

May 2026

2025 Multi-State WIC Participant Satisfaction Survey



Results for All Participating State WIC Agencies and Indian Tribal Organizations:

Colorado, Connecticut, Hawaii, Idaho, Illinois,
Isleta Pueblo, Kansas, Kentucky, Louisiana,
Maine, Maryland, Michigan, Minnesota,
Montana, Nebraska, Nevada, New Hampshire,
New Mexico, New York, North Carolina, Ohio,
South Dakota, Utah, Virginia, West Virginia,
Wichita, Caddo, & Delaware, and Wisconsin.



National WIC Association

Authors and Acknowledgments

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WIC and the National WIC Association

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that provides nutrition education, breastfeeding support, referrals to healthcare and social services, and access to healthy foods for pregnant and postpartum women, as well as young children. WIC serves approximately 6.9 million eligible participants through over 12,000 Local Agencies nationwide.

The National WIC Association (NWA) is the nonprofit education, advocacy, and professional development arm of WIC. NWA promotes policies, secures funding, and strengthens systems that support WIC programs nationwide by elevating participant voices. NWA strengthens WIC services by offering training and technical assistance, advancing innovation, and supporting improvements in program implementation.

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Executive Summary

Why Survey WIC Participants?

Studies show that the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is cost-effective in protecting and improving the health, food security, and nutritional status of women, infants, and children in families with low income. However, WIC remains underutilized with only 56% of eligible individuals participating in 2023, and coverage rates vary by participant type, demographic characteristics, and state (United States Department of Agriculture, Food and Nutrition Service [USDA, FNS], 2025c).

Since 2020, WIC has prioritized a range of modernization efforts, including the transition to Electronic Benefit Transfer (EBT) cards, the development and adoption of WIC apps, and a shift from primarily in-person services to a hybrid model integrating in-person and remote services (USDA, FNS, 2025d). During this period, the Cash Value Benefit (CVB) for purchasing fruits and vegetables also increased from \$9-11 per month, depending on the participant type, to \$25-49 per month. In April 2024, the USDA, FNS updated the WIC food packages to better align with the latest Dietary Guidelines for Americans (DGAs), broadening food options and increasing the CVB to \$26-\$52 per month, depending on participant type.

A team from the National WIC Association (NWA), Nutrition Policy Institute (NPI), and Pepperdine University previously conducted two multi-state surveys with WIC participants in [2021](#) and [2023](#). Satisfaction with WIC's hybrid service model increased from [2021](#) to [2023](#), suggesting continued hybrid services may benefit participants facing access challenges. Building on prior surveys for trend comparisons, the 2025 survey added questions on breastfeeding support, updated food packages, and immigration-related concerns. Findings from this study can inform the USDA and WIC State Agencies on participant-centered approaches to boost WIC participation and retain participants already enrolled in WIC.

What Was Done?

WIC Agencies from 25 states (Colorado, Connecticut, Hawaii, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Ohio, South Dakota, Utah, Virginia, West Virginia, Wisconsin) and two Indian Tribal Organizations (Isleta Pueblo and Wichita, Caddo, & Delaware), hereinafter referred to as “states,” volunteered to participate in the 2025 Multi-State WIC Participant Satisfaction Survey. States recruited WIC participants to complete an online survey in English, Spanish, Haitian Creole, or Arabic between July and September 2025.

Respondents were asked about their experiences with: 1) appointments, 2) enrollment and recertification, 3) reasons for participating, 4) perceptions of fairness and belonging, 5) shopping for WIC foods, 6) reasons for not buying all their WIC foods, 7) experiences using the WIC card and app, 8) perceptions of the CVB and the WIC food package changes (four states had fully implemented and 10 states had partially implemented changes by when the survey was disseminated), 9) and immigration concerns. While identical survey questions were asked of most participants, some variation existed to reflect the variation in modernization efforts being implemented by states (see [Appendix A](#)).

Descriptive statistics were generated by language, by racial or ethnic group, and in total by first averaging responses in each state and then averaging across the 27 states. Summary data were included from 56,082 respondents who were current WIC participants and completed select sociodemographic questions (age, race/ethnicity, education, current employment/school status).

What Was Learned?

Survey respondent characteristics. Most respondents (68%) were between 25-39 years old, White (39%) or Hispanic or Latino (27%), had at least some college education (48%), and 43% had participated in WIC for 3 or more years. Many were employed or going to school either part- or full-time (42%). Additionally, 64% lived in urban settings, and 77% were enrolled in Medicaid.

Many WIC participants are food insecure. In 2025, 62% of respondents reported household food insecurity, down from 67% in the 2023 survey during the last year of the pandemic.

Some participants reported immigration concerns. Some respondents (14%) reported concerns about coming to WIC due to information they had heard about immigration and benefits. Concerns were higher among Hispanic/Latino (31%) and Asian (17%) respondents, and among those preferring Spanish (37%) or Haitian Creole (31%) as their primary language.

WIC participants use a hybrid of in-person and remote options for engaging with WIC. Most respondents (85%) provided enrollment and recertification documents in person, while 61% also used remote options for reenrollment and recertification, primarily through online websites, portals and applications, text message, and email. Telephone (88%) and in-person (71%) were the most common methods for scheduling appointments. Most respondents attended WIC appointments and nutrition education, both in person and remote, with the latter most commonly delivered via phone, text, or online.



WIC participants are satisfied with in-person and remote WIC services. Over 90% found it easy to provide documents to enroll or recertify in WIC and to schedule appointments, both in person and remotely. Satisfaction was high with WIC’s customer service (97%), nutrition education (95%), and breastfeeding support (91%), and with receiving nutrition education and other WIC services, both in person and remotely.

Most (78%) WIC participants reported no challenges with WIC services. Among the 22% who reported challenges, the most common were difficulty fitting appointments into their schedules, WIC site locations were hard to get to, limited access to technology, and WIC using a technology that is not easy for them to use.

Fruits, vegetables, and other foods provided by WIC are the top reason for participation—and WIC participation changes how participants feed themselves or their families. The top two reasons for participating in WIC were the fruits and vegetables participants received (97%), followed by other foods in the WIC food packages (92%). Most respondents (82%) also participated for the education, information, and support provided by WIC staff, and some for the WIC classes and group sessions (36%). Additionally, most respondents (85%) reported changing how they feed themselves or their family because of something they learned from WIC, with no variation by racial or ethnic group.

Participants feel respected, valued, welcomed, and able to communicate with WIC staff. Most respondents agreed that they felt respected, valued, and welcomed by WIC staff (97%), that staff could communicate in their preferred language (96%), and relate to their culture (91%). However, agreement varied across racial and ethnic groups and language preference, with the highest agreement among American Indian or Alaska Native, Black or African American, Hispanic or Latino, White, and those preferring English or Spanish, particularly regarding language access and cultural understanding.

Participants are satisfied with shopping for WIC foods in person and at farmers’ markets; there is room for improvement in online shopping. Over 90% of respondents were satisfied with shopping for WIC foods in person (92%) and at farmers’ markets (93%), but among those with access to and who

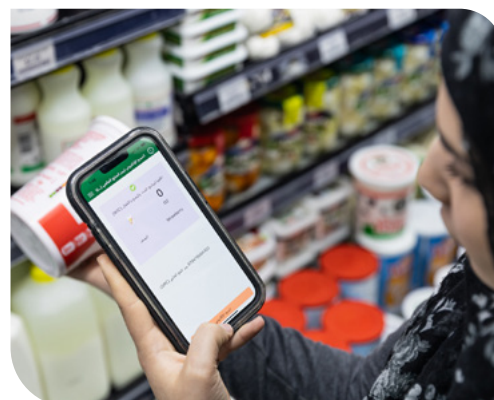
used online shopping for WIC foods, 72% reported satisfaction. Satisfaction was consistently high across respondents by racial or ethnic groups for in-person and farmers' market shopping, but mixed for online shopping, with lower satisfaction among White respondents and those who selected 'other' or more than one racial or ethnic group.

WIC participants want to expand shopping options for WIC foods. Respondents' top requests were to shop for fruits and vegetables at a farmers' market (85%), use a self-checkout aisle in the store (84%), go to a special WIC only section in a grocery store (76%) or to a special WIC only store (75%), and shop online for store pick up (73%) or home delivery for no added cost (72%).

Most WIC participants experience challenges shopping for WIC foods. The most common problems were difficulty finding WIC foods in stores (66%), preferred brands unavailable (60%), inconsistent WIC-approved items across stores (58%), and arriving at the register without the right items (55%). American Indian or Alaska Native, White, and participants who selected more than one racial or ethnic group reported higher than average challenges shopping for WIC foods.

Few participants (33%) always buy all their WIC foods. The most common reason for not buying all their WIC foods was not liking some WIC foods (23%). Other common reasons included running out of time before their benefits expired (20%), forgetting to use all their benefits (15%), and not finding WIC foods at their grocery store (15%).

WIC participants are satisfied with the WIC card and app, but awareness gaps limit app use. Nearly all respondents who had used them were satisfied with the WIC card (97%) and WIC app (93%). Among the 4% who had not yet used a WIC app, the top reasons were not knowing about it (36%), not knowing how to use it (33%), or not needing it (32%). The top requested app improvements included showing their next WIC appointment (78%), reminders about benefit expiration (75%), appointment scheduling (68%), shopping support (64%), and document submission (63%).



Many participants say the CVB for fruits and vegetables is inadequate. Most respondents (76%) said the \$26 monthly CVB for children was not enough. Almost half (45%) said the \$52 CVB for breastfeeding participants was insufficient, and 45% said the same for the \$47 CVB for pregnant and postpartum participants.

Many participants say the WIC food packages have improved, but key items are not provided in adequate amounts. Fourteen states had fully or partially implemented WIC food package changes at the time of the survey. Many respondents said the WIC food packages have improved over the past year in states that implemented changes fully (63%) or partially (62%). Across all respondents, between 30-57% said key WIC food package items—such as eggs and tofu, infant formula, cheese, whole-grain foods, juice, and yogurt—were inadequate in the amounts provided.



Introduction

WIC provides nutrition assistance to pregnant, breastfeeding, and postpartum women, infants, and children up to age five who are at nutritional risk and have low incomes. WIC also offers nutrition education, breastfeeding support, supplemental nutritious foods, and referrals to other health and social services. In fiscal year 2025, WIC served 6.87 million participants nationally, continuing an upward trend in participation since 2021 (USDA, FNS, 2026). In each state, Indian Tribal Organization or territory, a State WIC Agency administers the program through Local Agencies and sites, following regulations and guidance from the USDA.

WIC is cost-effective in protecting or improving the health and nutritional status of women, infants, and children in low-income families. WIC supports improved birth outcomes, reduces health care costs, improves diet and diet-related outcomes, improves infant feeding practices, increases immunization rates and access to regular medical care, and improves cognitive development. Through recent modernization and outreach efforts, WIC reached 56% of eligible individuals in 2023—the highest coverage rate since 2016 (USDA, FNS, 2025c). Coverage rates are consistently highest for infants (82%) and decrease as children age (48%). After infants, coverage is highest for postpartum women (73%). Despite these recent increases, substantial room remains for improving coverage rates, particularly for children.

Prior to the COVID-19 pandemic, most WIC services were provided to participants attending in-person appointments at local WIC sites. In the spring of 2020, the USDA granted states various waivers to adjust WIC operations to ensure the safety of participants and staff during the pandemic (USDA, FNS,

2025a). Most states adapted WIC services by not requiring participants to be physically present at WIC sites to enroll and re-certify (required semi-annually or annually), and by implementing flexible options for obtaining food benefits and nutrition education. Additionally, by 2021, nearly all WIC participants in the United States transitioned from paper WIC checks to an EBT card (WIC card) to redeem WIC food benefits. Using the WIC card, WIC participants redeem monthly benefits similar to the EBT card used by the federal Supplemental Nutrition Assistance Program (SNAP) participants, except that only specific healthy WIC foods can be purchased. States had the option of implementing systems that either upload food benefits in person only (offline systems that require WIC staff to load the WIC card in person) or have the capacity to load benefits remotely or in person (online systems that can load the WIC card without it being physically present). To help WIC participants know what benefits are available and when, many states also implemented a WIC app that allows participants to monitor their remaining WIC food benefit levels.

