



WIC, MEDICAID, AND SNAP: TEAMING UP TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

OVERVIEW OF WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the nation's premier public health nutrition program, has improved the health of women, infants, and children for 46 years. WIC serves roughly 7.3 million participants per month through approximately 10,000 clinics nationwide.¹²

A key component of WIC's effectiveness in improving nutrition and health outcomes is the program's strong partnerships with other healthcare, nutrition, and social service programs. On the federal level, WIC's primary partners are Medicaid and the Supplemental Nutrition Assistance Program (SNAP). The US Department of Agriculture (USDA) and state and local WIC agencies collaborate with national, state, and local Medicaid and SNAP agencies to ensure that WIC families are able to meet their nutrition and healthcare needs.

THE IMPORTANCE OF MEDICAID FOR WIC PARTICIPANTS

The vast majority of WIC participants rely on Medicaid and/or the Children's Health Insurance Program (CHIP)—which provides coverage to uninsured children who are not eligible for Medicaid, but cannot afford private insurance—for healthcare coverage.³

In addition to covering nearly half of all births in the US, Medicaid provides a range of prenatal and postpartum services that are key to improving outcomes for WIC mothers and babies during these vital periods.⁴ Most states' Medicaid programs cover access to prenatal vitamins, ultrasounds, amniocentesis, chorionic villus sampling (CVS) tests, genetic counseling, breast pumps, and postpartum home visiting.⁵ This coverage plays a critical role in guiding a safe pregnancy, identifying preventable risks, and promoting healthy practices like breastfeeding. Without Medicaid coverage, these services would be out of reach for many WIC families, resulting in poorer pregnancy and birth outcomes.

Medicaid's tailored assistance to pregnant women complements WIC's efforts to ensure positive birth outcomes and healthy children, and participation in both Medicaid and WIC is shown to lead to greater healthcare access for children and stronger linkages between families and the healthcare system.⁶

THE IMPORTANCE OF SNAP FOR WIC PARTICIPANTS

WIC benefits are not meant to cover a full grocery basket of food each month. Instead, targeted foods address nutritional gaps in the diets of pregnant women, new mothers, and young children. For families lacking resources to afford foods beyond the scope of WIC, SNAP plays a vital role.

A large body of research demonstrates that SNAP reduces the number of households facing food insecurity.^{7,8} This is particularly true of households with children, with conservative estimates attributing a reduction in childhood food insecurity of at least 8.1% to SNAP.⁹ Other studies assert that a mere six months of participation in SNAP reduces the likelihood of food insecurity by one-third compared to similarly situated households.¹⁰ In addition, SNAP's support has long-lasting effects, increasing the likelihood of continuing food security in later years.¹¹

For families that qualify for both programs, SNAP and WIC work best in tandem. WIC provides a healthy, tailored basket of foods, along with nutrition education, breastfeeding support, and referral services, while SNAP allows families to purchase enough food to meet their macronutrient needs each month.

HOW IS WIC LINKED TO SNAP AND MEDICAID?

1. WIC CLINIC STAFF REFER PARTICIPANTS TO THESE PROGRAMS.

In fact, referral services are one of the four cornerstones of WIC, along with the healthy food package, nutrition education, and breastfeeding promotion and support. In this way, WIC serves as a gateway to crucial healthcare services and additional nutrition support.

2. WIC PERMITS WOMEN AND CHILDREN TO ENROLL BASED ON THEIR CURRENT PARTICIPATION IN SNAP OR MEDICAID, THROUGH A PROGRAM CALLED ADJUNCTIVE ELIGIBILITY.

Adjunctive eligibility, established in WIC in 1989, enables applicants to be automatically income-eligible for WIC by showing proof of participation in these programs as well as the Temporary Assistance for Needy Families (TANF) program and other programs as determined by each state.¹² Permitting applicants to enroll in WIC in this way helps to simplify and streamline the WIC application process and reduces documentation burdens for potential WIC participants and current participants undergoing the re-certification process and administrative costs for WIC agencies.

3. STATE AND LOCAL WIC AGENCIES PARTNER DIRECTLY WITH MEDICAID AND SNAP AGENCIES TO STREAMLINE ENROLLMENT AND CONDUCT TARGETED OUTREACH.

