8 (25.00%)
No, I don't have room to store that much food at one time	26 (10.44%)	5 (15.63%)
No, WIC foods were hard to find or not in stock	19 (7.63%)	2 (6.25%)
No, transportation was a problem for me to get to a store where I could get food	5 (2.01%)	1 (3.13%)

Table 5. Other Food Assistance Sections

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
OTHER FOOD ASSISTANCE SUPPORT BEFORE AND AFTER WIC		
Use before WIC (n=178)		
SNAP	72 (40.45%)	15 (46.88%)
Food gifts or money for food from family or friends	70 (39.33%)	7 (21.88%)
Food from food banks or food pantries	65 (36.52%)	3 (9.36%)
Free or reduced school lunch or breakfast	33 (18.54%)	4 (12.50%)
Pandemic EBT	25 (14.04%)	3 (9.36%)
Relying on alternative sources of food (your own garden, wild food harvesting)	21 (11.80%)	1 (3.13%)
Money, incentives, vouchers, or tokens to buy extra food like fruits and vegetables at the farmers market	15 (8.43%)	1 (3.13%)
Breastfeeding support at the local hospital	15 (8.43%)	0 (0.00%)
Food from church, synagogue, temple, mosque, or other religious organization	13 (7.30%)	1 (3.13%)
After school or summer meals program	12 (6.74%)	1 (3.13%)
Free or reduced meals through licensed childcare or CACFP	6 (3.37%)	0 (0.00%)
FDPIR	5 (2.81%)	1 (3.13%)
Food from a shelter or soup kitchen	4 (2.25%)	1 (3.13%)
Free meals or groceries through other programs aimed at children	3 (1.69%)	2 (6.25%)
Help from a health care worker, social worker, community health worker, or case manager	3 (1.69%)	0 (0.00%)
Home-delivered meal service like Meals on Wheels	0 (0.00%)	0 (0.00%)
Other	3 (1.69%)	0 (0.00%)
None of these apply	7 (3.93%)	

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Use since WIC (n=165)		
SNAP	71 (43.03%)	13 (40.63%)
Free or reduced school lunch or breakfast	38 (23.03%)	3 (9.36%)
Food from food banks or food pantries	37 (22.42%)	2 (6.25%)
Food gifts or money from food from family or friends	32 (19.39%)	7 (21.88%)
Relying on alternative sources of food (your own garden, wild food harvesting)	17 (10.30%)	1 (3.13%)
Money, incentives, vouchers, or tokens to buy food like fruits and vegetables at the farmers market	16 (9.70%)	5 (15.63%)
Pandemic EBT	11 (6.67%)	1 (3.13%)
Food from church, synagogue, temple, mosque, or other religious organization	10 (6.06%)	1 (3.13%)
Breastfeeding support at the local hospital	8 (4.85%)	0 (0.00%)
Free or reduced meals through licensed childcare or CACFP	7 (4.24%)	0 (0.00%)
Help from a health care worker, social worker, community health worker, or case manager	4 (2.42%)	1 (3.13%)
After school or summer meals program	4 (2.42%)	3 (9.36%)
Food from a shelter or soup kitchen	4 (2.42%)	0 (0.00%)
Free meals or groceries through other programs aimed at children	2 (1.21%)	0 (0.00%)
FDPIR	2 (1.21%)	0 (0.00%)
Home-delivered meal service like Meals on Wheels	0 (0.00%)	0 (0.00%)
Other	5 (3.03%)	0 (0.00%)
None of these apply	7 (4.24%)	

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
SNAP ENROLLMENT		
Current SNAP participation (n=250)		
Yes	68 (27.20%)	13 (40.63%)
No	182 (72.80%)	19 (59.38%)
“I did not apply to SNAP benefits before COVID-19 because...” (n=33)		
Less financial need	19 (57.58%)	
Ineligible for SNAP	9 (27.27%)	
Difficult application process	3 (9.09%)	
Unaware of SNAP	1 (3.03%)	
Moved to Montana during COVID-19	1 (3.03%)	
Reasons for SNAP enrollment (n=78)		
I needed help getting food for my family	61 (78.21%)	13 (40.63%)
Loss or change of income	41 (52.56%)	11 (24.38%)
Loss or change of job	28 (35.90%)	9 (28.13%)
A friend or family member suggested that I apply	21 (26.92%)	5 (15.63%)
I heard that the monthly benefit was higher than usual because of COVID	7 (8.69%)	3 (9.38%)
Someone offered to help me apply to SNAP	5 (6.41%)	2 (6.24%)
Other	2 (2.56%)	2 (6.24%)
None of these apply	0 (0.00%)	
Learning about SNAP (n=67)		
A family member	34 (50.75%)	7 (21.88%)
A friend	22 (32.84%)	9 (28.13%)
A doctor or health professional	15 (22.39%)	7 (21.88%)
Social media	2 (2.99%)	0 (0.00%)
Advertisement on a website	1 (1.49%)	1 (3.13%)
Pamphlet	1 (1.49%)	1 (3.13%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Television	0 (0.00%)	0 (0.00%)
Radio	0 (0.00%)	0 (0.00%)
Newspaper	0 (0.00%)	0 (0.00%)
Billboard or poster	0 (0.00%)	0 (0.00%)
Other	2 (2.99%)	1 (3.13%)
No one told me about SNAP	17 (25.37%)	1 (3.13%)
Ease of applying to SNAP (n=69)		
Very difficult	5 (7.25%)	0 (0.00%)
Difficult	20 (28.99%)	4 (12.50%)
Neither easy nor difficult	13 (18.84%)	2 (6.24%)
Easy	14 (20.29%)	3 (9.38%)
Very easy	17 (24.64%)	3 (9.38%)
Challenges applying to SNAP (n=66)		
Had a hard time finding or submitting the proof of income documents	22 (33.33%)	7 (21.88%)
Had trouble getting to the interview	19 (28.79%)	6 (18.75%)
Had to reschedule the interview	11 (16.67%)	2 (6.24%)
Took too long to complete the interview	8 (12.12%)	4 (12.50%)
Did not understand the process of applying for SNAP after speaking with SNAP staff	6 (9.09%)	2 (6.24%)
Had to bring my child(ren) to the SNAP office	4 (6.06%)	0 (0.00%)
Did not receive good information about SNAP benefits	4 (6.06%)	2 (6.24%)
Did not receive good information about who is eligible for SNAP	4 (6.06%)	2 (6.24%)
Had to cancel the interview	2 (3.03%)	1 (3.13%)
Did not encounter any challenges applying to SNAP	29 (43.94%)	5 (15.63%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
How long SNAP benefits last (n=69)		
One week or less	5 (7.25%)	2 (6.24%)
2 weeks	13 (18.84%)	1 (3.13%)
3 weeks	23 (33.33%)	4 (12.50%)
4 weeks	13 (18.84%)	3 (9.38%)
More than 4 weeks	6 (8.70%)	0 (0.00%)
Depends	13 (18.84%)	3 (9.38%)
Other	0 (0.00%)	
The staff was knowledgeable (n=69)		
Completely disagree	0 (0.00%)	0 (0.00%)
Disagree	4 (5.80%)	1 (3.13%)
Neither disagree nor agree	16 (23.19%)	3 (9.38%)
Agree	25 (36.23%)	4 (12.50%)
Completely agree	24 (34.78%)	5 (15.63%)
The staff was rude and/or judgmental (n=69)		
Completely disagree	20 (28.99%)	6 (10.75%)
Disagree	25 (26.23%)	3 (9.38%)
Neither disagree nor agree	15 (21.74%)	2 (6.24%)
Agree	4 (5.80%)	1 (3.13%)
Completely agree	5 (7.25%)	1 (3.13%)
Received SNAP benefits quickly (n=69)		
Completely disagree	2 (2.90%)	3 (9.38%)
Disagree	8 (11.59%)	3 (9.38%)
Neither disagree nor agree	11 (15.94%)	1 (3.13%)
Agree	27 (39.13%)	5 (15.63%)
Completely agree	21 (30.43%)	4 (12.50%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
COVID-19 SNAP flexibilities (n=69)		
Very helpful	28 (40.58%)	5 (15.63%)
Somewhat helpful	21 (30.43%)	3 (9.38%)
Not very helpful	6 (8.70%)	1 (3.13%)
Not at all helpful	2 (2.90%)	0 (0.00%)
Flexibilities did not impact experience	12 (17.39%)	4 (12.50%)
Knowledge of SNAP-Ed (n=69)		
Yes	27 (39.13%)	2 (6.24%)
No	42 (60.87%)	11 (34.38%)
SNAP items in stores (n=69)		
Agree	64 (92.75%)	12 (37.50%)
Somewhat agree	4 (5.80%)	1 (3.13%)
Neither agree nor disagree	0 (0.00%)	0 (0.00%)
Somewhat disagree	1 (1.45%)	0 (0.00%)
Disagree	0 (0.00%)	0 (0.00%)
Online ordering of SNAP products (n=69)		
Agree	50 (72.46%)	10 (31.25%)
Somewhat agree	4 (5.80%)	0 (0.00%)
Neither agree nor disagree	5 (7.25%)	1 (3.13%)
Somewhat disagree	1 (1.45%)	0 (0.00%)
Disagree	9 (13.04%)	2 (6.24%)
Hiding SNAP (n=69)		
Often	8 (11.59%)	1 (3.13%)
Sometimes	15 (21.74%)	4 (12.50%)
Never	46 (66.67%)	8 (25.00%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
Treated poorly using SNAP in store (n=69)		
Often	7 (10.14%)	1 (3.13%)
Sometimes	21 (30.43%)	4 (12.50%)
Never	41 (59.42%)	8 (25.00%)

