

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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Issue

This report discusses state policy options for (1) direct certification and other ways to coordinate enrollment between WIC and other programs (i.e., Medicaid and Head Start) and (2) locating local WIC agencies and services. It also provides information on WIC enrollment trends in Connecticut.

Summary

The U.S. Department of Agriculture's (USDA) Food and Nutrition Service administers WIC at the federal level and state agencies operate the program through agreements with local WIC agencies. In Connecticut, the Department of Public Health (DPH) administers WIC, providing services through nine local WIC agencies, including local health departments, hospitals, and community action agencies. WIC provides (1) certain nutrition-rich foods (e.g., milk, juice, cereal, eggs, and infant formula), typically purchased through electronic benefit transfer (EBT) cards at participating vendors (e.g., supermarkets); (2) nutritional education; and (3) referrals to other health care and social services programs. Women who are pregnant, postpartum, or breastfeeding; infants; and children up to age 5 are eligible if they are determined to be at nutritional risk.

We found no resources related to direct certification for WIC through Medicaid enrollment, but we found several recommendations for coordinating enrollment and outreach between the two programs, many of which come from recent reports by the Center for Budget and Policy Priorities (CBPP). As discussed in these reports, strategies for states looking to increase enrollment in WIC through coordination with Medicaid include (1) coordination and meetings between relevant state

agencies, (2) memos of understanding (MOUs) and other written agreements between relevant state agencies, (3) targeted outreach, and (4) use of online tools and multiprogram applications.

Similarly, USDA makes several recommendations for strategies states may use to coordinate WIC services with Head Start programs, but does not specifically discuss direct certification. Recommendations include, among other things, (1) partnership agreements and information sharing, (2) cross-program referrals, (3) cross-training, and (4) WIC Special Project Grants.

In Connecticut, DPH describes similar strategies and progress toward objectives on coordinating services with Medicaid, Head Start, and other programs in its 2024 WIC state plan.

Regarding WIC service locations, USDA provides guidance on providing WIC services in hospitals and co-locating WIC services with Head Start agencies. Local WIC agencies in Connecticut include locations at hospitals (e.g., Yale New Haven Hospital) and Head Start agencies (e.g., Thames Valley Council for Community Action). States may also participate in a separate federal program that supports WIC participants' purchase of fresh produce at farmers markets and other locations. The state Department of Agriculture administers this program in Connecticut.

From 2016 to 2020, WIC enrollment in Connecticut steadily declined from 48,688 to 43,610. However, in 2023, program enrollment is back up to 47,763. According to demographic data provided by DPH, more than half (56.7%) of WIC participants in Connecticut identify as Hispanic.

USDA reports indicate that, in 2021, Connecticut's coverage rate (i.e., the number of participants enrolled as a percentage of the total eligible) was significantly lower than the national average (46.1% versus 51.2% respectively), driven mainly by coverage rates for children.

WIC Eligibility Requirements

Under federal law, WIC participants must be income eligible, categorically eligible, and at nutritional risk ([42 U.S.C. § 1786\(d\)](#)).

As described in [this Congressional Research Service \(CRS\) report](#), for income eligibility, applicants may either (1) document income below 185% of the federal poverty limit (FPL) or (2) be deemed eligible based on participation in certain means-tested programs (i.e., "adjunctive eligibility"), including Medicaid.

Categorical eligibility refers to a participant being in one of the covered WIC eligibility groups (i.e., pregnant, postpartum, or breastfeeding women; infants; and children up to age 5). Nutritional risk

refers to medically based risks and diet-based risks, confirmed by a competent professional authority (e.g., a physician, nutritionist, or nurse).

Direct Certification With Other Programs (Medicaid and Head Start)

“Direct certification” generally refers to an enrollment process that does not require someone to fill out a separate application. For example, [Connecticut currently participates](#) in a [USDA demonstration project](#) that allows the State Department of Education (SDE) to enroll students in free or reduced-price school meal programs by matching public school student information with lists of children receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Family Assistance (TFA), or Medicaid from the Department of Social Services (DSS).