Building on the temporary flexibilities and adaptations made during the COVID-19 pandemic, the USDA recognized the importance of modernizing WIC's infrastructure to ensure the program remains effective and accessible. With one-time funding from the American Rescue Plan Act of 2021 (ARPA), FNS launched a national WIC modernization initiative to improve participants' shopping experience, increase program access, and integrate technology into service delivery and program infrastructure (USDA, FNS, 2025d). The ARPA funding specifically supported five key areas for WIC: outreach, shopping experience, workforce development, technology and service delivery, and improving access to farmers' markets. Beginning in March of 2021, states were able to request various waivers to support modernization priorities aligned with their state's specific needs (USDA, FNS, 2025b). These waivers encouraged state-level innovation and supported initiatives such as implementing online shopping pilots, developing WIC apps, and expanding service delivery to remote formats, including nutrition counseling and online certification/recertification for benefits. While FNS's waiver authority ended September 30, 2024, most waivers will remain in effect until September 30, 2026, or until FNS completes its evaluation of WIC modernization efforts (USDA, FNS 2025b; USDA, FNS 2025e).

During the pandemic, the USDA also increased the CVB for WIC participants to purchase fruits and vegetables to align the food package with values recommended by the National Academies of Science, Engineering, and Medicine in 2017 to support approximately half of the intake of fruits and vegetables as recommended by the DGAs (National Academies of Sciences, Engineering, and Medicine, 2017). Beginning in 2021, amounts increased from \$9 per child and \$11 for women to \$25 for children, \$44 for pregnant and postpartum women, and \$49 for breastfeeding women.

In April 2024, the USDA announced changes to the WIC food packages to align them with current nutrition science and the latest dietary guidance, a decade after the last updates were made to the WIC food packages (USDA, FNS, 2024). State Agencies were required to implement the provisions within 24 months of the final rule publication date (April 2026, with some exceptions). Increases to CVB for fruits and vegetables were required no later than 60 days of the final rule, and for State Agencies authorizing

yogurt, 36 months of the final rule for implementing the yogurt vitamin D requirement. Revisions to the WIC food package included:



- CVB amounts were permanently increased (now \$26 for children, \$47 for pregnant and postpartum women, and \$52 for breastfeeding women) and expanded eligible forms to include dried, frozen, and canned in addition to fresh fruits and vegetables.
- Amounts of juice and milk were reduced for nearly all participants, and participants could substitute juice for additional CVB.
- Lactose-free milk became authorized, only unflavored milk became permitted, the total sugars allowed in yogurt and plant-based milk substitutes were reduced, and plant-based yogurt and cheese options and the option to substitute yogurt for milk were included. Additionally, revised nutrition requirements were included for calcium levels in tofu and vitamin D in yogurt.
- Amounts of infant cereals and jarred infant fruits, vegetables, and meats were reduced, while the CVB substitution amount for infant jarred fruits and vegetables was increased.
- Infant formula flexibilities and enhanced food packages for participants who were partially breastfeeding were also included to support individuals' breastfeeding goals.
- Whole-grain options were expanded, and criteria for being a whole-grain food were strengthened (i.e., whole-grain as the first ingredient, 75% of breakfast cereals met whole-grain criteria).
- Added sugars were limited in breakfast cereals (≤ 21.2 g per 100 grams dry cereal or ≤ 6 grams per dry ounce).
- Canned fish varieties were revised to improve nutritional value, add variety, and promote low-mercury options. They were added to the children and women's food packages not currently receiving canned fish; amounts were revised for fully breastfeeding participants.
- Protein options were expanded by allowing dried and canned legumes, permitting legumes, tofu, and peanut butter as substitutes for eggs, and authorizing nut and seed butters as substitutes for peanut butter.
- Food package sizes were modified to increase variety and choice, while still providing participants with package sizes that ensure they can receive the full benefit amount (i.e., at least one package size, or a combination of sizes, must add up to the full maximum monthly amount).

NWA, NPI, and Pepperdine University previously conducted two multi-state surveys with WIC participants in [2021](#) and [2023](#). We found that satisfaction with WIC's hybrid service delivery model increased from 2021 to 2023, suggesting that participants experiencing challenges with WIC services could benefit from the continuation of hybrid services. Building on core questions from previous

surveys to support comparisons over time, the 2025 survey added questions about participants' experience with breastfeeding support, the newly revised WIC food packages, and immigration-related concerns, with attention to differences in experiences by language and race/ethnicity. This survey is part of NWA's [Advancing Health Equity to Achieve Diversity & Inclusion in WIC \(AHEAD\) 3.0: Enhancing Equity throughout the WIC Participant Journey project](#), which aims to enhance understanding of and address barriers to WIC participation, particularly for Black, Brown, and Indigenous families. This report summarizes survey responses from WIC participants in 25 states and two Indian Tribal Organizations and aims to inform USDA and State Agencies on participant-centered strategies to strengthen WIC modernization, increase participation, and improve participant retention.

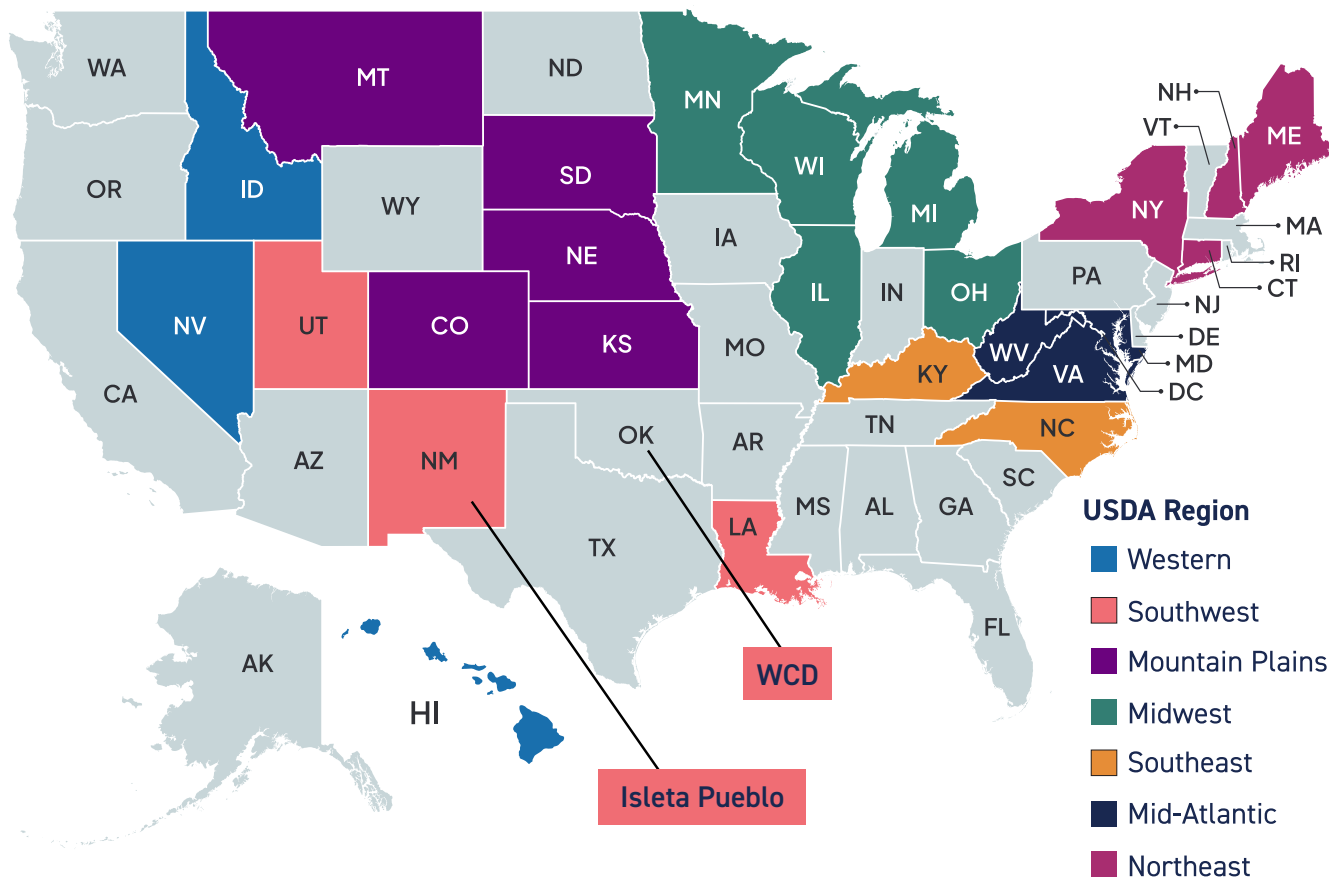


Methods

In early 2025, NWA invited State WIC Agencies (n=88, including 50 state health departments, 32 Indian Tribal Organizations, the District of Columbia, and five territories) to participate in the 2025 Multi-State WIC Participant Satisfaction Survey through outreach conducted during an NWA webinar in January 2025 and during NWA's monthly state director calls in January and February 2025. The goal was to recruit between 20-30 State Agencies representing different regions of the country that use different service delivery methods (e.g., live, remote, hybrid) and serve a diverse population of WIC participants with respect to total number, urbanicity, and racial-ethnic groups.

States had to be willing to recruit at least 500 WIC participants (or 5% of their caseload if caseload is less than 500) to complete the survey in the summer of 2025. Twenty-five states (Colorado, Connecticut, Hawaii, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Ohio, South Dakota, Utah, Virginia, West Virginia, and Wisconsin) and two Indian Tribal Organizations (Isleta Pueblo and Wichita, Caddo, & Delaware) volunteered to participate in the 2025 survey (see **Figure 1** and [Appendix A: Table 1](#)).

Figure 1. State WIC Agencies and Tribal Organizations that participated in the 2025 Multi-State WIC Participant Satisfaction Survey¹



¹States are color coded based on their USDA administrative region.

States had varying methods of interacting with WIC participants for appointments, nutrition education, enrollment, and recertification (see [Appendix A: Table 2](#)). At the time of the 2025 survey, all but four states (LA, NM, OH, Pueblo of Isleta) issued food benefits online; all but three states (IL, NV, VA) utilized a statewide WIC smartphone app; only five states (MN, NE, NV, NM, SD) had WIC online shopping available to some participants; all but 10 states (CO, HI, ID, KS, NE, NH, SD, UT, VA, Wichita, Caddo, & Delaware) had the option for participants to use their WIC CVB at farmers' markets; all but 13 (HI, KY, MD, MN, NE, NV, NY, NC, OH, SD, UT, VA, WI) had fully or partially implemented the latest food

packages changes; and all but four (IL, MD, NE, WV) were implementing USDA physical presence waivers thus allowing for remote WIC appointments at some or all Local Agency sites.

A group of WIC experts and researchers drafted the participant survey, which was adapted from the multi-state WIC participant survey administered in 2023. Participant household food security was assessed using two questions from the USDA's Food Security Module, which asked about the prior 12 months from the time of the survey. Modifications to the 2023 survey included adding new questions on scheduling appointment methods, nutrition education related to breastfeeding, and immigration concerns. The participant self-reported race/ethnicity question was also revised to align with revisions to the US Office of Management and Budget's Statistical Policy Directive No. 15, which included a new category for Middle Eastern or North African (Office of Management and Budget, 2024). Additionally, questions about the WIC food package changes were updated to gather participant perceptions of the adequacy of food package item amounts and perceptions of recent food package changes. Researchers pilot tested the survey, and participating states provided input on the overall survey design and the individualization of questions and responses relevant to each state's operations. The final survey included 46 questions and was designed to be completed in 20 minutes or less, depending on skip patterns (see [Appendix B](#) for full survey topics and questions). Two survey questions collected open-ended comments, from which quotes included in this report were selected to highlight survey findings. Survey topics included:

- a. Eligibility determination—2 questions
- b. WIC participation and enrollment—4 questions
- c. WIC appointments and nutrition education—12 questions
- d. Fairness and belonging at WIC—4 questions
- e. Shopping for WIC foods—4 questions
- f. Use of the WIC card and app—4 questions
- g. Sociodemographic characteristics—7 questions
- h. Perceptions of the WIC Cash Value Benefit for fruits and vegetables—3 questions
- i. Perceptions of the WIC food package changes—3 questions
- j. Immigration—1 question

Respondents had to be at least 18 years of age and be on WIC or have family members currently on WIC to be eligible to complete the survey. No personal identifying information (such as respondents' names or other protected health information) was collected from WIC participants who volunteered to complete the survey, except for those who opted in to be contacted for qualitative interviews. Upon completing the survey, participants were invited to submit their email address in a separate survey to opt in to a drawing for one of 15 \$20 electronic gift cards in their state. The project was reviewed and deemed exempt by the Institutional Review Board (IRB) at the University of California, Davis. Five states (KY, MI, NY, OH, VA) required their state IRB to also review the project protocol; in all cases, the state IRB made the same determination.