Treated poorly telling someone you use SNAP (n=69)		
Often	5 (7.25%)	0 (0.00%)
Sometimes	22 (31.88%)	5 (15.63%)
Never	42 (60.87%)	8 (25.00%)

“As a SNAP recipient do you have any suggestions to improve SNAP services?” (n=10)		
Online ordering	3 (30.00%)	
Improve customer service at stores and agencies	2 (20.00%)	
Increase benefit amounts	2 (20.00%)	
Allow hot foods	2 (20.00%)	
Simplify the application process	1 (10.00%)	

OTHER FOOD ASSISTANCE

Reasons for non-participation in CFS (n=232)		
Other people need the food more	92 (39.66%)	11 (34.38%)
Believe our family is not eligible	73 (31.47%)	9 (28.13%)
Do not need the food	32 (13.79%)	6 (18.75%)
Do not know of any other assistance programs	32 (13.79%)	5 (15.63%)
Feel uncomfortable using other programs	25 (10.78%)	1 (3.13%)
Do not know where other programs are located	25 (10.78%)	3 (9.38%)
Cannot get to the locations of other programs	17 (7.33%)	2 (6.24%)
Do not like the food given at food pantries	9 (3.88%)	5 (15.63%)
Hard to carry the food home from other programs	7 (3.02%)	1 (3.13%)

	Responses from Survey Participants Mean (SD) or n(%)	Responses from Interview Participants Mean (SD) or n(%)
The food at pantries is not culturally appropriate	2 (0.86%)	0 (0.00%)
Other	22 (9.48%)	4 (12.50%)
Do not know	38 (16.38%)	3 (9.38%)
Knowledge of P-EBT (n=250)		
Yes	64 (25.60%)	6 (18.75%)
No	160 (64.00%)	22 (68.75%)
I do not know	26 (10.40%)	4 (12.50%)
Learning about P-EBT (n=63)		
Social media	21 (33.33%)	2 (6.24%)
School staff	8 (12.70%)	1 (3.13%)
Public service announcements	8 (12.70%)	0 (0.00%)
School district email messages	3 (4.76%)	1 (3.13%)
Press release(s)	3 (4.76%)	1 (3.13%)
Website	3 (4.76%)	0 (0.00%)
School food service	2 (3.17%)	1 (3.13%)
School district meal distribution sites	2 (3.17%)	0 (0.00%)
Through partnerships with community-based service providers	1 (1.59%)	0 (0.00%)
Through partnership with advocacy groups	0 (0.00%)	0 (0.00%)
Webinars	0 (0.00%)	0 (0.00%)
Other	2 (3.17%)	0 (0.00%)
None of these	17 (26.98%)	1 (3.13%)
Applying to P-EBT (n=247)		
Received P-EBT	26 (10.53%)	4 (12.50%)
Applied for and waiting to receive P-EBT	1 (0.40%)	0 (0.00%)
Applied for but denied P-EBT	8 (3.24%)	1 (3.13%)
Not applied for P-EBT	141 (57.09%)	16 (50.00%)
Do not know	71 (28.74%)	11 (34.38%)

Table 6. Predictors of food security among new WIC participants during COVID-19 in Montana

Independent Variable		Odds Ratio	95% Confidence Interval	p-value
Financial hardship (s)	<ul style="list-style-type: none"> • One or more financial hardships • No financial hardships 	0.44	[0.23, 0.84] REFERENCE	0.01
Duration of WIC benefit coverage per month	<ul style="list-style-type: none"> • 2 weeks or less • More than 2 weeks 	0.48	[0.24, 0.97] REFERENCE	0.04
Current charitable food system participation	<ul style="list-style-type: none"> • Yes • No 	0.19	[0.08, 0.45] REFERENCE	<0.01
Missed appointments	<ul style="list-style-type: none"> • Sometimes or often missed WIC appointments • Never missed a WIC appointment 	0.41	[0.21, 0.79] REFERENCE	0.01
Race	<ul style="list-style-type: none"> • White • Non-White 	1.81	[0.98, 3.34] REFERENCE	0.06
Change in number of coping food choices (per additional coping mechanism since applying to WIC)		1.14	[0.99, 1.31]	0.07
Ability to stockpile	<ul style="list-style-type: none"> • Yes • No 	4.97	[2.75, 8.97] REFERENCE	<0.01
Education status	<ul style="list-style-type: none"> • College or technical school degree • Less than college degree 	3.86	[2.05, 7.26] REFERENCE	0.71
Pregnancy status	<ul style="list-style-type: none"> • Pregnant • Non-pregnant 	1.55	[0.64, 3.74] REFERENCE	0.34
Breastfeeding status	<ul style="list-style-type: none"> • Breastfeeding • Not breastfeeding 	0.80	[0.43, 1.49] REFERENCE	0.48
Age of children	<ul style="list-style-type: none"> • Parent/guardian of an infant (vs not parent/guardian of an infant) 	0.96	[0.54, 1.70]	0.88
	<ul style="list-style-type: none"> • Parent /guardian of a young child (vs not a parent/guardian of a young child) 	1.06	[0.62, 1.81]	0.84