We found no resources on direct certification between WIC and Medicaid. This may be because WIC requires more information than is typically collected during the Medicaid application process (e.g., an assessment of nutritional risk). However, we found other policy options for coordinating enrollment for both programs, discussed below.

Similarly, USDA makes [several recommendations](#) for strategies states may use to coordinate WIC services with Head Start programs, but does not specifically discuss direct certification. USDA highlights Connecticut’s use of a WIC Special Project Grant “to strengthen and maintain a formal partnership between state and local WIC and Head Start programs through co-location of services, systemizing referrals, and co-enrollment through electronic platforms.” [The final report](#) for that project provides more information.

Policy Option: Agency Coordination and Meetings

[In a 2021 report](#), CBPP identifies several ways agencies may coordinate services, including periodic meetings between WIC staff and Medicaid or SNAP officials. The report also noted that local WIC agencies may meet periodically with staff from other programs to educate them about WIC eligibility requirements and services and how to make referrals to WIC. According to CBPP, “regular cross-program meetings provide an opportunity to share information, develop referral processes, identify cross-enrollment opportunities, and coordinate outreach and service delivery.”

In its survey of state practices, CBPP found that Connecticut is among the states that facilitate periodic meetings between state level WIC representatives and representatives from the Medicaid and SNAP state agency (i.e., DSS) ([see Table 1](#)). Additionally, in [its FY 24 WIC state plan](#), DPH identified objectives related to coordinating services and progress towards meeting those objectives, including partnerships with Head Start, DPH’s Lead and Immunization Programs, the

Office of Early Childhood’s home visiting program, and DSS (see pp. 46 & 91). DPH and DSS also coordinated during the recent infant formula shortage (see, e.g., [Connecticut Program Manual, WIC 400-18](#)).

Policy Option: Written Agreements Between State Agencies

In 2023, USDA published guidance encouraging WIC state agencies to establish agreements with state agencies administering other programs (e.g., SNAP, Temporary Assistance for Needy Families, and Medicaid) to access and validate participation in those programs during or before an appointment to certify WIC eligibility, with participant consent when required (USDA, [WIC Policy Memorandum #2023-6](#)). With these agreements in place and the participant’s consent, the WIC state agency can collect information from the other program’s database on the participant’s participation in that program and their residential address. According to USDA, this can count as proof of residence if the applicant verifies its accuracy.

The National WIC Association made similar recommendations in its [February 2023 report](#). It states, “as Medicaid receipt automatically confers income eligibility to applicants for WIC services and nearly three-quarters of participants are certified for WIC through Medicaid, providers could proactively and remotely verify several eligibility criteria without requesting proof documents from an applicant” (p. 37).

USDA makes [similar recommendations](#) for partnership agreements and information sharing between WIC and Head Start agencies, noting examples in Oklahoma (Osage Nation) and Arizona.

According to DPH’s FY 2024 WIC state plan, in 2023, the agency renewed MOUs with agencies associated with various programs, including Head Start and the [Connecticut Pregnancy Risk Assessment Monitoring System](#), but stated that the process of establishing an MOU with DSS had stalled. We have asked DPH if this remains accurate, and we will update this report with any information they provide. CBPP also notes that most states, including Connecticut, have an automated system that allows them to check whether a WIC applicant is adjunctively eligible, despite not having a written agreement in place ([see Table 3](#)).

Policy Option: Targeted Outreach

[According to CBPP](#), states that can match data between state WIC agencies and state Medicaid agencies may use that data to conduct targeted outreach to families that are adjunctively eligible for WIC because of their Medicaid enrollment, but not enrolled in WIC. Outreach may be through mass mailings, by phone, or through text messaging. CBPP notes that most states that do this have an agreement in place on data sharing and use.

