



Matching Data Across Benefit Programs Can Increase WIC Enrollment

Over **40 percent of eligible individuals** — or more than **5 million people nationwide** — have missed out on Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits in recent years, despite the program’s well-documented benefits for the health and well-being of low-income families.¹

Many of those missing out are enrolled in Medicaid or the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), which makes them automatically income-eligible for WIC through a policy known as *adjunctive eligibility*. **Data matching across these programs is one promising strategy to begin addressing WIC enrollment gaps.**

In partnership with **Benefits Data Trust (BDT)** and the **Center on Budget and Policy Priorities (CBPP)**, four states — Colorado, Massachusetts, Montana, and Virginia — piloted data matching and text outreach to connect adjunctively eligible families to WIC and found that this approach can increase WIC enrollment. This brief on cross-program data matching is one in a three-part series summarizing the findings and best practices from the pilots. The other two briefs focus on evaluation outcomes and targeted text outreach.²

Evaluation shows that cross-program data matching is a powerful strategy, allowing states to:

- **Measure** how many people receive other benefits, such as Medicaid and/or SNAP, but not WIC, and identify individuals for targeted outreach.
- **Simplify** the WIC enrollment process for these individuals.
- **Combine** these strategies with others to improve maternal and child health outcomes, reduce food hardship, and mitigate racial and ethnic disparities.



¹ For more information about the research evidence on WIC’s effectiveness, see Steven Carlson and Zoë Neuberger, “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades,” CBPP, updated January 27, 2021, www.cbpp.org/wicworks; U.S. Department of Agriculture Food and Nutrition Service, “National and State Level Estimates of WIC Eligibility and Program Reach in 2019,” February 2022, <https://www.fns.usda.gov/wic/national-state-level-estimates-eligibility-program-reach-2019>.

² Benefits Data Trust (BDT) and Center on Budget and Policy Priorities (CBPP), “Using Data Matching and Targeted Outreach to Boost WIC Enrollment: Lessons Learned From State Pilots,” March 31, 2022, www.cbpp.org/wicpilotbrief; BDT and CBPP, “Targeted Text Message Outreach Can Increase WIC Enrollment,” March 31, 2022, www.cbpp.org/wic textingbrief.

States Can Use Data Matching to Identify People Adjunctively Eligible for WIC but Not Enrolled

Data matching allows states to measure the magnitude of the gap between Medicaid or SNAP participation and WIC. In the four pilot states, data matching found cross-program enrollment gaps to be upwards of 40 percent. It can also be used to identify individuals for targeted outreach, which seems to increase WIC certification rates, particularly for Medicaid participants. Enrolling individuals in WIC who are automatically income-eligible but not enrolled could increase the share of eligible individuals WIC reaches and promote healthier lives for families.

Use Other Program Data to Simplify WIC Enrollment for Adjunctively Eligible Individuals

Using information obtained through the cross-program data match, state and local WIC agencies can reduce applicants' documentation burden and simplify the certification process for adjunctively eligible individuals. This in turn supports efficient program administration by cutting down on the amount of manual data entry and paperwork for WIC staff to process. Specific ways to streamline include using data matching to:

- **Confirm adjunctive eligibility before a certification appointment**, which can eliminate the need for families to document income eligibility or enrollment in another program.
- **Document identity and/or residence as required to determine eligibility**, which can reduce or eliminate the need for families to provide documents.

Improve Health, Reduce Food Hardship, and Mitigate Racial and Ethnic Disparities

- **Maternal and child health:** Pregnant individuals who participate in WIC give birth to healthier babies who are more likely to survive infancy.³
- **Food hardship:** WIC participation is associated with more nutritious diets and better infant feeding practices.⁴
- **Racial and ethnic disparities:** People of color are at disproportionate risk of pregnancy-related and infant mortality as a result of long-standing inequities that often stem from structural racism.⁵ Participating in WIC could help mitigate these disparities and promote more equitable systems.

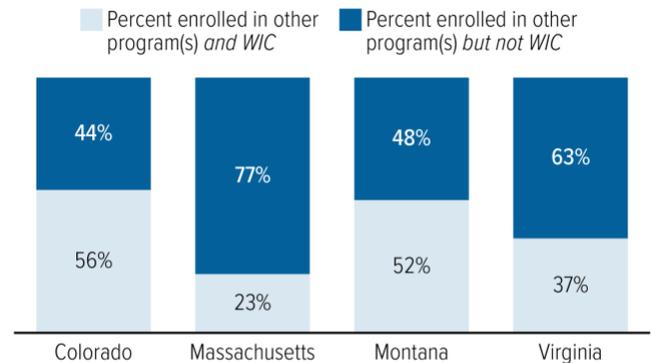
Providing WIC benefits and services to people who are at greater health risk as a result of pregnancy — and whose infants face greater risks — while increasing WIC coverage across the board is an important component of a broader strategy to mitigate racial and ethnic disparities and to improve pregnancy and child health outcomes.

³ Carlson and Neuberger, *op. cit.*

⁴ *Ibid.*

⁵ Centers for Disease Control and Prevention, "Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths," September 5, 2019, <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

Substantial Share of Adjunctively Eligible Families Are Not Enrolled in WIC



Note: CBPP and Benefits Data Trust conducted pilots with four states in 2018-2019 to identify and address underenrollment, through data matching and text outreach, in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) among those who qualify because they're "adjunctively eligible" — those who are automatically considered income-eligible based on their participation in other means-tested programs such as Medicaid or SNAP. Colorado and Montana matched WIC data with SNAP data. Massachusetts matched WIC data with Medicaid data on recent enrollees. Virginia matched WIC data with Medicaid, SNAP, Temporary Assistance for Needy Families (TANF), and foster care data.

Source: Benefits Data Trust analysis of state data

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