Independent Variable		Odds Ratio	95% Confidence Interval	p-value
Employment status	<ul style="list-style-type: none"> Unemployed Employed 	1.12	[0.61, 2.06] REFERENCE	0.71
Supplemental income	<ul style="list-style-type: none"> One of more supplemental sources of income No supplemental sources of income 	0.95	[0.47, 1.92] REFERENCE	0.89
Change in use of federal services (per additional service used since enrolling in WIC)		1.11	[0.77, 1.60]	0.57
Change in use of community services (per additional service use since enrolling in WIC)		1.27	[0.93, 1.73]	0.14
Currently enrolled in WIC	<ul style="list-style-type: none"> Yes No 	0.93	[0.36, 2.38] REFERENCE	0.88
Currently enrolled in SNAP	<ul style="list-style-type: none"> Yes No 	0.70	[0.37, 1.31] REFERENCE	0.26
P-EBT participation	<ul style="list-style-type: none"> Yes No 	0.49	[0.21, 1.17] REFERENCE	0.11
Challenges applying to WIC	<ul style="list-style-type: none"> One or more challenges No challenges 	1.57	[0.91, 2.70] REFERENCE	0.11
Satisfaction with WIC	<ul style="list-style-type: none"> Positive response to WIC experience One or more neutral or negative responses to WIC experience 	2.97	[0.65, 13.49] REFERENCE	0.16
Experience using WIC at store	<ul style="list-style-type: none"> Positive experience Neutral or negative experience 	1.11	[0.65, 1.90] REFERENCE	0.71
Social response to using WIC	<ul style="list-style-type: none"> Positive experience Neutral or negative experience 	1.10	[0.64, 1.89] REFERENCE	0.74
Challenges applying to SNAP	<ul style="list-style-type: none"> On or more challenges No challenges 	0.79	[0.26, 2.37] REFERENCE	0.67

Independent Variable		Odds Ratio	95% Confidence Interval	p-value
Satisfaction with SNAP	<ul style="list-style-type: none"> • Positive experience • Neutral or negative experience 	1.06	[0.42, 2.67] REFERENCE	0.90
Helpfulness of SNAP flexibilities	<ul style="list-style-type: none"> • Helpful • Not helpful 	2.13	[0.54, 8.48] REFERENCE	0.28
Experience using SNAP at the store	<ul style="list-style-type: none"> • Postive experience • Neutral or negative experience 	1.68	[0.65, 4.32] REFERENCE	0.28
Social response to using SNAP	<ul style="list-style-type: none"> • Postive experience • Neutral or negative experience 	1.72	[0.71, 4.16] REFERENCE	0.23

Table 7. In-depth interview theme frequency and key quotations

THEME	KEY QUOTE
Theme 1: Financial need and stigma reduction facilitated WIC enrollment	
Enrollment barriers	<p>“I would have to say the biggest reason they wouldn’t apply is pride and looking like they’re trying to get a handout.”</p> <p>“I actually didn’t know that there were so many resources for pregnant mothers. I thought it was more for babies.”</p> <p>“I also kind of felt bad because, like, I know it’s for people that needed it and we didn’t we didn’t need it at the time. So I just felt like, you know, that I should save it for other moms that needed it more than me.”</p>
Social network nudges	<p>“So we are foster parents, and he had taken a placement from another family, so they had had the placement and decided it was too much. So we took the placement on them and they had to have the child on the WIC. And so she had given me a formula and I’m like, Oh, I don’t want to take your formula. And she explained, No, it was his formula and it had come with WIC and had introduced me to it, and that’s why we had originally applied.”</p> <p>“I learned about it through my sister, who was pregnant at the time. And then I got pregnant, so she recommended me to sign up.”</p> <p>“I met with a WIC person actually, in the hospital, and she said... we totally qualified. We went through her and did everything, and we actually were approved, which gave me a lot of peace of mind because as a new mom and I’m also a type one diabetic, so I spend a lot of my money on supplies for me to live, unfortunately. So it was really nice to have someone to talk to, to say, you know what, we would actually make it. Let me put in everything for you. I can handle this. And she did that for me. Um, and yeah, that’s, that’s pretty much it.”</p>

THEME

KEY QUOTE

Financial necessity to enroll

“I first applied when I found out that I was having twins and me and my husband weren’t necessarily making enough. We thought that we might have to find some help with that. So I applied to make sure that my kids would be taken care of.”

“When my first child was born, I. My breast milk didn’t really come in. Like, five months is all I could do. And we couldn’t really afford formula. So my husband told me to go apply for WIC and see if they would help us with that.”

“We were average middle class. We didn’t need...I mean, yeah, money was a little tight, but we were able to still get what we needed and wanted and be okay. Then COVID hit and work hours were reduced.. So we’re like, you know, we can use the extra help now because if we don’t get it now, we’re going to just keep falling deeper and deeper behind. And then recovery, like everything has set down and everything was like out of stock. You know, you want to always try to stay ahead because you never know what’s going to happen.”

Theme 2: The flexibilities introduced during COVID-19 enhanced the WIC experience and will facilitate client retention in the future.

Ease of services

“I didn’t have a hard time with it at all, I feel like the WIC officer here is super great and really on top of things, so I really I felt it was very easy.”

“I think it was pretty easy. Most of the stuff online was pretty self-explanatory for me and in any of the conversations I had with all of the ladies in the local office, they are super nice and super helpful and they don’t make you feel like there’s any sort of embarrassment or shame in being a part of it.”

“Well, it’s pretty, actually it wasn’t I didn’t have any difficulties with it, to be honest. I think it was pretty easy. They gave me a lot of information on things like helping the kids eat, even though they’re growing and they’re learning, they’re right on curb. Oh hey, you can give them this to help grow a little bit what they need, like vegetables and just and their proteins and stuff.”

THEME**KEY QUOTE****Flexible forms or engagement**

“I think the phone appointments that they’re doing are amazing. I wish that they would keep them or even if they have to. Obviously, you know, see us in the office, maybe just not as much as like I know when I had my older son, like I used to always have to go. I did. The phone appointments are really helpful, especially when you have multiple kids that are little or the weather’s bad. It’s just a lot easier.”

