



center for BEST PRACTICES



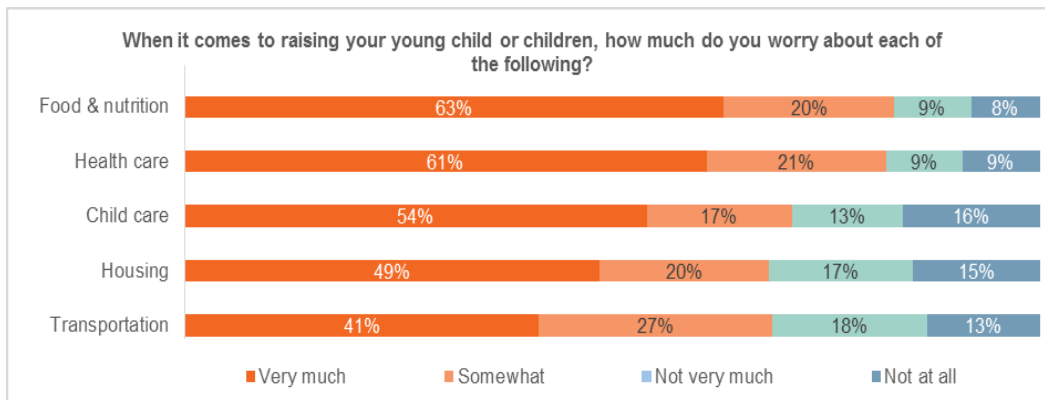
EARLY CHILDHOOD RESEARCH BRIEF: THE ROLE OF WIC

BACKGROUND

Early childhood is a critical period of growth and development, and access to adequate food and nutrition in early childhood can have long-lasting implications on health and well-being. Share Our Strength partnered with APCO Insight to conduct a national survey among low-income families who have children five years old and younger (pre-K). Between December 2016 and January 2017, a total of 1,000 parents and caregivers participated in the survey.¹ The survey asked parents and caregivers about their experiences caring for and feeding their young children and sources of support. This brief focuses on findings regarding families' participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program and their perceptions.

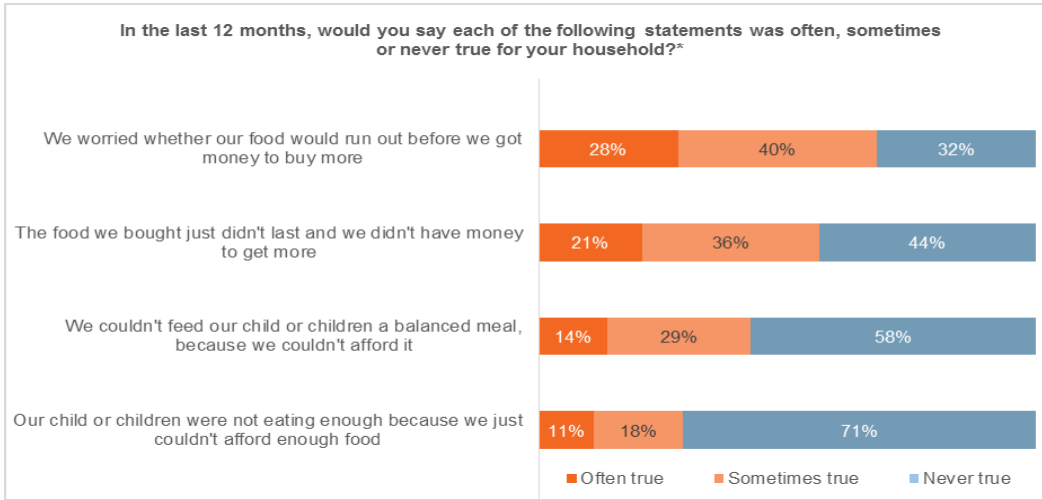
THE NEED FOR WIC

Food and nutrition is a top concern for more than eight in ten low-income families with young children.



Low-income parents with young children acknowledged serious food challenges in the past year.

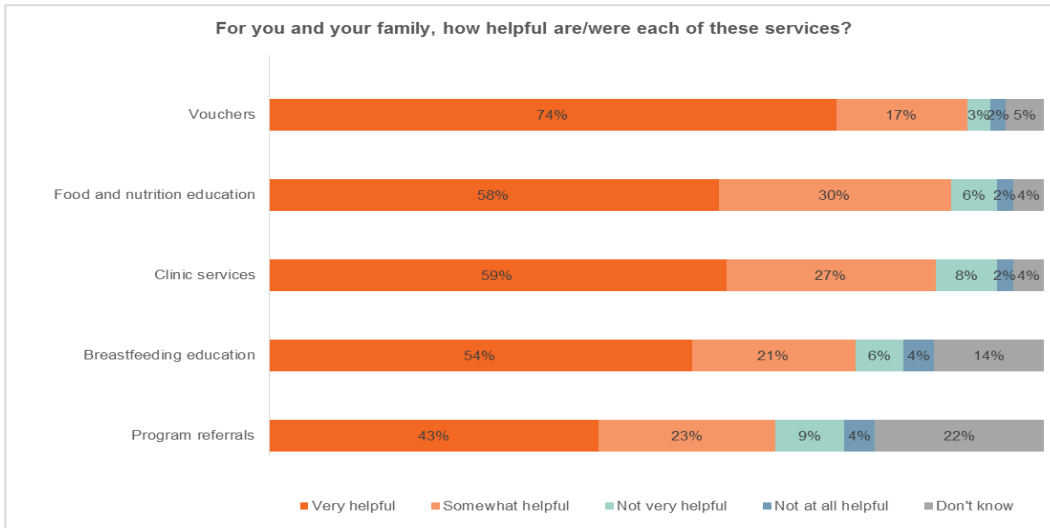
- More than two in three (68%) say they worried their food would run out before they got money to buy more.
- More than half (56%) say the food they bought did not last and they did not have the money to buy more.
- An alarming number report food challenges involving their children, including 42 percent who were not able to feed their child a balanced meal. Nearly one in three (29%) even said their child was not eating enough.