The survey was offered in English, Spanish, Arabic, and Haitian Creole. To determine the most commonly spoken languages, participating agencies identified the two most spoken languages among WIC participants in their state, excluding English and Spanish. Then, estimates for the number of participants speaking each reported language across all participating states were generated using the agency's reports and [USDA WIC data](#). Survey and sample recruitment materials (flyer, text, email, and appointment scripts; see [Appendix B](#)) were translated into Spanish, Arabic, and Haitian Creole by a translation agency and reviewed by a native speaker of each language, respectively. State Agencies were instructed not to post recruitment materials on websites or social media platforms to reduce the risk of bot responses.

The survey for each state was programmed into survey software (Qualtrics) to enable WIC participants to complete it on a smartphone, tablet, or computer. The Qualtrics reCAPTCHA feature was enabled for all surveys to identify possible bot responses. Each state received four unique survey links (English, Spanish, Arabic, and Haitian Creole versions) to share with participants via text message, email, flyer (handed out or mailed), and a WIC app (see [Appendix A: Table 2](#)). State Agencies selected the recruitment strategies, including whether Local Agencies provided survey information to participants instead of, or in addition to, the State Agency. Most states launched their survey on June 30, 2025, and continued survey fielding through September 2, 2025, although some states delayed launch to align with prior scheduled participant communications or extended their survey close date through September 23, 2025, due to a low response rate (see [Appendix A: Table 3](#)).

Researchers tabulated survey responses, generated descriptive statistics, and prepared a summary of findings for each state (data not publicly available) and across all participating states (see [Appendix C](#)) by:

- **Survey respondent language:** English (n=43,377), Spanish (n=12,226), Arabic (n=395), Haitian Creole (n=84)
- **Survey respondent self-reported racial or ethnic group:** American Indian or Alaska Native (n=1,026), Asian (n=1,688), Black or African American (n=7,956), Hispanic or Latino (n=15,309), Middle Eastern or North African (n=395), Native Hawaiian or other Pacific Islander (n=250), White (n=21,804), Other (n=558), selected more than one (n=3,996) or selected "Prefer Not to Answer" (n=3,100)
- **All survey responses** (n=56,082)

Summary data were included only from respondents who: opted to take the survey; were current WIC participants; responded to all sociodemographic questions (age, race/ethnicity, education, current employment/school status) even if they did not complete all other survey questions; entered zip codes that were located within the state the survey was administered by; did not have duplicate identifiers (identifiers included contact information provided by respondents who opted into qualitative interviews with the most complete response retained); and were non-bot responses (Qualtrics reCAPTCHA score >0.5, responses came from a normal IP address and did not have duplicate open-ended

comments over eight words in length). Most responses were excluded due to not having completed all sociodemographic questions. Respondent numbers vary slightly by topic. Data were first averaged for respondents in each state and then averaged across the 27 State Agency averages. This method was used because of differences in the number of survey respondents per state (see [Appendix D](#)); averaging across all respondents regardless of state would have weighted the data in favor of states with larger numbers of responses.

Participant urbanicity—rural, suburban, and urban—was assessed by matching the zip code provided by respondents to the 2020 US Department of Agriculture Rural-Urban Commuting Area codes. This method was informed by guidelines from the Washington State Department of Health (Washington State Department of Health, 2016).



Results

The following sections of the report provide cumulative data collected from survey respondents in total, with several sections also describing results by survey language and by respondents' self-reported racial or ethnic group. Participants could choose not to answer all questions, and the survey was individualized for each state, which is why sample sizes vary. Additional information on the survey questions can be found in [Appendix B](#). [Appendix C](#) contains data tables that tabulate results for each of the survey questions by survey language and by racial and ethnic groups; corresponding survey questions are included in **red font** for reference.

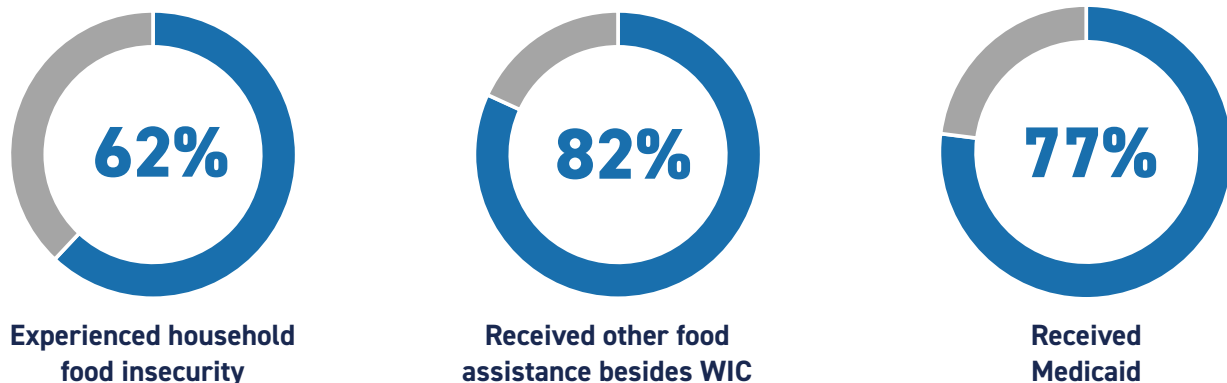
Survey Respondents

Survey respondents (n=56,082) were asked questions about their age, race/ethnicity, education, employment and school status, family members on WIC, duration of time on WIC, household food security, and receipt of Medicaid. Most respondents completed the survey in English (77%), some in Spanish (22%), and very few in Arabic (<1%) or Haitian Creole (<1%). Most respondents (68%) were between 25-39 years old. The largest racial/ethnic groups were White (39%) and Hispanic or Latino (27%). Most had completed high school (33%) or had at least some college education (48%). Many respondents were employed or going to school either part- or full-time (42%). All respondents were currently enrolled in WIC, as WIC participation was one of the inclusion criteria for analysis. Many had participated in WIC for 3 or more years (43%). Family members currently enrolled in WIC varied: 12% were pregnant, 20% were breastfeeding, 6% were other postpartum, 30% were infants <1-year-old, 25% were a 1-year-old child, 23% were a 2-year-old child, 20% were a 3-year-old child, and 18% were a 4-year-old child (Percentages do not add up to 100% as multiple members of a family could be eligible for WIC.). Respondents also provided their zip code, which was used to determine their urbanicity. Most (64%) were in an urban community, with 28% in rural and 9% in suburban communities. For full results stratified by language and racial or ethnic group, see [Appendix C: Table 1a/b](#).

Many experienced food insecurity and were supported by other safety net programs.

Many respondents (62%) reported experiencing household food insecurity in the past 12 months. In the prior month, 82% reported using additional sources of food assistance (besides WIC). SNAP was used by the largest proportion of families (43%), followed by food from family or friends (32%), Summer-EBT (or SUN Bucks) (31%), a local food pantry, food bank or religious organization (29%), school meals (22%), the Food Distribution Program on Indian Reservations (2%), or another food source (4%). Most respondents also received Medicaid for health care coverage (77%) (Figure 2).

Figure 2. Respondents reported high rates of household food insecurity and use of other safety-net programs¹

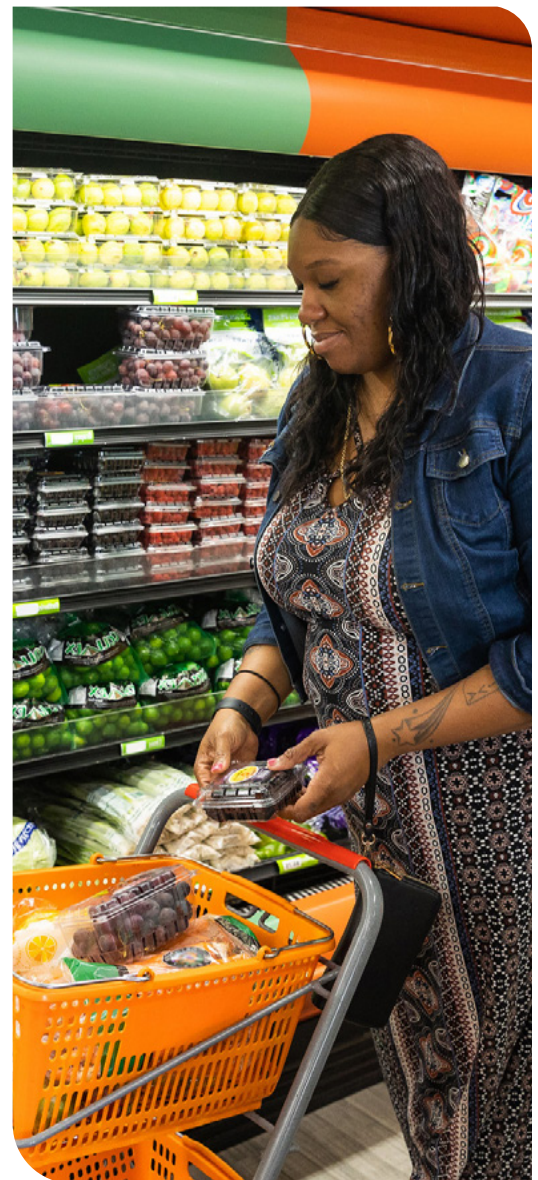
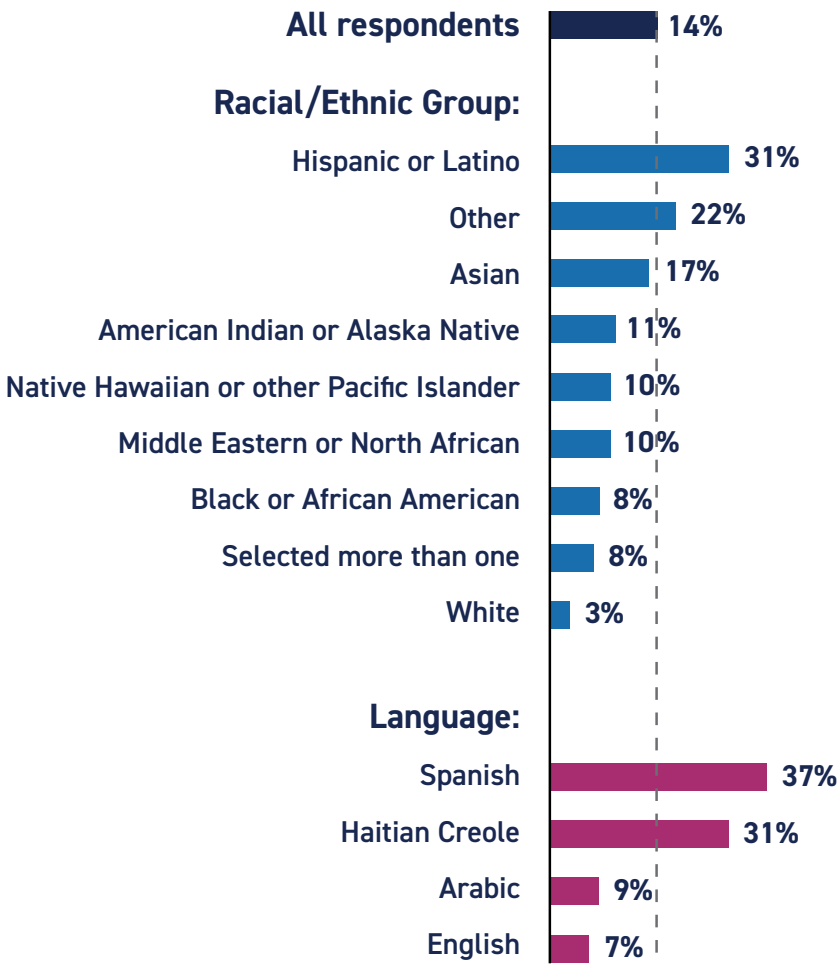


¹Household food insecurity status was based on two questions from the USDA Food Security Module, asked about the prior 12 months from the time of the survey.