“I was able to do everything over the phone. Um, it was really, really convenient, actually, especially ‘cause I had a newborn. So for a little while, um yeah, you know, traveling and going places and doing things was really, really difficult.”

“I think I like the in-person better just because I feel like it’s easier sometimes to talk to somebody about things in person.”

Unaware of flexibilities

“No, I actually didn’t know you could do substitutions. So if there was something not in stock, we just waited.”

“I did experience stores being out of WIC products a lot, but I never. I never knew about the substitutions at all, though.”

“I didn’t even know that was an option to have.”

Expanded flexibilities

“I wish that we could use it at curbside, but I know here in Montana, I don’t know about other states, but here we can’t. But that would be awesome if we could, because sometimes, like I said, I have two little I have a two year old and a ten month old and I do a lot of curbside. And sometimes when I think about just having to go inside to get eggs or formula and lug them out in the snow, and it’s like, I mean, I’m grateful I have it, but it would be so nice to have curbside but online ordering.”

“I think that’d be nice for the cards to have the chip on them. I know personally, like I said, I don’t really care a whole of it what other people think, if I’m going to use it and I’m I’m good with it. But I have, there’s one other gal that I know who was saying, you know, she’s like, everybody knows you’re using a WIC card, usually because they don’t have chips, and so you have to slide them.”

“I really wish there was a way for us to use the work on online grocery orders, because if I’m keeping my kids out of the store so they don’t get sick, but I have to go in and stuff, it just seems kind of counterproductive.”

THEME**KEY QUOTE**

Theme 3: WIC participants use their food skills to choose and prepare nutritious foods on a budget, yet some experienced barriers to using their benefits during COVID-19.

Prioritizing food among other financial demands

“Guess we would, we would always try to, like, prioritize that we had enough food to get us through, like, um, until, like the next pay time. And then we, after we got made sure that we had enough food, then we would pay our bills. But a lot of them, a majority of the time, we would make sure that all of our bills were paid and then we would worry about food. So, you know, it would things would end up being skimmed, but we would always make sure that our kids are fed.”

“I feel like whenever we’re trying to save money, we’re always like, okay, we’re not huge snackers anyway, but we’re like, let’s try not to snack cause snack foods are very expensive and not really that healthy for you anyway. So I feel like that’s where a lot of our sacrifice comes in.”

“Um, well, if I have to pay the internet or buy a meal, I’m just, I’m definitely buying a meal.”

WIC facilitates nutritious diets that would otherwise be unattainable

“I love that the fruit and veggie amount has gone up. We eat a ton of fruit and vegetables in my house. And that was really nice when that went up, it really allowed us to get even more. So that was really nice.”

“I think work has encouraged eating healthier and like even during like the fall, they gave us food stipends to go to the farmer’s market. So, like that encouragement of, like, thinking, like, being more cognizant of what we’re buying and, like, what we’re putting into our bodies. And also they. I like that they would give us recipes in the mail.”

“We’re not only able to buy more food, but, you know, a healthier, bigger variety stuff that we actually need. On top of that, you know, like milk, we need milk vegetables and need vegetables. Sometimes it’s better to have a choice of vegetables instead of being stuck to the what you can afford, you know? And so it’s definitely it’s definitely nice to be able to buy some of the other extra nicer things in life.”

THEME**KEY QUOTE****Food stockpiling**

“Well, we were really worried about COVID, and we just didn’t. If one of us got it, we didn’t want anyone else to have to. And you come into the house to give us groceries if we needed them. And I just didn’t want my babies to go hungry.”

“I didn’t I don’t actually have room in my house to really have a lot of stockpiled foods and stuff, I don’t have a pantry which makes it kind of for me. So I didn’t just because I didn’t want a lot of it to go to waste.”

“You can’t really stockpile a lot, but you could do a little bit, you know? Yeah, we would usually have enough milk to cover us for two weeks.”

Irregular in-store experiences

“I’ve kind of noticed that stores when cashiers see that you have your card, they kind of like grunt at you. I don’t know. I’m not any different than scanning and swiping any other cards, so I don’t get why they get so upset.”

“We’re in a very rural area. And so there’s only two grocery stores and the main one that people go to is Wal-Mart. And I don’t know if it’s a Wal-Mart issue or not, but there’s some labels. So and it’s always on just the Wal-Mart brand I’ve noticed. We’ll say like the gallon of milk will say WIC approved. But when you go to the egg section, nothing there, cereal, nothing there. So it’s certain random ones will say wick approved. But not not really clearly labeled.”

“I didn’t know I every once in a while had a hard time finding the formula that my son was on, I wasn’t really able to substitute it for anything because it was a lactose-free formula.”

THEME

KEY QUOTE

Theme 4: Financial need and stigma reduction facilitated other nutrition assistance enrollment and participation

Community food system supports

“The lady that works there, she’s real friendly. You should know that. They really are. They really try to overstock us, but we tell them no, because, you know, there’s other people in the community, they know. How much kids we have for.”

“They were really nice and helpful and I didn’t feel like judged or like they didn’t make me feel uncomfortable going there and asking for help. And before we got on WIC and SNAP, we were using the food bank. And that was a really nice experience, because same thing. They didn’t make us feel, like, uncomfortable or. And then the process was really easy. So, like, just signing a couple of things, and then they would bring the food out to us which was really nice.”

“There are there is an organization over here that has different locations, like every day of where you can go and pick up food. And I think we used that a couple times when we were sort of stuck. Um, and that was super easy. They just asked her, you know, they asked how many people were in the household and kind of let you go through what they had. So they were pretty easy to use, but you’re very limited in options of what you’ve got.”

SNAP Supports

“I like that it makes the food easier for parents, but then are easier for his parents to buy food for our children because it gives us extra money to buy our necessities.”

“It provides where we’re lacking. I feel like we’re able to get. And even though right now, with the prices being a lot higher, we’re able to choose healthier options and not just like cheaper stuff or like not unhealthy.”

“I do feel like SNAP is beneficial for giving more of a variety of food choices. Like If you have kids that maybe have special foods that they need or things like that, SNAP gives you a little bit more freedom and with a little more specific.”

MT-NEWFAM APPENDIX

Appendix A: MT NEWFAM Survey Sampling Methodology Summary

Sampling developed and written by Miriam Naiman-Sessions, MT DPHHS.