[DPH's FY 2024 WIC state plan](#) identifies several activities to improve access to program data, including procuring DSS or Medicaid datasets. According to the department, the data set would allow it to expand its data analysis activities by (1) determining co-enrollment in WIC and Medicaid; (2) using Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; (3) map addresses to identify pockets of those not enrolled, enabling more targeted outreach efforts; and (4) map selected health, demographic and socio-economic census variables at the local level to compare results with current program coverage. According to the plan, this remains a goal for 2024 (see pp. 102-103).

Policy Option: Links to Online Tools and Multiprogram Applications

CBPP identified several options for connecting Medicaid and SNAP applicants with WIC, including links to online tools like electronic forms to collect basic information, an electronic link that allows applicants to request a certification appointment, or an online application. CBPP also noted that multiprogram applications, usually operated by state Medicaid and SNAP agencies, may include WIC or allow families to request that their information be shared with WIC to initiate an enrollment process.

According to [DPH's FY 2024 WIC state plan](#), in 2023, WIC staff attended regular meetings on the establishment of MyCT, a “one-stop webpage for residents to access all of Connecticut’s [health and human services] programs, including WIC.” DPH described plans to include a pre-screening function to help residents identify potential eligibility for programs and a second function to access benefit information (see p. 13).

Service Locations

[According to USDA](#), nationally, WIC operates through 1,900 local agencies with 10,000 clinic sites, which allows the program to provide services in the following locations, among others:

1. county health departments;
2. hospitals;
3. mobile clinics (e.g., vans);
4. community centers;
5. schools;
6. public housing sites;
7. migrant health centers and camps; and
8. Indian Health Service facilities.

Policy Option: WIC in Hospitals

Federal regulations require state WIC agencies to ensure that local agencies working with hospitals provide an opportunity for people who may be eligible for WIC to be certified as eligible while in the hospital (e.g., women giving birth) ([7 C.F.R. § 246.6\(f\)](#)). [USDA guidance](#) also encourages state agencies to coordinate with local hospitals and other healthcare facilities to ensure families have expeditious access to WIC benefits and services upon delivery.

Policy Option: WIC at Head Start or Child Care Centers

To improve program coordination, [USDA recommends](#) co-locating WIC services at Head Start or child care centers. For example, according to USDA, the Mississippi Department of Health conducts WIC enrollment by visiting Head Start programs on pre-scheduled days to provide WIC certification, nutrition assessments, benefit issuance, and nutrition education.

Policy Option: WIC at Farmers Markets

A separate federal program, WIC Farmers' Market Nutrition Program (WIC-FMNP) gives grants to participating states to provide benefits to WIC participants to buy fresh produce at farmer's markets, roadside stands, and other approved locations.

Connecticut participates in WIC-FMNP. The Department of Agriculture [administers the program](#), which provides benefits to certain seniors and people with disabilities, as well as WIC participants.

WIC Locations in Connecticut

In Connecticut, DPH funds nine local WIC agencies that include full-time offices and part-time satellite sites at various locations, including locations at hospitals (e.g., Yale New Haven Hospital) and Head Start agencies (e.g., Thames Valley Council for Community Action), as shown in Table 1.

Table 1: Local WIC Agencies in Connecticut

Local WIC Agency	Locations
Day Kimball Hospital	Willimantic Putnam (Day Kimball Hospital)
Optimus Health Care Inc.	Bridgeport Bridgeport (Southwest Community Health Center) Stamford Norwalk (Norwalk Health Department) Waterbury

Table 1 (continued)