Immigration concerns varied across race/ethnicity and survey language. The greatest concern was reported by Hispanic/Latino and Asian families and Spanish and Haitian Creole speakers.

Some respondents (14%) reported being concerned about coming to WIC because of something they had heard about immigration. Results varied across respondents by racial or ethnic group and survey language. The greatest concern was reported by Hispanic or Latino (31%), other (22%), and Asian (17%) respondents, and among those preferring Spanish (37%) or Haitian Creole (31%) as their primary language (Figure 3).

Figure 3. Respondents who expressed concern about coming to WIC because of something they heard about immigration and benefits

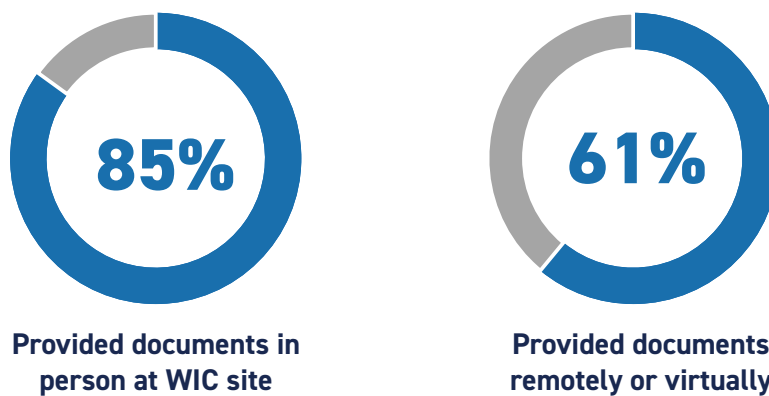


WIC Enrollment or Recertification Documentation

Most provided WIC enrollment & recertification documents both in person and remotely. In-person submission remains the most common, but remote options are also popular.

States offered a variety of methods, both in person at the WIC site and remotely, for WIC participants to provide the required documentation (e.g., income, address, identification) to determine WIC eligibility (see [Appendix A: Table 2](#)). If respondents had enrolled or recertified in WIC in the 12 months prior to the survey, they were asked which methods they used. Most (85%) respondents provided documents in person at the WIC site, and 61% provided documents remotely (Figure 4).

Figure 4. Methods used by respondents to provide WIC enrollment and recertification documents¹



¹Percentages do not add up to 100% as respondents could select all that apply. This question was only asked of respondents who said they provided documentation of their income, address, and identification.






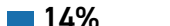



The remote methods used included website, portal, WIC app, or an online application (43%), text (39%), email (36%), drop box or drive through (24%), and less frequently by U.S. mail (14%), having WIC staff pick them up (9%), fax (8%), and video (5%). The methods used varied across respondents by racial or ethnic group (Table 1).

“Se requiere más facilidad para sacar las citas de renovación de servicios, las líneas telefónicas la mayoría del tiempo están ocupadas y se demora mucho la respuesta.”

- Spanish speaking WIC participant

[English translation: “It is necessary to make it easier to schedule appointments for service renewals; the phone lines are busy most of the time, and it takes a very long time to receive a response.”]

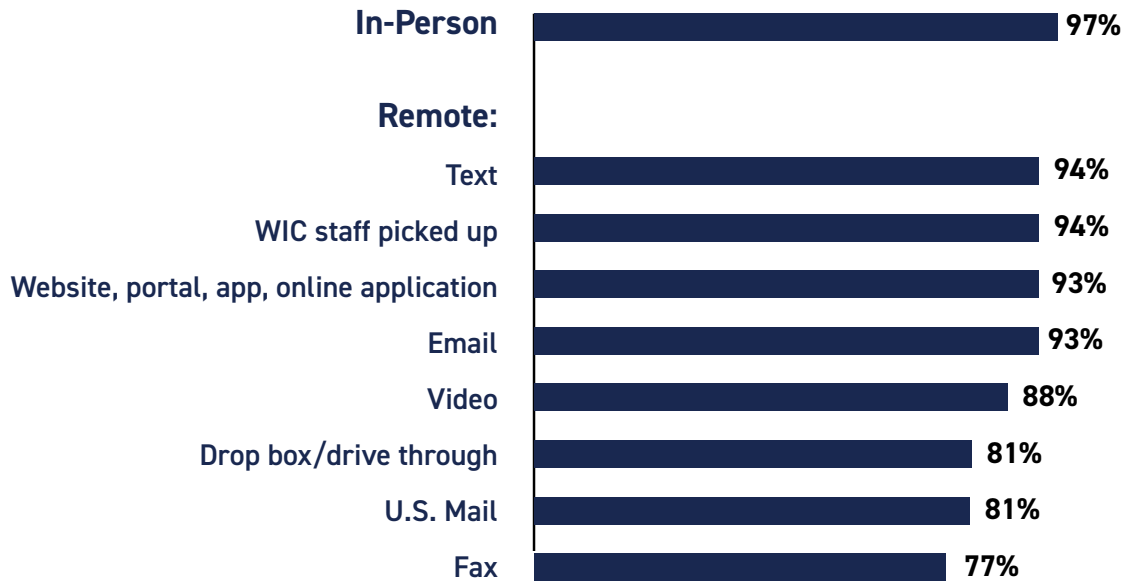
Table 1. Methods used by respondents to provide WIC enrollment and recertification documents¹

Methods Used	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
In-Person	 85%	88%	81%	92%	81%	87%	84%	87%	83%	86%
REMOTE:										
Website, portal, app, online application	 43%	47%	45%	44%	44%	43%	51%	41%	39%	46%
Text	 39%	43%	46%	40%	44%	41%	50%	33%	57%	36%
Email	 36%	45%	50%	37%	39%	37%	58%	31%	50%	40%
Drop box or drive through	 24%	17%	14%	14%	52%	40%	33%	6%	49%	9%
U.S. mail	 14%	20%	19%	15%	17%	16%	11%	11%	29%	13%
WIC staff picked up	 9%	7%	3%	7%	21%	10%	0%	3%	19%	3%
Fax	 8%	13%	9%	9%	11%	6%	4%	4%	19%	5%
Video	 5%	7%	8%	6%	7%	5%	3%	3%	13%	4%

¹Percentages do not add up to 100% as respondents could select all that apply. Some methods were not available in all states; Appendix A: Table 2 lists the available methods in each state.

Respondents were also asked to rate how easy it was (on a scale of 1=very hard to 4=very easy) to use each method to share their personal information with WIC (Figure 5). Most respondents found it somewhat or very easy to submit documents both in person (97%) and using remote methods—text (94%), WIC staff picked up (94%), website, portal, WIC app, or online application (93%), email (93%), video (88%), drop box or drive-through (81%), U.S. mail (81%), and fax (77%).

Figure 5. Respondents said methods for providing documents were somewhat or very easy to use¹



¹ Respondents were asked to rate ease only for the method(s) they reported using to provide documents.

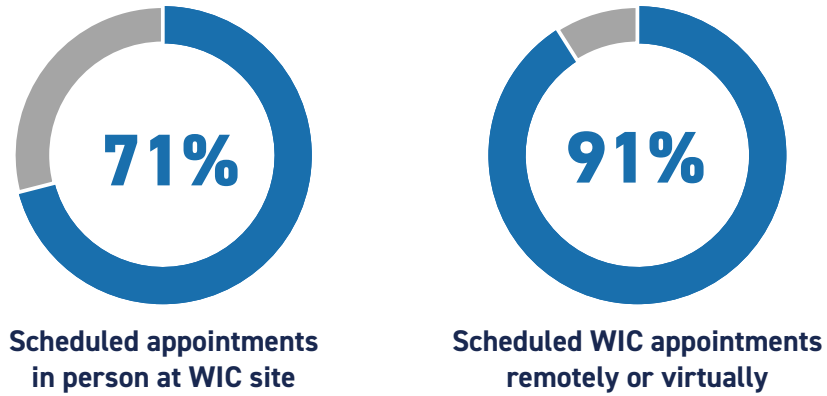
Scheduling WIC Appointments

Scheduling WIC appointments was most often done remotely.

States offered a variety of in-person and remote methods for WIC participants to schedule their WIC appointments (see [Appendix A: Table 2](#)). When asked about ways in which respondents scheduled WIC appointments, 71% scheduled them while in person at the WIC site and 91% scheduled them remotely—by phone (86%), text (38%), on the WIC smartphone app (32%), on a website or portal (17%) or by email (16%) (Figure 6).



Figure 6. In-person or remote methods used by respondents to schedule WIC appointments¹



¹Percentages do not add up to 100% as respondents could select all that apply.

The methods used to schedule WIC appointments varied across respondents by racial or ethnic group—particularly for text, WIC app, website or portal, and email—with non-White respondents using these methods at above-average rates compared to White respondents (Table 2). Most respondents found scheduling WIC appointments using all methods somewhat or very easy (Figure 7).