In the same way that WIC refers participants to Medicaid and SNAP, WIC works to ensure that Medicaid and SNAP agencies are referring to WIC, both in-person and online. WIC agencies also partner with Medicaid and SNAP agencies to identify participants in these programs who are eligible for WIC but not currently participating. This allows WIC agencies to conduct targeted outreach to individuals and groups who are not currently accessing WIC benefits.

1. REFERRALS

Local WIC agencies actively engage a wide range of community partners in referral networks to address issues unique to young parents and their children. WIC clinics screen participants for food insecurity, healthcare coverage, immunizations, access to dental care, tobacco use, postpartum depression, opioid addiction, and other health issues, and provide appropriate referrals to Medicaid, SNAP, Head Start, pediatricians, dentists, mental health providers, and other programs and services. The low-income families participating in WIC benefit from a holistic, integrated approach that can help prevent medical or dietary risks from escalating into serious chronic conditions.

CASE STUDY

CCI HEALTH & WELLNESS SERVICES IN MONTGOMERY COUNTY, MARYLAND, ESTABLISHED A RESOURCE NAVIGATOR PROGRAM SEVERAL YEARS AGO. THE RESOURCE NAVIGATORS CONNECT WIC CLIENTS WITH HEALTHCARE AND PREVENTIVE SERVICES BY EDUCATING THEM ABOUT THEIR OPTIONS, HELPING THEM SCHEDULE APPOINTMENTS, AND ENCOURAGING THEM TO ATTEND THEIR APPOINTMENTS.

AS AN ADJUNCT TO HEALTHCARE, WIC PROVIDERS SCREEN EVERY CHILD UNDER TWO FOR UP-TO-DATE IMMUNIZATION SCHEDULES AND PROVIDE REFERRALS TO IMMUNIZATION SERVICES FOR THOSE WHO NEED THEM. STUDIES HAVE FOUND THAT PARTICIPATION IN WIC SIGNIFICANTLY IMPROVES RATES OF CHILDHOOD IMMUNIZATION AND OF HAVING A REGULAR SOURCE OF MEDICAL CARE.¹³

2. ADJUNCTIVE ELIGIBILITY

In 2016, nearly 75% of WIC participants were adjunctively eligible for WIC.¹⁴ For the remaining 25% of WIC participants who must provide income documentation, the process of demonstrating eligibility for WIC can be time-consuming and cumbersome. Income documentation requires participants to find and bring a variety of documents to the WIC clinic: pay stubs for the last 30 days, tax returns, income-verification letters, utility bills, and/or rent receipts. Enrolling in WIC through income documentation can sometimes require several trips to the WIC clinic and in some instances may take several days. Evidence suggests that bringing in income and residency documentation for initial and subsequent WIC certifications may cause some families to drop out of the program or choose not to participate in the first place.^{15 16}

Enrolling in WIC through adjunctive eligibility, on the other hand, takes about one minute and simply requires a WIC client to present their Medicaid card or demonstrate receipt of SNAP or TANF benefits. This makes the process much easier for participants **and** the WIC clinic.

Reducing paperwork and time spent on administrative tasks also cuts down on administrative costs for WIC. One state estimated that income screening involving pay stubs or financial documents costs \$12.50 per participant, whereas the administrative costs for an income screening with adjunctive eligibility is only \$3.75 per participant.¹⁷ The additional time and funding freed up as a result of this practice is used by WIC staff to focus on delivering WIC's mission—healthy foods, nutrition education, breastfeeding support, and referrals.

CASE STUDY

THE CALIFORNIA STATE WIC AGENCY HAS BUILT AN ADJUNCTIVE ELIGIBILITY CHECK INTO ITS WIC MANAGEMENT INFORMATION SYSTEM (MIS), THE DIGITAL INFORMATION SYSTEM USED FOR PROCESSING AND TRACKING WIC BENEFITS AND SERVICES. WITH A SIMPLE CLICK, FRONTLINE WIC STAFF CAN CHECK PARTICIPATION IN MEDICAID, SNAP, AND/OR CASH ASSISTANCE. THIS MAKES CHECKING FOR ADJUNCTIVE ELIGIBILITY QUICK AND SEAMLESS, IMPROVING THE EXPERIENCE FOR BOTH STAFF AND PARTICIPANTS.¹⁸