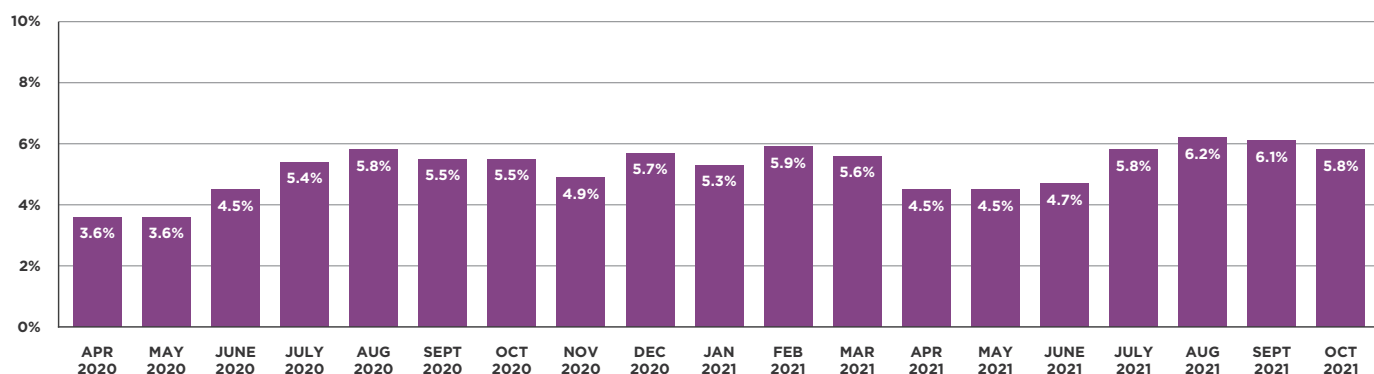
The WIC program queried member data to extract households that were new to their programs during the 4/1/2020 – 11/01/2021 period. These were households that did not have any enrollees previously certified to receive benefits from the program. WIC data staff provided a file containing 6,271 individuals and 3,483 households. WIC staff provided demographic information on the race, age, pregnancy status, and foster status of individuals. Households were deduplicated and coded for the presence of the four key demographic areas of interest, with at least one household member identified as: American Indian/Alaskan Native, a child less than 5 years of age, a pregnant woman, or a foster child. Table 1 summarizes the demographic categories of the NEWFAM population by program membership.

Demographic Characteristics of NEWFAM-Eligible Households

Household Characteristics	Count	Percent
American Indian/Alaskan Native	677	19.4%
Child Less than 5 Years of Age	3,006	86.3%
Pregnant Woman	1,638	47.0%
Foster Child	275	7.9%
Total Households	3,483	100%

There was also interest in the distribution of households by enrollment date during the pandemic period. Figure 2 provides a histogram of WIC NEWFAM household enrollments by enrollment month. NEWFAM household enrollments were evenly distributed throughout the pandemic period, suggesting a sampling design based on this population characteristic is not needed.

Distribution of NEWFAM WIC Household Enrollments by Month and Year of Enrollment



In the absence of sampling stratum, a final sample size of 347 is recommended to achieve a 95% confidence interval and 5% margin of error when producing population estimates for the full population. If analysis by domain is desired (i.e., analyzing differences across demographic groups), a stratified sampling plan is recommended with oversampling for those smaller populations. In the case of the WIC population, oversampling of American Indian households is recommended. Table 2 provides the calculations used for the development of the NEWFAM sample. Note that response rates are used to adjust the study sample size and a response rate of 50% was assumed for all program membership categories.

Sampling Strategy for NEWFAM Survey

Stratification Variable	NEWFAM Population Size	Estimated Unadjusted Sample Size	Finite Population Corrected Sample Size	Estimated Response Rates	Estimated Adjusted Sample Size	Sampling Rate	Percent of Sample
AI/AN HHs	677	246	180	50%	360	0.531757755	34.7%
Non AI/AN HHs	2,806	339	302	50%	678	0.241625089	65.5%
TOTAL SAMPLE	3,483	585			1,038		

The survey sample was generated using the SURVEYSELECT procedure in SAS 9.4. The sampling rates from Table 2 were used with the survey stratum set to program membership and a random number was used to create the seed. The demographic characteristics of the NEWFAM sample are presented in Table 3 and can be compared to those of the NEWFAM-Eligible population in Table 1. Overall, the survey sample is representative of the population of interest, with the demographic groups represented in the survey sample being comparable to those in the population (except for the American Indian population, which was oversampled by design). Analyses for demographic categories should be approached with response rates for these subgroups in mind, as a low response rate may introduce bias that could impact the generalizability of data.

Demographic Characteristics of NEWFAM Sample

Household Characteristics	Count	Percent
American Indian/Alaskan Native	360	34.7%
Child Less than 5 Years of Age	893	86.0%
Pregnant Woman	483	46.5%
Foster Child	114	11.0%
Total Households	1,038	100%

Appendix B: Survey Items

MODULE: DEMOGRAPHICS

Construct	Question	Response Options
Name	First Name	Open response
	Last Name	Open response
Age	Date of Birth (MM/DD/YYYY) Example 05/12/1980. ¹	Open response
Gender	What is your gender identity?	<ul style="list-style-type: none"> • Male • Female • Non-binary/third gender • Prefer to self-describe: _____ • Prefer not to answer
Race/Ethnicity	How would you describe your racial and/ethnic background? <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Hispanic and Latino/a/x • Asian • Black and African American • American Indian and Alaska Native • Middle Eastern and North African • Native Hawaiian and Pacific Islander • White or European American • Other race or ethnicity: _____ • Don't know/not sure • Prefer not to answer
	If Hispanic and Latino/a/x checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Central American • Mexican • Other Hispanic or Latino/a/x

Construct	Question	Response Options
Race/Ethnicity	If Asian checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Asian Indian • Cambodian • Chinese • Communities of Myanmar • Chinese • Filipino/a • Hmong • Japanese • Korean • Laotian • Vietnamese • Other Asian: _____
	If Black and African American checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • African American • Afro-Caribbean • Ethiopian • Somali • Other African: _____ • Other Black: _____
	If American Indian and Alaska Native checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • American Indian • Alaska Native • Canadian Inuit, Metis, or First Nation • Indigenous Mexican, Central American, or South American
	If Middle Eastern and North African checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Middle Eastern • North African
	If Native Hawaiian and Pacific Islander checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Chamoru (Chamorro) • Marshallese • Community of the Micronesia Region • Native Hawaiian • Samoan • Other Pacific Islander: _____
	If White or European American checked: <i>Check all that apply.</i> ¹	<ul style="list-style-type: none"> • Eastern European • Slavic • Western European • Other White: _____

Construct	Question	Response Options
Education	What is the highest level of education you have completed? ²	<ul style="list-style-type: none"> • Never attended school • Kindergarten • Grades 1 through 8 (elementary school) • Grades 9 through 11 (some high school) • Grade 12 or GED (high school graduate) • Technical school • Some college • Bachelor's degree • Master's degree (MA, MBA, MSW) • Professional degree (MD, DDS, JD) or Doctorate degree (PhD, EdD) • Prefer not to answer
Employment status	Are you currently employed? ³	<ul style="list-style-type: none"> • No, I am not currently employed and am not looking for work • No, I am not currently employed, but I am looking for a job • No, I am retired or disabled • No, I am a full-time homemaker/ stay-at-home parent • No, I am a full-time student • Yes, I am currently employed in a part-time job for less than 30 hours per week • Yes, I am currently employed in a full-time job for more than 30 hours per week • Other, please specify: _____