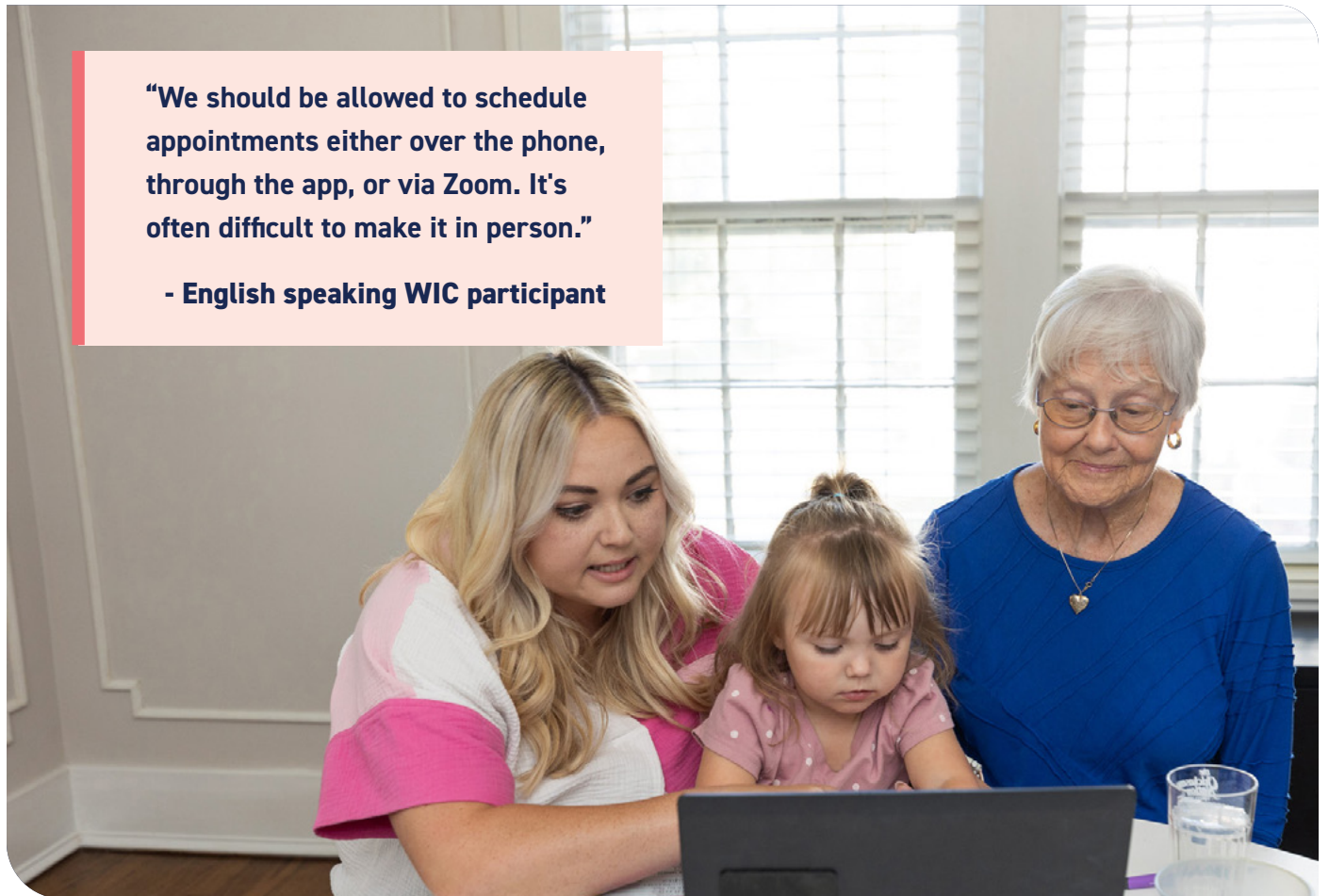








Table 2. Methods used by respondents for scheduling WIC appointments¹

Methods Used for Interacting with WIC	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
In-person	 71%	73%	67%	73%	70%	69%	69%	72%	72%	70%
REMOTE:										
Phone	 86%	91%	89%	86%	86%	89%	90%	87%	88%	89%
Text	 38%	48%	42%	38%	41%	47%	52%	34%	51%	35%
WIC app	 32%	40%	29%	40%	35%	32%	31%	26%	28%	30%
Website or portal	 17%	22%	21%	22%	17%	22%	27%	14%	21%	16%
Email	 16%	22%	24%	20%	19%	20%	29%	10%	29%	22%

¹Percentages do not add up to 100% as respondents could select all that apply. Some methods were not available in all states; [Appendix A: Table 2](#) lists the available methods in each state.

Figure 7. Respondents said the methods used to schedule WIC appointments were somewhat or very easy¹



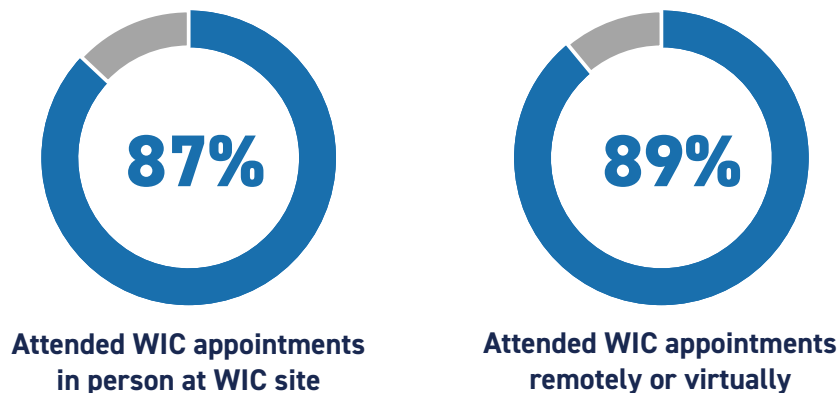
¹ Respondents were asked to rate ease only for the method(s) they reported using to schedule WIC appointments.

Nutrition Education and Other WIC Interactions

Most attended their nutrition education and other WIC appointments, both in person and remotely. In-person and phone appointments were most common.

States offered a variety of in-person and remote methods for WIC participants to complete nutrition education and interact with WIC staff for other appointments and services (see [Appendix A: Table 2](#)). When asked about the ways in which they had received nutrition education and other interactions with WIC over the 12 months prior to the time of the survey, most respondents interacted with WIC staff both in person at the WIC site (87%) and remotely (89%) (**Figure 8**).









Figure 8. In-person and remote methods used by respondents for interacting with WIC services¹



¹ Percentages do not add up to 100% as respondents could select all that apply.

The most common remote methods used by respondents to interact with WIC staff included phone (83%), with many using text (41%), or completing online nutrition education (37%). Fewer respondents attended group classes in person at the WIC site (15%) or by video (10%), interacted with WIC staff one-on-one over video (10%), or had a curbside visit with WIC staff (8%). Methods used varied across respondents by racial or ethnic group—particularly for text, online education, in-person and video-call group classes, one-on-one video calls, and curbside visits—with non-White respondents often using these methods at above average proportions compared to White respondents (Table 3).

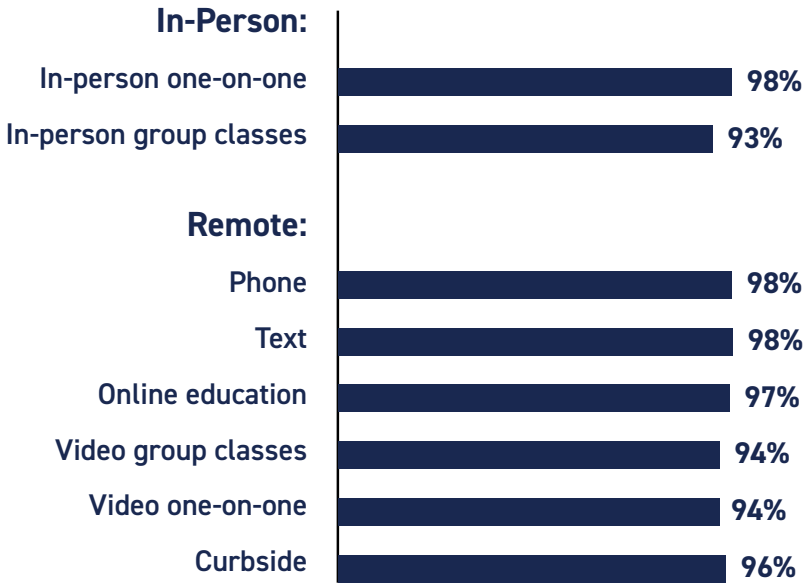
Table 3. Methods used by respondents for interacting with WIC services¹

Methods Used for Interacting with WIC	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
IN-PERSON:										
In-person one-on-one	 86%	88%	78%	88%	85%	77%	81%	87%	81%	85%
In-person group class	 15%	20%	17%	18%	22%	11%	24%	8%	22%	12%
REMOTE:										
Phone	 83%	85%	86%	78%	84%	81%	85%	83%	82%	83%
Text	 41%	45%	36%	31%	48%	36%	51%	39%	46%	39%
Online education	 37%	35%	35%	37%	40%	28%	44%	36%	40%	38%
Video group class	 10%	15%	12%	14%	13%	7%	11%	5%	15%	9%
Video one-on-one	 10%	12%	12%	13%	14%	7%	11%	5%	18%	7%
Curbside	 8%	12%	11%	23%	23%	25%	0%	33%	0%	3%

¹Percentages do not add up to 100% as respondents could select all that apply. Some methods were not available in all states; [Appendix A: Table 2](#) lists the available methods in each state.

Respondents rated their level of satisfaction (on a scale of 1=very unsatisfied to 4=very satisfied) with each method used for interacting with WIC services. Satisfaction was high across all methods. Respondents were somewhat or very satisfied with interacting in person with staff one-on-one at the WIC site (98%), over phone (98%), text (98%), completing online nutrition education (97%), group classes in person (93%) or over video (94%), interacting with WIC staff one-on-one over video (94%), or a curbside visit with WIC staff (96%) (Figure 9).

Figure 9. Respondents said they were somewhat or very satisfied with the methods used to interact with WIC services¹



¹ Respondents were asked to rate their satisfaction only for the method(s) they reported using for interacting with WIC services.

Breastfeeding Support Services

Participants received a variety of WIC breastfeeding support services—most commonly information, support, and classes, both remotely and in person at WIC.

Respondents who were pregnant, breastfeeding, not breastfeeding but whose pregnancy ended in the last 6 months, or respondents with an infant under 12 months of age enrolled in WIC (n=27,086 across all participant categories) were asked if they received breastfeeding support from WIC. Most respondents (88%) reported being offered breastfeeding support. Those who received support selected all types they received from WIC. The most common types of support included written or electronic information (78%), support via a call, text, or video chat (75%), help during a WIC appointment (75%), attending a baby feeding or breastfeeding class (64%), and receiving information on other community resources (58%). Less often, respondents reported receiving a breast pump (44%), help at the hospital (42%), breastfeeding aids or accessories (36%), help at home (35%), or some other support that was not listed (10%).

Satisfaction with WIC Services

Participants were satisfied with WIC customer service, nutrition education, and breastfeeding support.

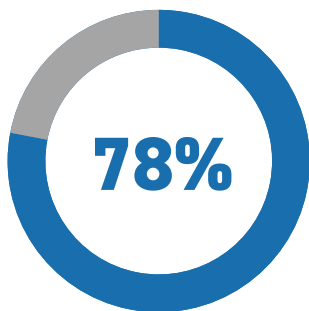
Respondents rated their overall satisfaction with WIC customer service, nutrition education, and breastfeeding support (rated on a scale of 1=very unsatisfied to 4=very satisfied). Satisfaction was high, with most respondents saying they were somewhat or very satisfied with WIC customer service (97%), nutrition education (95%), and breastfeeding support (91%).

Challenges with WIC Services

Most participants did not experience challenges with WIC services—those who did have challenges said it was mostly due to time or transportation limitations, with fewer saying technology was a challenge.

Respondents selected from a list of potential challenges they may have experienced with WIC. Most respondents (78%) reported no challenges with WIC services (Figure 10). Challenges with WIC services were mostly due to WIC appointments being hard to fit into their busy schedules (10%), WIC sites not located in an area that was easy for them to get to (4%), limited access to technology (3%), the technology that WIC uses was not easy for them to use (2%), difficulty contacting the WIC office by phone (1%), and the information that WIC provides was not in their preferred language (1%). Some (3%) said they experienced other challenges (not listed) with WIC services.

Figure 10. Respondents who reported no challenges with WIC services



Reported no challenges with WIC services



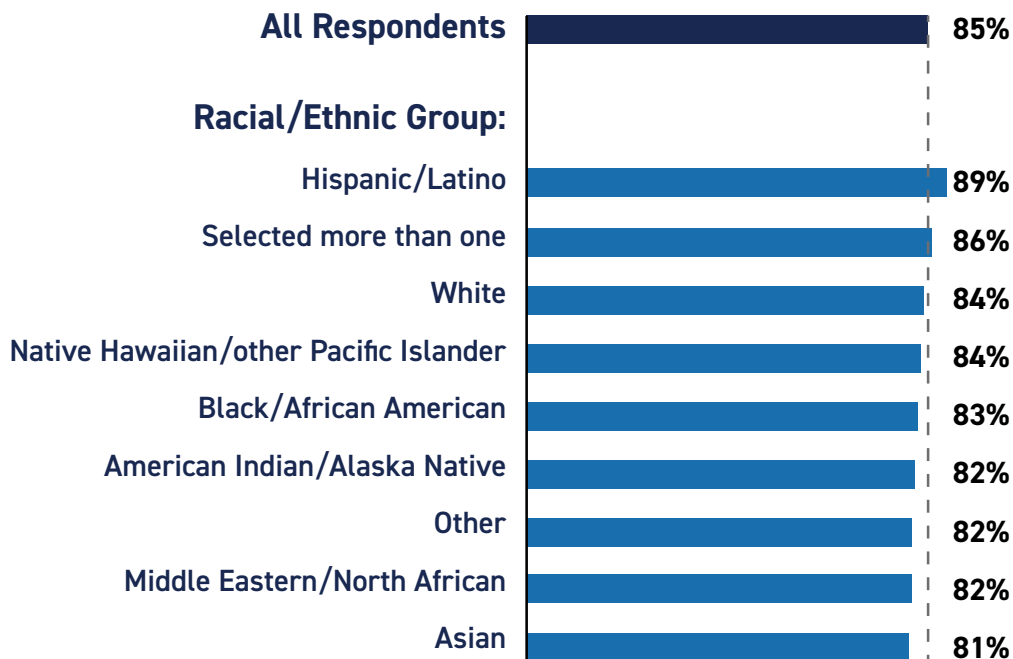
Reasons for Participating in WIC

Fruits, vegetables, and other foods provided by WIC were the top reason for participation—and WIC participation changes how participants feed themselves or their families.