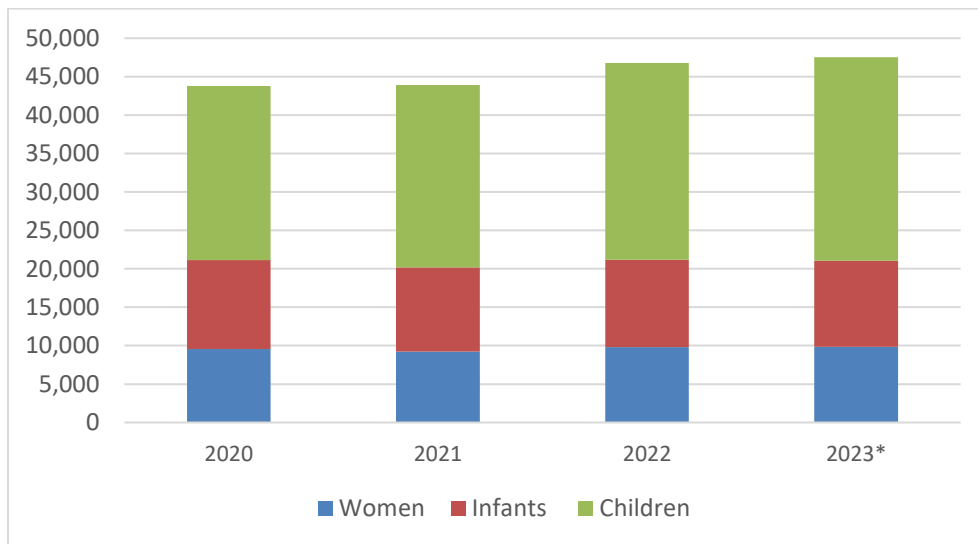
Local WIC Agency	Locations
Bristol Hospital	Bristol New Britain Torrington
CT Institute for Families	Danbury
Town of East Hartford	East Hartford
City of Hartford	Hartford (Burgdorf Health Center) Hartford (Main Street)
City of Meriden	Meriden Middletown (Middlesex Hospital)
Yale New Haven Hospital	West Haven New Haven (Fair Haven Health Center) New Haven (Hill Health Center) New Haven (Yale New Haven Hospital)
Thames Valley Council for Community Action	New London Norwich

Source: [DPH Local Agency Listing](#) as of 1/2024, see also [map of sites by region](#)

Enrollment in Connecticut

Figure 1 shows WIC enrollment by category in Connecticut from 2020 to 2023. From 2016 to 2020, program enrollment steadily declined from 48,688 to 43,610 (see USDA estimates in Table 2 below). However, in 2023, program enrollment is back up to 47,763.

Figure 1: WIC Enrollment in Connecticut (2020-2023)