MODULE: COVID-19

Construct	Question	Response Options
<p>Financial issues</p>	<p>Have you had money troubles because of COVID-19? <i>Check all that apply.</i>⁴</p>	<ul style="list-style-type: none"> • I was laid off permanently • I was laid off temporarily • I took time away from work to care for myself or others who were sick • I took time away to care for children • I took time away to care for an elderly person • I had to quit my job to take care of my child(ren) or other family members • I had to temporarily close a business I own • I had to lay off employees • I had to permanently close a business I own • I was unable to make one or more loan or mortgage payments • I was unable to make one or more rental payments • I missed paying one or more bills • I experienced a change in housing • I had to use savings or retirement accounts to make ends meet
<p>Sources of money</p>	<p>Did you or did anyone in your household get money in the last year from any of the following sources? <i>Check all that apply.</i>⁵</p>	<ul style="list-style-type: none"> • Unemployment compensation • Disability (SSDI), workman’s compensation, or Supplemental Security Income (SSI) • Stimulus check • Social security and/or pension • Rental assistance • Loan forgiveness/assistance • Other, please specify: _____ • No, I have not received money from these services

MODULE: DEMOGRAPHICS

Construct	Question	Response Options
Household composition	How many members of your household, including yourself, are 18 years of age or older?	Open response
	How many children under age 18 live in your household?1	<ul style="list-style-type: none"> • Age 0-5 years: _____ • Age 6-17 years: _____ • 0 children under the age of 18
Pregnancy status	Are you: <i>Check all that apply.</i> ⁶	<ul style="list-style-type: none"> • Pregnant • Postpartum, breastfeeding • Postpartum, not breastfeeding • Parent and/or guardian of an infant • Parent and/or guardian of a child (1-4 years) • None of these apply

MODULE: FOOD SECURITY

Construct	Question	Response Options
USDA 2-item screener	<i>For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.⁷</i>	
	“I worried whether our food would run out before we got money to buy more.” Was that often true, sometimes true or never true for your household in the last 12 months?	<ul style="list-style-type: none"> • Often true • Sometimes true • Never true
	“The food that I bought just didn’t last, and we didn’t have money to get more.” Was that often true, sometimes true or never true for your household in the last 12 months?	<ul style="list-style-type: none"> • Often true • Sometimes true • Never true

MODULE: FOOD ASSISTANCE

Construct	Question	Response Options
<p>Before WIC enrollment</p>	<p>In the 12 months BEFORE YOU SIGNED UP FOR WIC, which services did you participate in? <i>Check all that apply.</i>⁵</p>	<ul style="list-style-type: none"> • Pandemic-EBT (P-EBT) [provides additional money to purchase food for your children on an electronic benefit card (EBT) to replace free and reduced-price meals] • Supplemental Nutrition Assistance Program (SNAP) • Food Distribution Program on Indian Reservations (FDPIR) • Breastfeeding support at the local hospital • Free or reduced meals through licensed childcare or Child and Adult Care Food Program (CACFP) • Free or reduced school lunch or breakfast • After school or summer meals program • Free meals or groceries through other programs aimed at children • Food from food banks or food pantries • Food gifts or money for food from family or friends • Money, incentives, vouchers, or tokens to buy extra food like fruits and vegetables at the farmers market • Relying on alternative sources of food (your own garden, wild food harvesting) • Help from a health care worker, social worker, community health worker, or case manager • Home-delivered meal service like Meals on Wheels • Food from church, synagogue, temple, mosque, or other religious organization • Food from a shelter or soup kitchen • Other, please specify: _____

Construct	Question	Response Options
<p>Since WIC enrollment</p>	<p>SINCE YOU SIGNED UP FOR WIC, which services do you participate in now? <i>Check all that apply.</i>⁵</p>	<ul style="list-style-type: none"> • Pandemic-EBT (P-EBT) [provides additional money to purchase food for your children on an electronic benefit card (EBT) to replace free and reduced-price meals] • Supplemental Nutrition Assistance Program (SNAP) • Food Distribution Program on Indian Reservations (FDPIR) • Breastfeeding support at the local hospital • Free or reduced meals through licensed childcare or Child and Adult Care Food Program (CACFP) • Free or reduced school lunch or breakfast • After school or summer meals program • Food from church, synagogue, temple, mosque, or other religious organization • Free meals or groceries through other programs aimed at children • Food from food banks or food pantries • Food gifts or money for food from family or friends • Money, incentives, vouchers, or tokens to buy extra food like fruits and vegetables at the farmers market • Relying on alternative sources of food (your own garden, wild food harvesting) • Help from a health care worker, social worker, community health worker, or case manager • Home-delivered meal service like Meals on Wheels • Food from church, synagogue, Food from a shelter or soup kitchen • Other, please specify: _____

How long WIC benefits last	How many weeks do your WIC benefits usually last? ⁵	<ul style="list-style-type: none"> • One week or less • 2 weeks • 3 weeks • 4 weeks • More than 4 weeks • Depends • Other, please specify: _____
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MODULE: FOOD CHOICES

Construct	Question	Response Options
Stockpiling	Experts recommended stocking up on 2 weeks of food for your household to prepare for COVID-19. Were you able to do this? Check all that apply. ⁸	<ul style="list-style-type: none"> • Yes, I was able to stock up on at least 2 weeks of food for my household • I was able to stock up more food than usual, but not 2 weeks of food for my household • No, stores near me were sold out of a lot of products and I couldn't fully stock up on food • No, I can't afford to purchase that much food at one time • No, I don't have room to store that much food at one time • No, WIC foods were hard to find or not in stock • No, transportation was a problem for me to get to a store where I could get food
Current WIC participation	Are you still participating in WIC?	<ul style="list-style-type: none"> • Yes • No
	If no, why are you no longer participating?	Open response

Construct	Question	Response Options
	The next set of questions ask about your participation in WIC.	
<p>Before WIC enrollment</p>	<p>Please select which food choices you made in 12 months BEFORE YOU SIGNED UP FOR WIC. <i>Check all that apply.</i>⁹</p>	<ul style="list-style-type: none"> • Eating more food than needed when food was available • Eating food, even though it was spoiled or expired • Eating less expensive food, even though it was less healthy • Spending a lot of time thinking about how to get food • Relying on fast food more than usual • Using coupons • Buying damaged or less expensive items • Only buying items that were on sale or discounted • Buying larger amounts of foods at cheaper prices (bulk purchasing) • Allowing certain members of the house to have more access to food than others, such as children having more food than adults • Using money from savings accounts or payday loans to buy food • Keeping a backup food supply or stash • Having to choose between food and other important items like medicine, hygiene products, bills, or rent • Other, please specify: _____

Construct	Question	Response Options
<p>Since WIC enrollment</p>	<p>Have your food choices changed? Please select which food choices you made SINCE YOU SIGNED UP FOR WIC. <i>Check all that apply.</i>⁹</p>	<ul style="list-style-type: none"> • Eating more food than needed when food was available • Eating food, even though it was spoiled or expired • Eating less expensive food, even though it was less healthy • Spending a lot of time thinking about how to get food • Relying on fast food more than usual • Using coupons • Buying damaged or less expensive items • Only buying items that were on sale or discounted • Buying larger amounts of foods at cheaper prices (bulk purchasing) • Allowing certain members of the house to have more access to food than others, such as children having more food than adults • Using money from savings accounts or payday loans to buy food • Keeping a backup food supply or stash • Having to choose between food and other important items like medicine, hygiene products, bills, or rent • Other, please specify: _____