Respondents selected from a list the reasons they were participating in WIC. The top reason was the fruits and vegetables they received in the WIC food package (97%), followed by other foods in the WIC food package (92%), education, information and support provided by WIC staff (82%), breastfeeding support (53%), and WIC classes and group sessions (36%).

Finally, respondents selected the extent to which they changed how they feed themselves and their family because of something they learned from WIC. Response options were a lot, a little, not at all, or don't know/not sure. Most respondents (85%) selected a lot or a little, and these proportions were similar across respondents by racial or ethnic groups (Figure 11). Results for all response options are available in the appendix (see [Appendix C: Table 3b](#)).

Figure 11. Respondents who said they changed how they feed themselves or their families a little or a lot because of something they learned in WIC



Fairness and Belonging at WIC

Across all racial and ethnic groups, participants felt respected, welcomed, and able to communicate with WIC staff who could relate to their culture. Language barriers were somewhat evident for some groups based on race, ethnicity, or language.

Respondents rated their agreement with three statements to assess perceptions of fairness and belonging at WIC, specifically: (a) that the staff at my WIC site make me feel respected, valued, and welcomed (Figure 12), (b) that staff could communicate with me in my preferred language (Figure 13), and (c) that staff could relate to my culture (Figure 14). Most respondents somewhat or strongly agreed with these statements, but agreement was lower for Asian, Middle Eastern or North African, Native Hawaiian or other Pacific Islander participants, and those preferring Haitian Creole as their primary language, compared to feeling like WIC staff could communicate in their preferred language or could relate to their culture.

Figure 12. Respondents who somewhat or strongly agreed that the WIC staff make them feel respected, valued, and welcomed

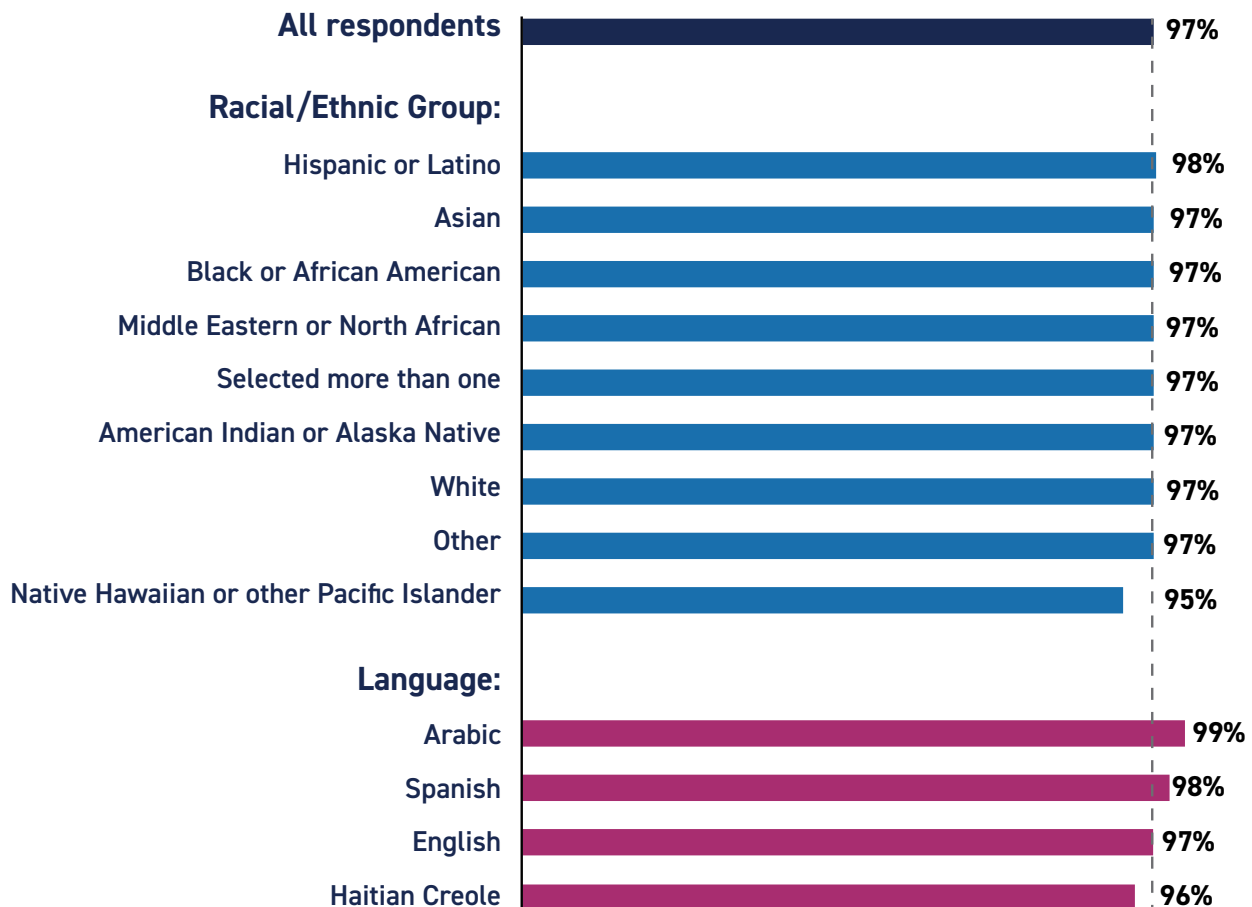


Figure 13. Respondents who somewhat or strongly agreed that WIC staff could communicate in their preferred language

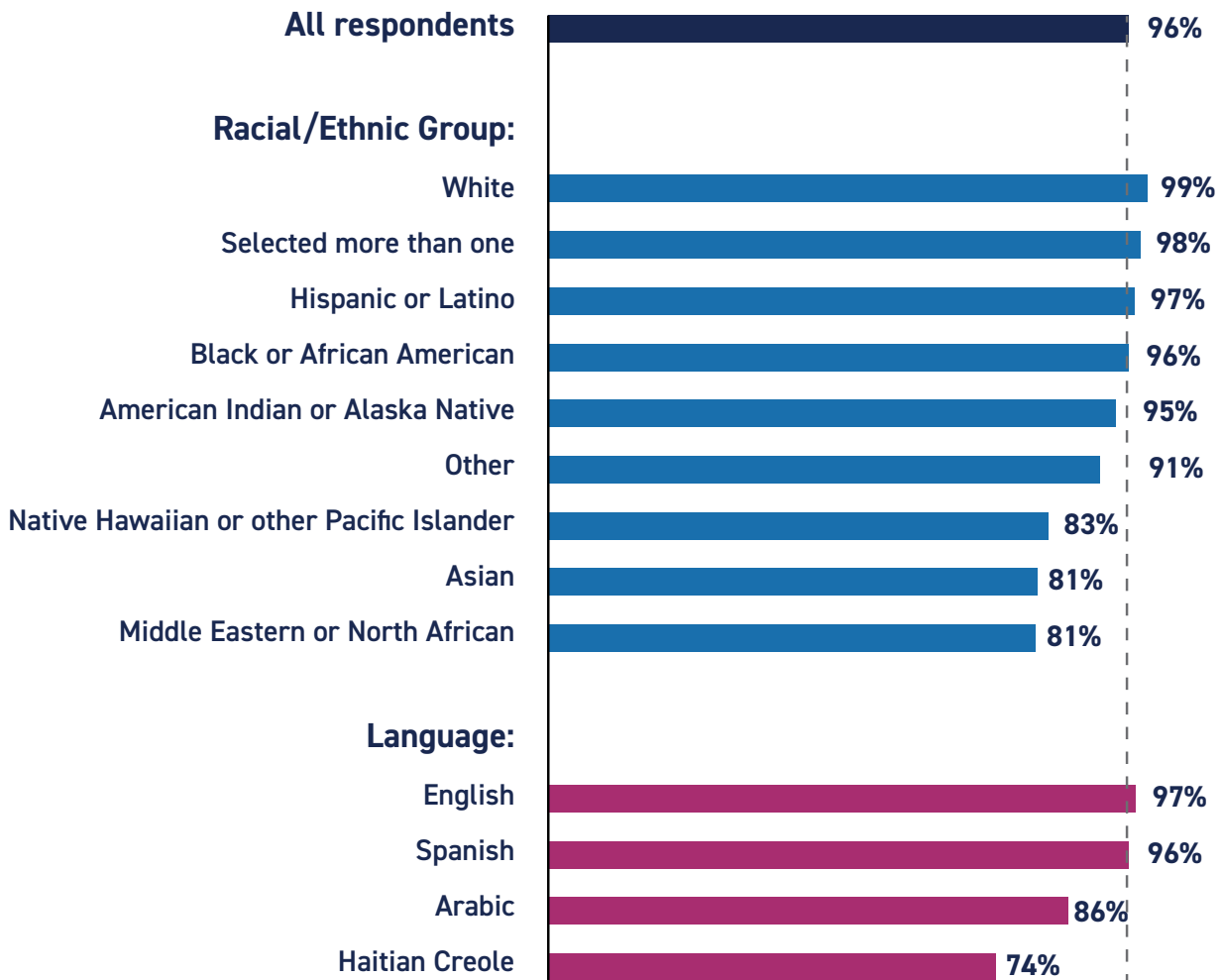
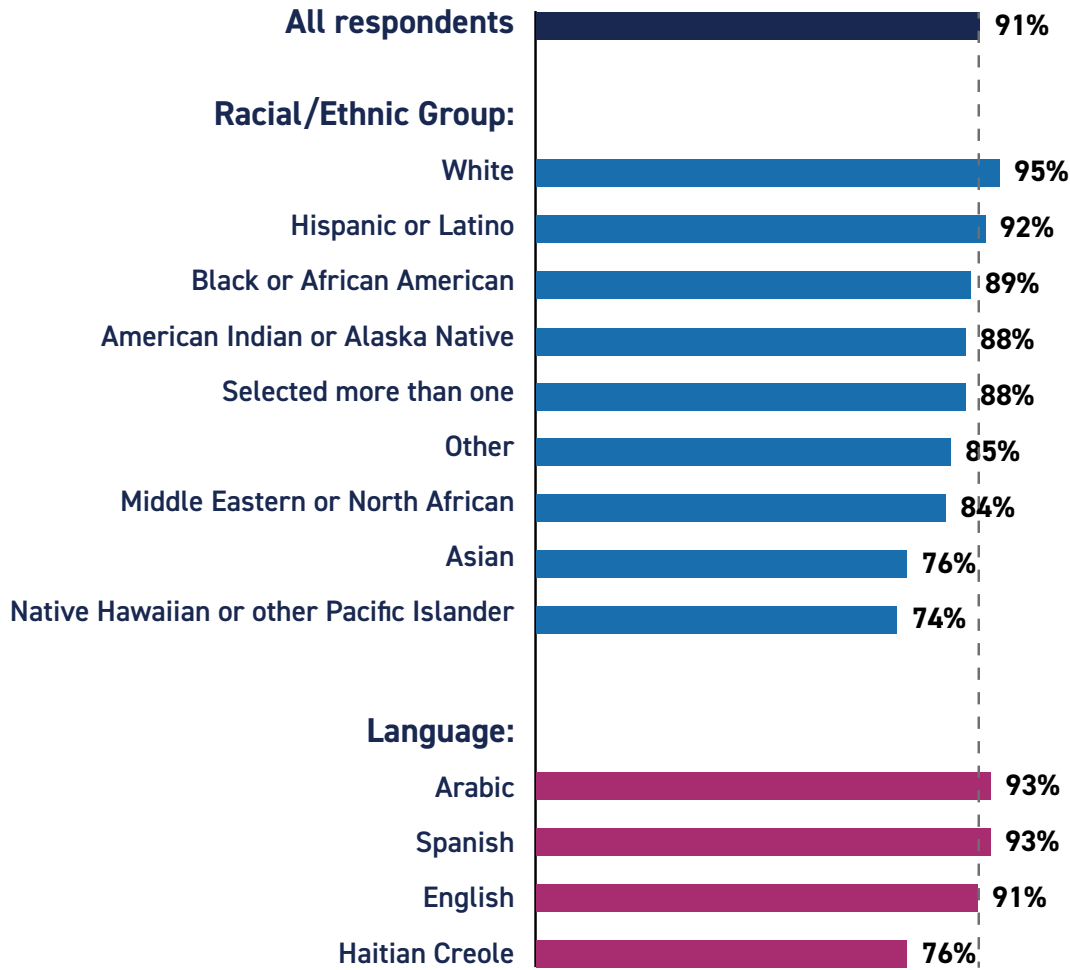


Figure 14. Respondents who somewhat or strongly agreed that WIC staff could relate to their culture

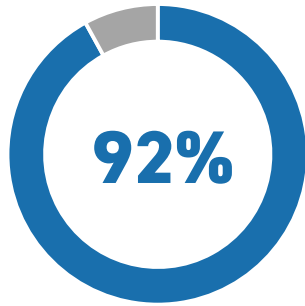


Shopping for WIC Foods

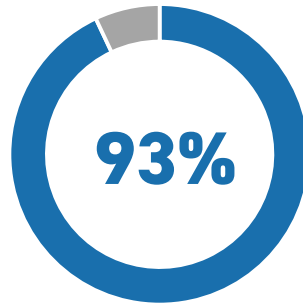
Most participants are satisfied with shopping for WIC foods in person and at farmers' markets, but report lower satisfaction with shopping online.