3. DIRECT PARTNERSHIPS

Many state and local WIC agencies partner directly with Medicaid and SNAP agencies and providers to improve outreach, eligibility, and enrollment processes. WIC agencies work with Medicaid and SNAP agencies to strengthen referrals to WIC by providing WIC promotional materials, encouraging agencies to include a question about WIC eligibility on Medicaid and SNAP application forms, and asking agencies to reach out directly to the WIC office when they identify a client who could be eligible for WIC. Many state and local WIC agencies also use data from SNAP and Medicaid agencies to identify and reach out to potentially eligible WIC recipients and/or to identify geographic areas where there are large numbers of potential WIC participants who are not yet enrolled. Finally, a number of states have explored universal online applications that permit an individual to apply for or be pre-screened for multiple benefit programs at one time, including WIC.

CASE STUDY

THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES WIC PROGRAM WORKED WITH THE NEW HAMPSHIRE SNAP AGENCY TO ESTABLISH A DATA-SHARING AGREEMENT AND DESIGN A WIC DASHBOARD WITHIN THE SNAP ONLINE APPLICATION TOOL. THROUGH TELEPHONE OUTREACH ACTIVITIES, NEW HAMPSHIRE WIC'S GOAL IS TO USE THE DATA THEY RECEIVE FROM THE SNAP AGENCY TO INCREASE THE NUMBER OF FAMILIES ENROLLED IN WIC.

WIC WORKS BEST IN TANDEM WITH SNAP AND MEDICAID. TOGETHER, THESE THREE PROGRAMS IMPROVE PUBLIC HEALTH AND HELP TO PREVENT CHRONIC DISEASE IN PREGNANT WOMEN, NEW MOTHERS, INFANTS, AND YOUNG CHILDREN IN OUR COUNTRY.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to NWA at 202-232-5492.

¹ United States Department of Agriculture, Food and Nutrition Service (2018) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

² United States Department of Agriculture, Food and Nutrition Service (2015) About WIC - WIC at a Glance. Accessed online: <https://www.fns.usda.gov/wic/about-wic-wic-glance>.

³ Thorn B, Kline N, Tadler C, Budge E, Wilcox-Cook E, Michaels J, Mendelson M, Patlan KL, Tran V. (2018) WIC Participant and Program Characteristics 2016. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Available online at: <https://fns-prod.azureedge.net/sites/default/files/ops/WICPC2016.pdf>.

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⁷ United States Department of Agriculture (2013) Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security. Accessed online: <https://www.fns.usda.gov/measuring-effect-snap-participation-food-security-0>.



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¹⁰ Mabli J, Worthington J (2014) Supplemental Nutrition Assistance Program Participation and Child Food Security. *Pediatrics*. Vol. 133, Issue 610.

¹¹ Vericker T, Mills G (2012) Childhood Food Insecurity: The Mitigating Role of SNAP. Urban Institute. Accessed online: <https://www.urban.org/sites/default/files/publication/25936/412681-Childhood-Food-Insecurity-The-Mitigating-Role-of-SNAP.PDF>.

¹² Child Nutrition and WIC Reauthorization Act (1989) Pub. L. No. 101-147.

¹³ U.S. Department of Agriculture, Food and Nutrition Service (1987) The National WIC Evaluation: An Evaluation of the Special Supplemental Food Program for Women, Infants, and Children. Vol. 1: Summary. Alexandria, Virginia: U.S. Department Agriculture.

¹⁴ Thorn B, Kline N, Tadler C, Budge E, Wilcox-Cook E, Michaels J, Mendelson M, Patlan KL, Tran V. (2018) WIC Participant and Program Characteristics 2016. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Available online at: <https://fns-prod.azureedge.net/sites/default/files/ops/WICPC2016.pdf>.

¹⁵ Huynh, D (2013) Women, Infants, and Children (WIC) Awareness, Experience, and Access: A Study Conducted for the Minnesota Department of Health WIC Program. Wilder Research. Accessed online: <http://www.health.state.mn.us/wic/wilder/report.pdf>.

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