MODULE: FOOD ASSISTANCE

Construct	Question	Response Options
<p>Non-participation in WIC before COVID</p>	<p>Please finish the following statement. I did not apply to WIC benefits before COVID-19 because...¹⁰</p>	<p>Open response</p>

MODULE: WIC ENROLLMENT PROCESS

Construct	Question	Response Options
<p>Reasons for WIC</p>	<p>I chose to apply to WIC for the following reasons... <i>Check all that apply.</i>¹¹</p>	<ul style="list-style-type: none"> • Infant formula • To improve the health of my child • WIC foods • Information for a healthy pregnancy • A breast pump • Nutrition information • Breastfeeding support • Loss or change of job • Loss or change of income • New baby/pregnancy • Change in childcare • Help getting food for my family • Other, please specify: _____ • None of these apply
<p>Learning about WIC</p>	<p>Did you learn about WIC from any of the following? <i>Check all that apply.</i>¹²</p>	<ul style="list-style-type: none"> • A friend • A family member • A doctor or health professional • Television • Radio • Newspaper • Billboard or poster • Pamphlet • Social media • Advertisement on a website • Other, please specify: _____ • No one told me about WIC

Construct	Question	Response Options
Contacting WIC	How did you first get in contact with WIC services?	<ul style="list-style-type: none"> • Contacted local WIC office • Contacted state office • Emailed montanawicprogram@mt.gov • A friend or family member helped me • Referred by a healthcare provider or other program • Other, please specify: _____
Ease of applying to WIC	How difficult or easy was it to apply for WIC? ⁶	<ul style="list-style-type: none"> • Very difficult • Difficult • Neither easy nor difficult • Easy • Very easy
Challenges applying to WIC	Did you encounter any of these challenges applying to WIC? <i>Check all that apply.</i> ¹³	<ul style="list-style-type: none"> • I had to reschedule an appointment • I had to cancel an appointment • I had trouble getting an appointment • I had trouble getting transportation to an appointment • It takes too long to complete an appointment • There is too much involved in applying or it is too confusing • I had a hard time finding or submitting the proof of income documents • I had to bring my child(ren) to the WIC office • I did not receive good information about WIC benefits • I did not receive good information about who is eligible for WIC • I did not understand the process of applying for WIC after speaking with WIC staff • Other, please specify: _____ • I did not encounter any challenges applying to WIC

MODULE: FORMULA RECALL

Construct	Question	Response Options
Receiving formula	Did you receive infant formula through WIC in February or March of 2022?	<ul style="list-style-type: none"> • Yes • No
Experiences with recall	If yes: Can you describe your experience with the infant formula recall?	Open response

MODULE: WIC EXPERIENCE

Construct	Question	Response Options
	Please rate how much you agree with each of the following statements regarding your experience with WIC. ¹⁴	
Staff	The staff was knowledgeable	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
	The staff was rude and/or judgmental	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
Receiving WIC benefits	I received my WIC benefits quickly	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
Office hours	How convenient for you were the hours the office was open? ¹⁵	<ul style="list-style-type: none"> • Very convenient • Somewhat convenient • Somewhat inconvenient • Very inconvenient • I do not know

Construct	Question	Response Options
COVID-19 flexibilities	The process to sign-up for WIC changed during COVID-19. Changes included many offices providing services over the phone, giving benefits remotely, more flexibility in purchasing WIC foods at the store. How helpful were these flexibilities to you?	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • These flexibilities did not impact my experience
Usefulness of WIC services	How helpful are/were each of these WIC services? ¹⁶	
	Food benefits	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • I do not know
	Food and nutrition information	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • I do not know
	Clinic services (Checking in on health or growth)	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • I do not know
	Breastfeeding support	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • I do not know
	Information about other resources	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • I do not know

Construct	Question	Response Options
Missing WIC appointments	Would you say that you miss WIC appointments SOMETIMES or OFTEN or NEVER? ¹²	<ul style="list-style-type: none"> • Sometimes • Often • Never
Reasons for missing WIC appointments	Have you missed appointments for any of these reasons? <i>Check all that apply.</i> ¹²	<ul style="list-style-type: none"> • I forgot about it • I could not get off work • It takes too long to complete the appointment • Other, please specify: _____ • None of these apply

Please rate your level of agreement with the following statements:

WIC items in store	It is easy to find WIC items in the store.	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree
Online ordering of WIC products	I am interested in online ordering of WIC products.	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree

MODULE: WIC STIGMA

Construct	Question	Response Options
	The next questions are about how people feel about using WIC benefits. ¹⁵	
Hiding WIC	Have you ever done anything to hide that you use WIC?	<ul style="list-style-type: none"> • Often • Sometimes • Never
Treated poorly	Have you ever been treated poorly when using WIC in a store?	<ul style="list-style-type: none"> • Often • Sometimes • Never
	Were you ever treated poorly when you told people that you received WIC assistance?	<ul style="list-style-type: none"> • Often • Sometimes • Never

MODULE: WIC EXPERIENCE

Construct	Question	Response Options
Suggestions for improvement	As a WIC recipient, we value your ideas about how to improve the WIC program and services. Do you have any suggestions to improve WIC services?	Open response

MODULE: SNAP PARTICIPATION

Construct	Question	Response Options
	The next set of questions ask about your participation in SNAP.	
Current SNAP participation	Do you currently participate in SNAP?	<ul style="list-style-type: none"> • Yes • No
	IF YES:	
How long benefits last	How many weeks do your SNAP benefits usually last? ⁵	<ul style="list-style-type: none"> • One week or less • 2 weeks • 3 weeks • 4 weeks • More than 4 weeks • Depends • Other, please specify: _____
Non-participation in SNAP before COVID	Please finish the following statement. I did not apply to SNAP before COVID-19 because...	Open response
Reasons for enrollment	I chose to apply to SNAP because... Check all that apply. ¹⁷	<ul style="list-style-type: none"> • I needed help getting food for my family • Loss or change of job • Loss or change of income • Someone offered to help me apply to SNAP • A friend or family member suggested that I apply • I heard that the monthly benefit was higher than usual because of COVID • Other, please specify: _____ • None of these apply