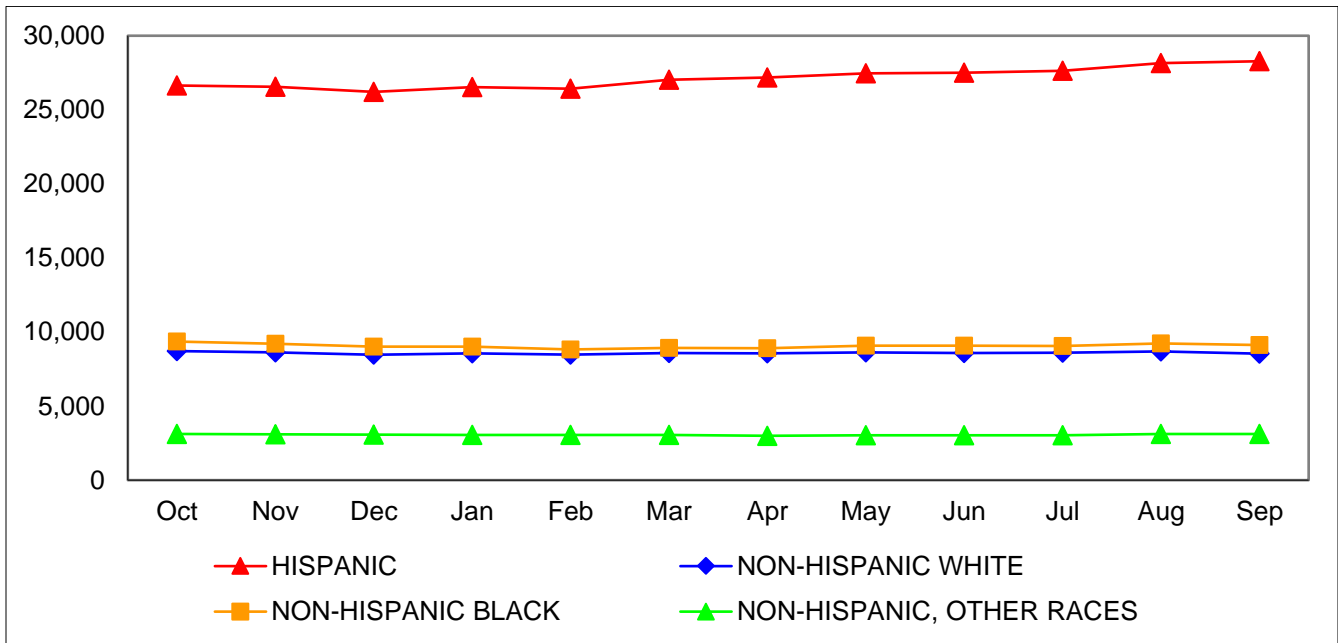


*2023 data is preliminary

Source: [USDA](#)

DPH provided information on race and ethnicity of WIC enrollees during federal fiscal year 2023, shown in Figure 2. As shown in the graph, 56.7% of WIC enrollees identify as Hispanic, 18.9% identify as non-Hispanic Black, 17.9% identify as non-Hispanic white, and 6.4% identify as non-Hispanic, other races. DPH has published similar information for previous years (2008-2017) [on its website](#).

Figure 2: Connecticut WIC Monthly Participation by Race and Ethnicity, Federal Fiscal Year 2023



Source: DPH

Coverage Rates

[USDA estimated](#) that in 2021, Connecticut’s coverage rate (i.e., the number of participants enrolled as a percentage of the total eligible) was 46.1%, significantly lower than the national average (51.2%). Coverage rates in Connecticut for infants (80.2%) and women (52.5%) were similar to national coverage rates (78.9% and 54.7% respectively), but coverage rates for children were lower (37.1% in Connecticut compared to 43.3% nationally) (see [USDA](#) Figure 5). The report also describes coverage rates for each state from 2016 to 2021. Coverage rates for Connecticut are shown in Table 2.

Table 2: Connecticut WIC Coverage Rates (2016-2021)

Year	Eligible Population	Participants	Coverage Rate (%)
2016	101,344	48,688	48
2017	100,658	47,771	47.5
2018	97,194	46,883	48.2
2019	95,477	45,206	47.3
2020	95,199	43,610	45.8
2021	96,056	44,295	46.1

Source: USDA, [“Figure 6: WIC Eligibility and Participation by State Over Time, 2016-2021”](#)

Resources

Center on Budget and Policy Priorities, [“Matching Data Across Benefit Programs Can Increase WIC Enrollment.”](#) April 27, 2021.

Center on Budget and Policy Priorities, [“WIC Coordination With Medicaid and SNAP,”](#) October 1, 2021.

CRS, [“A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children.”](#) April 7, 2017.

DPH, [“State Plan of Program Operations Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\), Federal Fiscal Year 2024.”](#) August 15, 2023.

Headrick G, et al., [“Integration and coordination across public benefit programs: Insights from state and local government leaders in the United States.”](#) Preventative Medicine Reports, December 1, 2022.

USDA, [“Enhancing Participant-Centered Services Between the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\) and Head Start Program,”](#) October 2019.

USDA, [“National and State Level Estimates of WIC Eligibility and Program Reach in 2021.”](#) November 3, 2023.

WIC and Head Start Better Together Collaboration Project, [“Final Report.”](#) Undated.

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