THE VALUE OF WIC

To help address food concerns, 81 percent of parents turn to WIC. WIC is one of the most commonly used programs among low-income parents with young children, even more so than Medicaid (78%) or the Supplemental Nutrition Assistance Program also known as SNAP (73%).

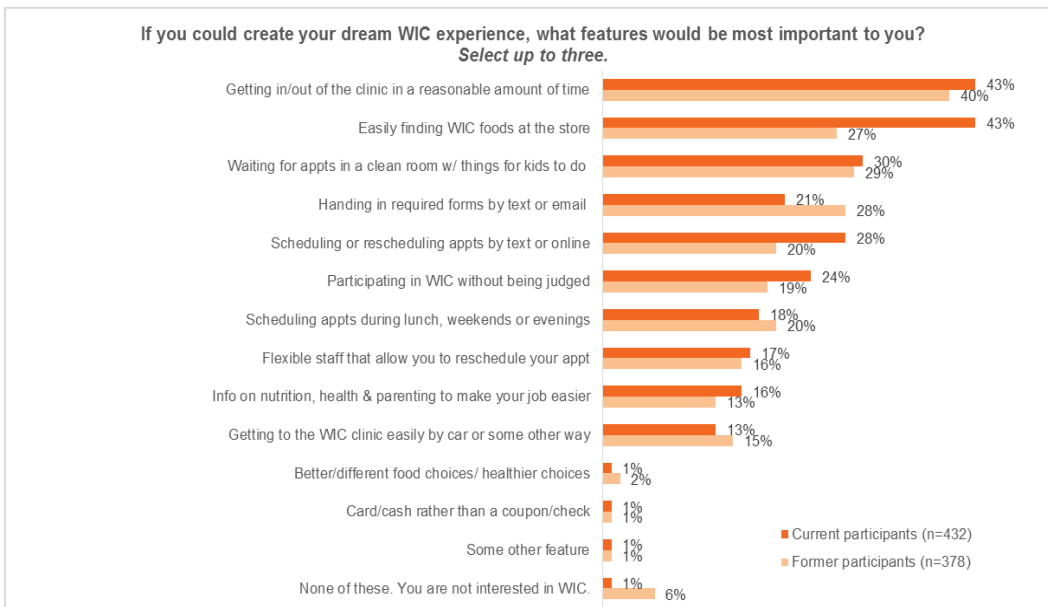
WIC is considered by families to be among the most valuable nutrition programs. WIC parents rate all program services as helpful, with food vouchers at the top of the list.



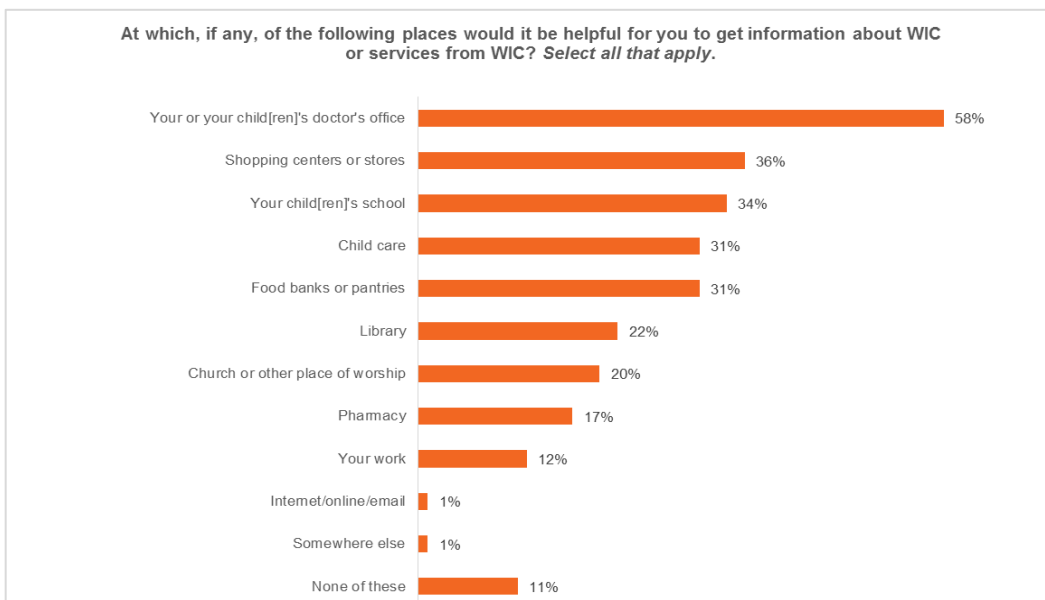
WIC food packages provide supplemental foods designed to meet the special nutritional needs of low-income pregnant and postpartum women, as well as infants and children up to five years of age who are at nutritional risk. Two in three WIC parents responding to the survey agree their WIC food package helps feed their family every month. Parents pair WIC with other programs to help make ends meet. One in five WIC participants also use food banks to help fill the gap in their food budget. Seven in ten WIC participants also use Medicaid to cover health expenses that might otherwise eat into their food budget.