Respondents rated their level of satisfaction with the shopping options that were made available in their state: in-person shopping, shopping at farmers' markets, and online shopping for WIC foods. While all had access to shopping for WIC foods at a store in person, 64% of respondents had access to farmers' markets, and 9% had access to online shopping using their WIC benefits. Most said they were somewhat or very satisfied with shopping for WIC foods in person (92%). Among those with access to the other options, most were also somewhat or very satisfied with shopping at farmers' markets (93%), but fewer were somewhat or very satisfied with shopping online (72%) (Figure 15).

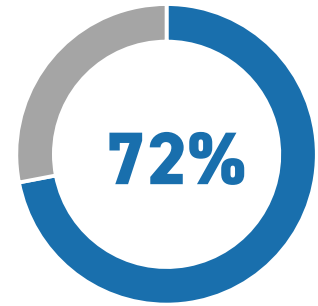
Figure 15. Respondents who were somewhat or very satisfied with WIC shopping options



Satisfied with in-person shopping



Satisfied with farmers' market shopping






Satisfied with online shopping

Satisfaction shopping for WIC foods in person and at farmers' markets was high across respondents by racial or ethnic group, but online shopping satisfaction was mixed by group (**Table 4**). In-person shopping satisfaction ratings were below average proportions for Middle Eastern or North African, White, and respondents who selected 'other' or more than one racial or ethnic group. Farmers' markets shopping satisfaction ratings were below average proportions for American Indian or Alaska Native, White, and respondents who selected more than one racial or ethnic group. Online shopping satisfaction ratings were below average proportions for White respondents and those who selected 'other' or more than one racial or ethnic group.



Table 4. Respondents who were somewhat or very satisfied with WIC shopping methods

Method for Shopping for WIC Foods ¹	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
In-person	 92%	93%	94%	93%	97%	90%	94%	90%	91%	88%
Farmers' markets	 93%	91%	93%	94%	96%	93%	97%	90%	93%	90%
Online	 72%	84%	89%	81%	90%	100%	100%	61%	63%	71%

¹Respondents were asked about their satisfaction with each shopping method only if that shopping method was available in their state. All respondents had access to shopping for WIC foods at a store in person. Most respondents (64%) had access to farmers' markets, and 9% had access to online shopping using their WIC benefits.



WIC participants want to expand shopping options for WIC foods, particularly to shop for fruits and vegetables at farmers' markets.

Respondents selected from a list of possible options that their state may make available to them to expand their options for shopping for WIC foods. Respondents' top requests were to shop for fruits and vegetables at a farmers' market (85%), use a self-checkout aisle in the store (84%), go to a special WIC only section in a grocery store (76%) or to a special WIC only store (75%), and shopping for foods online for pick up at the store or curbside (73%) or home delivery (72%) for no added cost. Fewer requested using a drive-through window (62%) or an additional fee for ordering food online for home delivery (45%).

Most WIC participants experience challenges shopping for WIC foods.

Respondents were presented a list of common challenges experienced by WIC participants while shopping for WIC foods and were asked, for each challenge, to say if they never experienced it, experienced it sometimes, or experienced it often. Most (86%) reported one or more challenges. The top reported challenges experienced sometimes or often were that WIC foods were hard to find in the store (66%), the preferred food brands were not always available (60%), that WIC-approved foods at one store are not same as foods at another store (58%), and that they would get to register and didn't have the right foods for WIC (55%). Fewer reported that other customers in line seem annoyed with them (38%), the cashier seemed annoyed with them (38%), they could not use self-checkout for WIC foods (37%), that staff at the store don't know how to run a WIC transaction (32%), that they could not do curbside pick-up for WIC foods (32%), or that they could not have WIC foods delivered (21%). Challenges shopping for WIC foods varied across race/ethnicity—American Indian or Alaska Native, White, and respondents who selected more than one group reported challenges at above average proportions (Figures 16a-i; see Appendix C: Table 5b).



Figure 16a. Respondents who reported that WIC foods are hard to find while shopping for WIC foods

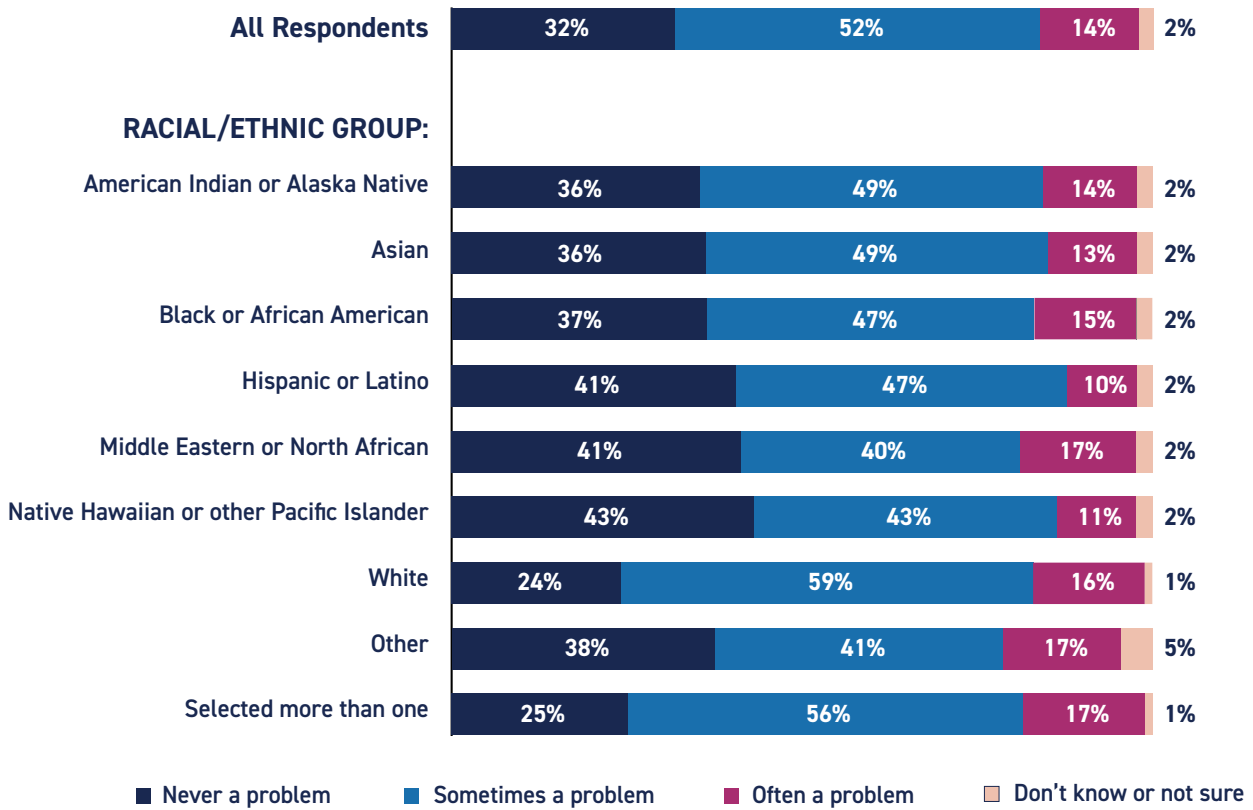


Figure 16b. Respondents who reported that their preferred brands are not always available while shopping for WIC foods

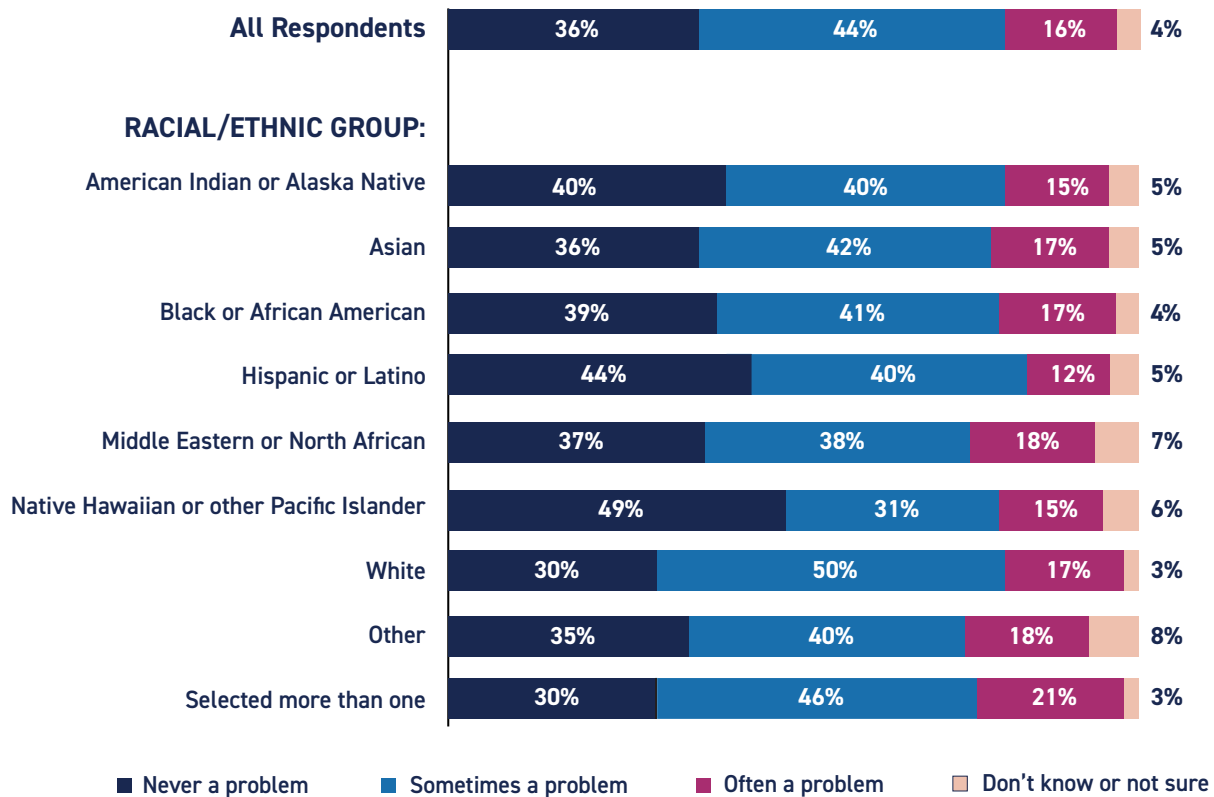
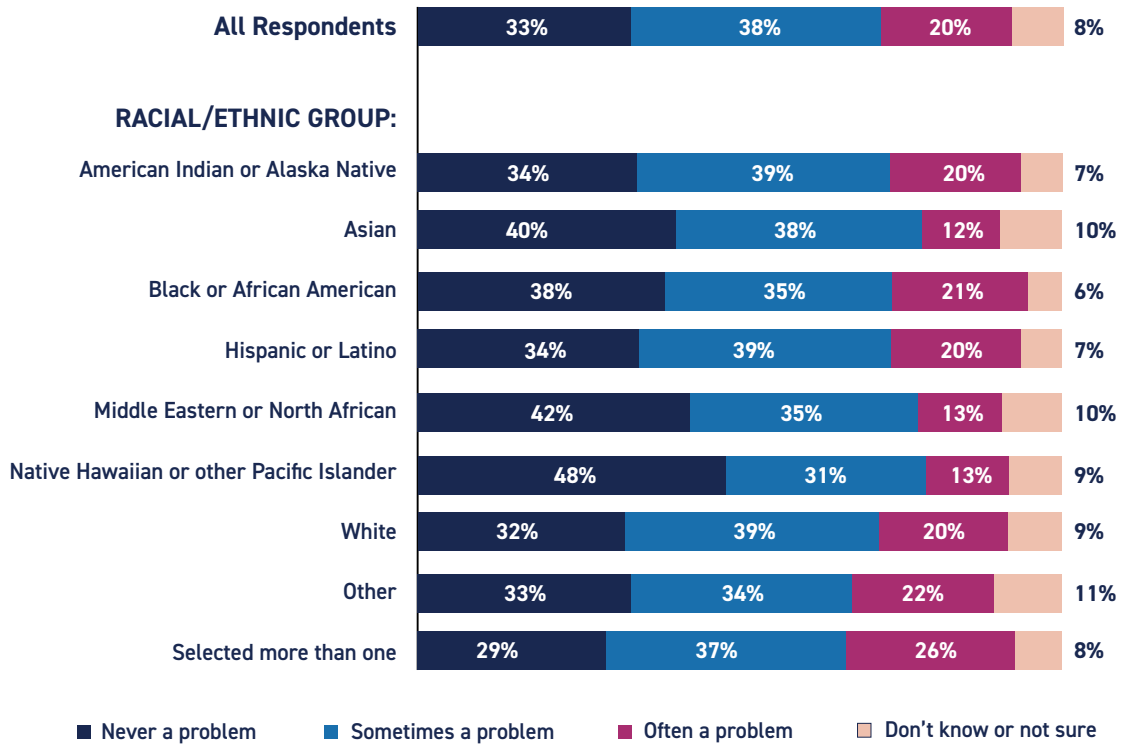