Construct	Question	Response Options
Learning about SNAP	Did you learn about SNAP from any of the following? <i>Check all that apply.</i> ¹²	<ul style="list-style-type: none"> • A friend • A family member • A doctor or health professional • Television • Radio • Newspaper • Billboard or poster • Pamphlet • Social media • Advertisement on a website • Other, please specify: _____ • No one told me about SNAP
Ease of applying to SNAP	How difficult or easy was it to apply for SNAP? ⁶	<ul style="list-style-type: none"> • Very difficult • Difficult • Neither easy nor difficult • Easy • Very easy
Challenges applying to SNAP	Did you encounter any of these challenges applying to SNAP? Check all that apply. ¹³	<ul style="list-style-type: none"> • I had to reschedule the interview • I had to cancel the interview • I had trouble getting to the interview • It took too long to complete the interview • I had a hard time finding or submitting the proof of income documents • I had to bring my child(ren) to the SNAP office • I did not receive good information about SNAP benefits • I did not receive good information about who is eligible for SNAP • I did not understand the process of applying for SNAP after speaking with SNAP staff • Other, please specify: _____ • I did not encounter any challenges applying to SNAP

MODULE: SNAP EXPERIENCE

Construct	Question	Response Options
	Please rate how much you agree with each of the following statements regarding your experience with SNAP. ¹⁴	
Staff	The staff was knowledgeable	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
	The staff was rude and/or judgmental	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
Receiving benefits	I received my SNAP benefits quickly	<ul style="list-style-type: none"> • Completely disagree • Disagree • Neither disagree nor agree • Agree • Completely agree
COVID-19 flexibilities	The process to sign-up for SNAP changed during COVID-19. Changes included many offices are providing services over the phone, different work requirements, more flexibility in purchasing SNAP foods at the store. How helpful were these flexibilities to you?	<ul style="list-style-type: none"> • Very helpful • Somewhat helpful • Not very helpful • Not at all helpful • These flexibilities did not impact my experience
SNAP-Ed	Did you know that there may be a free SNAP education program in your area that helps families learn tips and tricks for shopping and food preparation?	<ul style="list-style-type: none"> • Yes • No
	Please rate your level of agreement with the following statements:	

Construct	Question	Response Options
SNAP in stores	It is easy to find SNAP items in the store.	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree
Online ordering SNAP	I am interested in online ordering of SNAP products.	<ul style="list-style-type: none"> • Agree • Somewhat agree • Neither agree nor disagree • Somewhat disagree • Disagree

MODULE: SNAP STIGMA

Construct	Question	Response Options
	The next questions are about how people feel about using SNAP benefits. ¹⁵	
Hiding SNAP	Have you ever done anything to hide that you use SNAP?	<ul style="list-style-type: none"> • Often • Sometimes • Never
Treated poorly	Have you ever been treated poorly when using SNAP in a store?	<ul style="list-style-type: none"> • Often • Sometimes • Never
	Were you ever treated poorly when you told people that you received SNAP assistance?	<ul style="list-style-type: none"> • Often • Sometimes • Never

MODULE: SNAP EXPERIENCES

Construct	Question	Response Options
Suggestions for improvement	As a SNAP recipient do you have any suggestions to improve SNAP services? ⁶	Open response

MODULE: CHARITABLE FOOD SYSTEM

Construct	Question	Response Options
Reasons for non-participation	If you only use SNAP and or WIC and do NOT use other food assistance such as a food pantry or other charitable food services, why not? Check all that apply. ¹⁸	<ul style="list-style-type: none"> • We do not need the food • Other people need the food more than us • We feel uncomfortable using other programs • We cannot get to the locations of other programs • We believe our family is not eligible • We do not know of any other assistance programs • We do not know where other programs are located • It is hard to carry the food home from other programs • We do not like the food given at food pantries • The food at food pantries is not culturally appropriate • Other, please specify:_____ • I do not know

MODULE: PANDEMIC-EBT

Construct	Question	Response Options
<p>Knowledge of P-EBT</p>	<p>There is a temporary program that provides extra money to buy food for your children on an electronic benefits transfer card (EBT) called Pandemic-EBT. This program started during the COVID-19 pandemic. It provides families with extra money for free or reduced-price meals that students lost access to because of school closures due to the COVID-19 pandemic. Have you heard of this program?¹⁹</p>	<ul style="list-style-type: none"> • Yes • No • I don't know
<p>Learning about P-EBT</p>	<p>If YES: How did you hear about P-EBT? Check all that apply.²⁰</p>	<ul style="list-style-type: none"> • Press release(s) • Webinars • Website • Social media • School staff • School food service • School district meal distribution sites • School district email messages • Public service announcements • Through partnerships with advocacy groups • Through partnerships with community-based service providers • Other, please specify: _____ • None of these

Construct	Question	Response Options
Applying to P-EBT	If you were already receiving SNAP, Pandemic-EBT (P-EBT) may have been an additional benefit loaded on to the same EBT card. Has your family: ¹⁹	<ul style="list-style-type: none"> • Received P-EBT • Applied for and waiting to receive P-EBT • Applied for but denied P-EBT • Not applied for P-EBT • I do not know
	Did you enroll in P-EBT? If yes, how did you enroll in P-EBT? ²¹	<ul style="list-style-type: none"> • Phone • Online • Mail • Automatically enrolled • I am not enrolled
Receiving P-EBT	When did your family receive P-EBT benefits? <i>Check all that apply.</i>	<ul style="list-style-type: none"> • Spring 2020 • Summer 2020 • Fall 2020 • Spring 2021 • Summer 2021
Helpfulness of P-EBT	How has P-EBT been helpful in regard to feeding your family?	Open response

MODULE: SUGGESTIONS

Construct	Question	Response Options
What would make it easier to have enough food	What would make it easier for you and your family to have enough food? Please be as specific as possible.	Open response

MODULE: INTERVIEW

Construct	Question	Response Options
Interest in interview	We may be interested in following up with you for an interview. If so, we would provide you with a \$40 gift card for your time. Do we have permission to contact you for an interview?	<ul style="list-style-type: none"> • Yes • No

- 1 American Community Survey 2018]
- 2 Behavioral Risk Factor Surveillance System 2019
- 3 Developed by the Gretchen Swanson Center for Nutrition, Fresh Foods Survey
- 4 Exploring the Impact of the COVID-19 Pandemic on Food Security in Montana to
Build a Food System Responsive to Public Health Crises
- 5 Hunger in America Study
- 6 2012 WIC Survey Report
- 7 U.S. Household Food Security Survey Module 2012
- 8 The effect of COVID-19 on Food Insecurity in the United States
- 9 Aligning Programs and Policies to Support Food Security and Public Health Goals
in the United States
- 10 Maternal Health and Infant Assessment 2017
- 11 WIC Attitudes, Barriers, & Beliefs Study
- 12 National Survey of WIC Participants 2001
- 13 Colorado WIC Participant Survey
- 14 Understanding the factors influencing low-income caregivers' perceived value of
a federal nutrition programme, the Special Supplemental Nutrition Program for
Women, Infants and Children (WIC)
- 15 Food Stamp Program Access Study Final Report
- 16 Early Childhood Research Brief: The Role of WIC
- 17 DTA COVID-19 Frequently Asked Questions
- 18 Public versus private food assistance: barriers to participation differ by age
and ethnicity
- 19 Coronavirus Tracking Survey Wave 2 Questionnaire
- 20 Documenting P-EBT Implementation in Montana
- 21 Pandemic EBT Implementation Documentation Project