

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*. **Applying the lessons learned from recent pilot projects testing cross-program data matching and targeted outreach will be useful in 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 evaluation outcomes is one in a three-part series summarizing the findings and best practices from the pilots. The other two briefs focus on cross-program data matching and targeted text message outreach.²

Key elements of data matching and text outreach pilots

- **Data Sharing and Matching.** Establish a data sharing agreement and data transfer protocols between agencies. Then conduct a data match between WIC and at least one other means-tested program.
- **Dynamic Communication.** Use two-way texting to communicate with people who respond that they would like to begin the WIC enrollment process. Set up procedures for WIC staff to follow up with families to schedule a certification appointment.
- **Streamlined Certification.** Adopt simplified enrollment policies and processes for these adjunctively eligible families to streamline enrollment.
- **Targeted Outreach With Custom Messaging.** Use results of the data match to implement a targeted text outreach campaign to families eligible for WIC but not enrolled. Craft a series of text messages to raise WIC awareness, reduce barriers to participation, and communicate the benefits of applying for WIC.
- Assess Impact. Monitor text response rates and whether the recipient eventually enrolls in WIC. Compare the WIC enrollment rate in a control group that did not receive texts to the rate for those who did.

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, <u>www.cbpp.org/wicworks</u>; U.S. Department of Agriculture Food and Nutrition Service, "National and State Level Estimates of WIC Eligibility and Program Reach in 2019," February 2022, <u>https://www.fns.usda.gov/wic/national-state-level-estimates-eligibility-</u> program-reach-2019.

² Benefits Data Trust (BDT) and Center on Budget and Policy Priorities (CBPP), "Targeted Text Message Outreach Can Increase WIC Enrollment," March 31, 2022, <u>www.cbpp.org/wictextingbrief</u>; BDT and CBPP, "Matching Data Across Benefit Programs Can Increase WIC Enrollment," March 31, 2022, <u>www.cbpp.org/wicdatamatchingbrief</u>.

Data Matching, Text Outreach Can Increase WIC Certification Rates for Some Adjunctively Eligible Families

Evidence from Massachusetts and Virginia indicates that text-based outreach can improve WIC certification rates for some adjunctively eligible families, especially among those who were originally enrolled in Medicaid or multiple benefits.

It is important to note that the results were mixed; not all outreach interventions resulted in certification increases. Compared to SNAP households who did not receive targeted text message outreach, those who did receive targeted outreach did not experience an increase in certifications. One possible explanation for this unexpected finding, state staff speculated, is that because SNAP participants are already receiving a nutrition-related benefit, WIC's supplemental foods aren't as motivating. Further analysis is needed to understand this finding, which presents an opportunity to learn more from WIC-eligible families about what motivates them to enroll — in the program.

	Colorado	Massachusetts ³	Montana	Virginia			
Program Data Matched With WIC	SNAP	Recent Medicaid enrollees	SNAP	Any benefit (Medicaid, SNAP, TANF, or foster care)	Medicaid only	SNAP only	Multiple benefits (Medicaid, SNAP, TANF, and/or foster care)
Change in Certifications Attributable to Outreach*	-3.1%	36.0%	-77.9%	5.7%	5.0%	-12.1%	8.9%

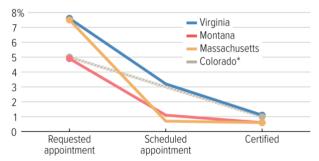
*The differences in certification rates are statistically significant at p<.001 based on a chi-square test of independence.

Aspects of WIC's Underlying Certification Policies and Practices May Pose Barriers

Among families who expressed interest in enrolling in WIC, only a subset completed the certification process. This suggests that aspects of certification policies and practices unrelated to the pilots may pose barriers to some eligible non-participating families. Making it easier for applicants to schedule, prepare for, and attend certification appointments — such as through self-scheduling options, the ability to submit information and documents ahead of time, and options to complete appointments remotely by phone or video — could help more families successfully enroll in WIC.

Share of Families Pursuing WIC Enrollment Fell at Each Certification Step

Households completing stage as a percentage of households scheduled to receive texts (intervention group)



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" – that is, they're automatically considered income-eligible based on their participation in other means-tested programs such as Medicaid or SNAP.

""Scheduled appointment" data weren't collected for Colorado, the first state pilot. Source: Benefits Data Trust analysis of state data

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³ A technical error resulted in a different approach to creating a control group in Massachusetts than in the other states.

To learn more about the randomized control trials and evaluation findings, see the full report:

<u>Using Data Matching and Targeted Outreach to Enroll Families With</u> <u>Young Children in WIC: Lessons Learned From State Pilots</u>