OPPORTUNITIES FOR IMPROVEMENT AND PROMOTION

Parents were asked about WIC features that would make the program experience even better. Parents felt that streamlined clinic visits and easier identification of WIC foods would optimize the WIC experience. Parents also would like to be able to complete the program requirements online or via text. Many state and local agencies are using apps and other technology to make the WIC shopping experience easier. In addition, some agencies allow participants to complete program requirements online, and other agencies are making progress towards this goal.



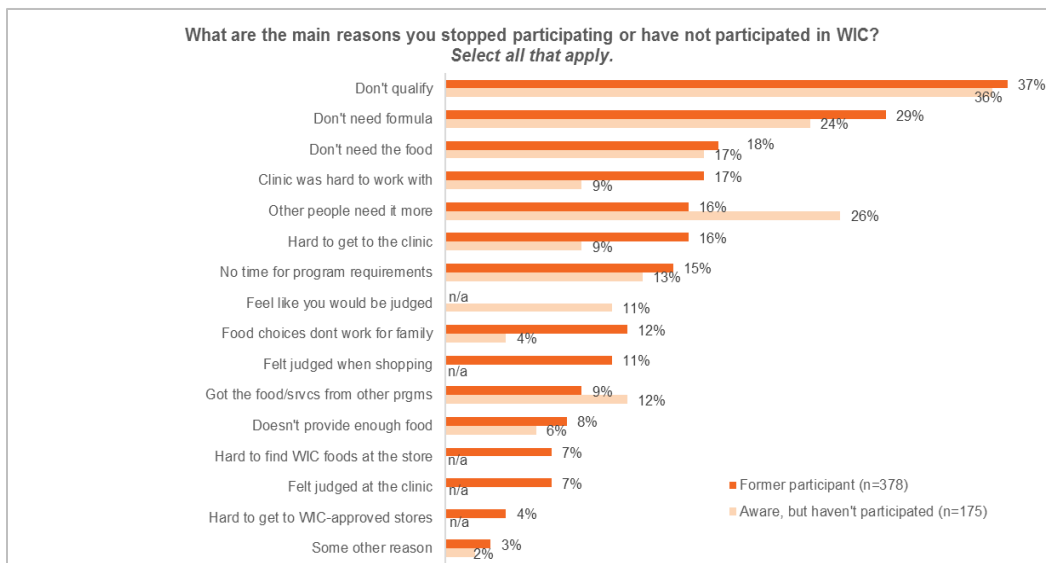
More than one in two parents (58%) would be interested in receiving information about WIC services from their family’s doctors, which could assist with efforts to promote the program.



BARRIERS TO WIC PARTICIPATION

Unlike Medicaid or SNAP, a nearly equal share of parents say they currently participate in WIC versus those who formerly participated (43% versus 38%, respectively).

The most common reason that parents stop participating (or never participate at all) is a belief they don't qualify, even though all parents reported a current income that would have at least met the federal WIC income eligibility requirements. Infant formula appears to be a driver as well, as not needing formula is another commonly cited reason for not participating. This appears to align with the analysis of survey findings which found that families tend to drop off the program after children turn one year old when formula is no longer covered.



Across the country, WIC staff and advocates are working to boost program participation and ensure that all eligible women, infants, and children who would benefit from the program are participating. For example, the National WIC Awareness and Retention Campaign, based on marketing research conducted with WIC moms and staff, is using advertising, branding, and messaging to increase WIC enrollment, improve perceptions of WIC, and retain moms and children in the program longer.

CONCLUSIONS

Hunger is a serious issue among low-income families with young children and many say feeding their families over the last year has been challenging. Most parents have experience with WIC and find it among the most valuable programs. Parents identified ways to make the program even better, including more streamlined clinic visits and more efficient ways to find foods at the store. Engaging doctors can also help promote WIC, as parents prefer to receive information about WIC services from their doctor's offices. Ineligibility was cited as a top barrier to WIC participation and warrants further exploration as to whether this reflects perceived or actual ineligibility.

ⁱ 600 online and 400 by telephone