Figure 16c. Respondents who reported that WIC foods approved at one store are not the same as foods approved at other stores while shopping for WIC foods¹



¹Response option not available to CO WIC participants. Option not asked in Spanish due to survey translation error.

Figure 16d. Respondents who reported that they would get to the register and didn't have the right foods while shopping for WIC foods

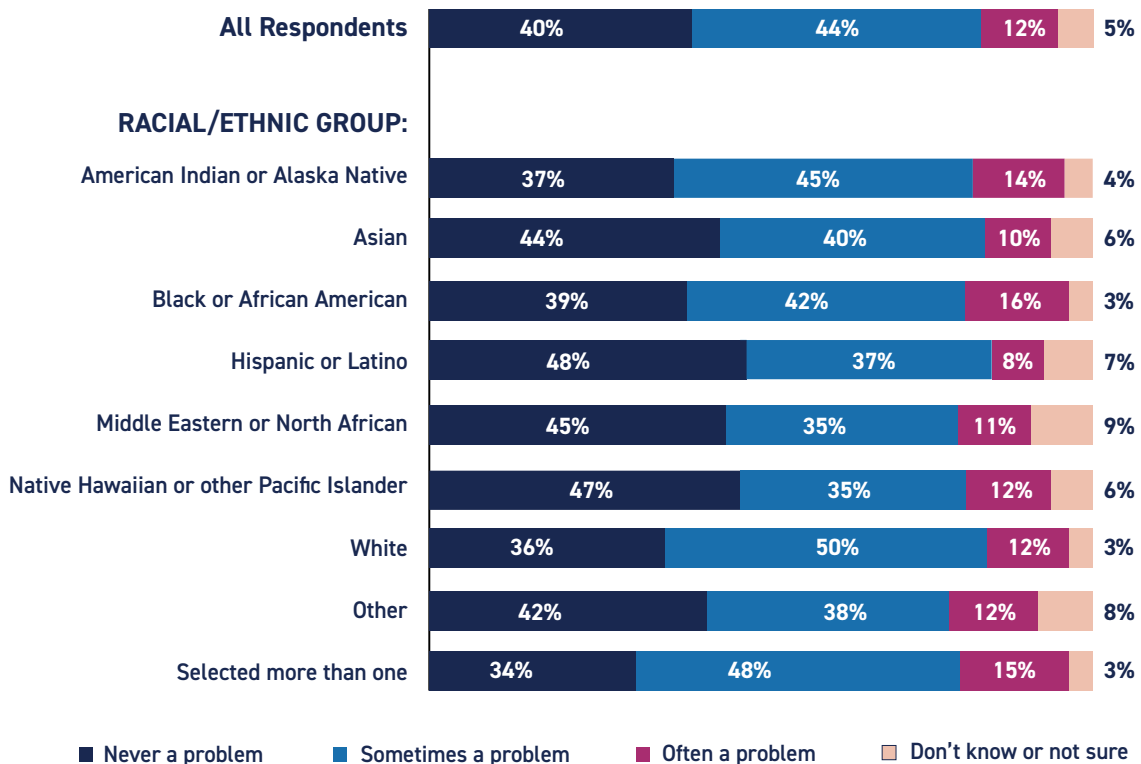


Figure 16e. Respondents who reported that the cashier seemed annoyed while shopping for WIC foods

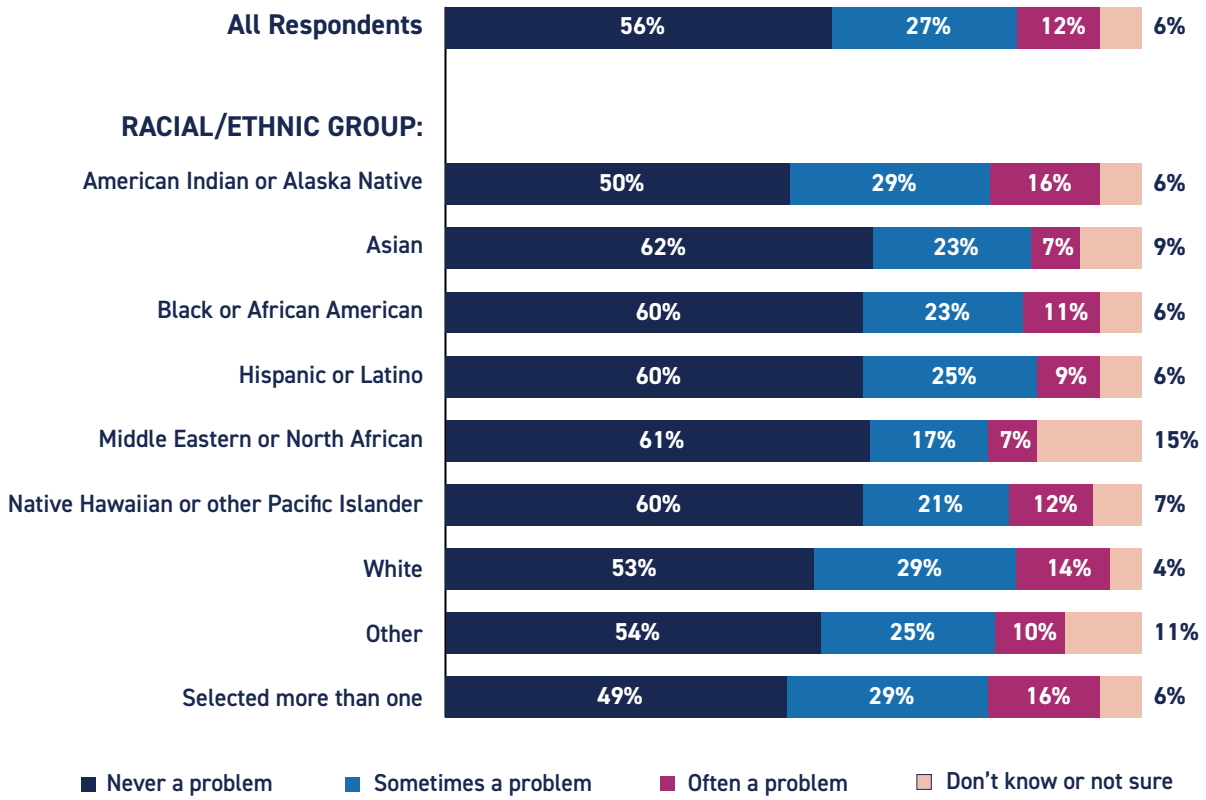


Figure 16f. Respondents who reported that other customers in line seemed annoyed while shopping for WIC foods

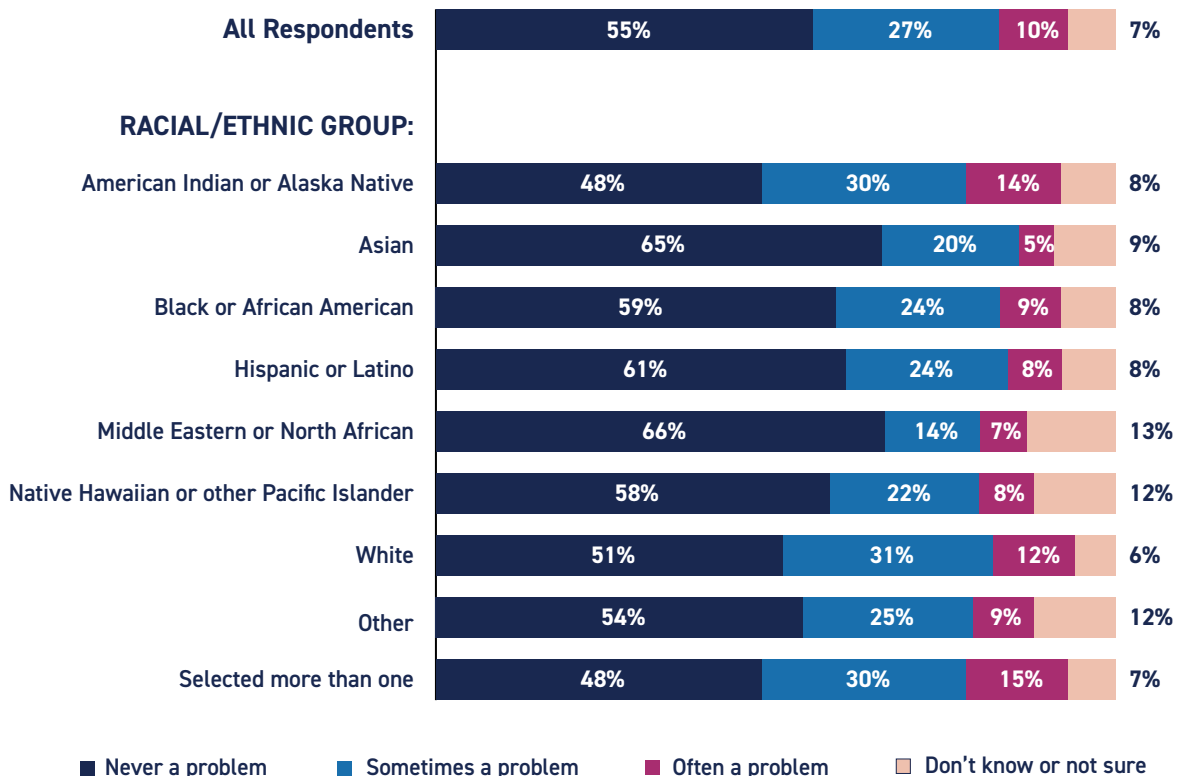
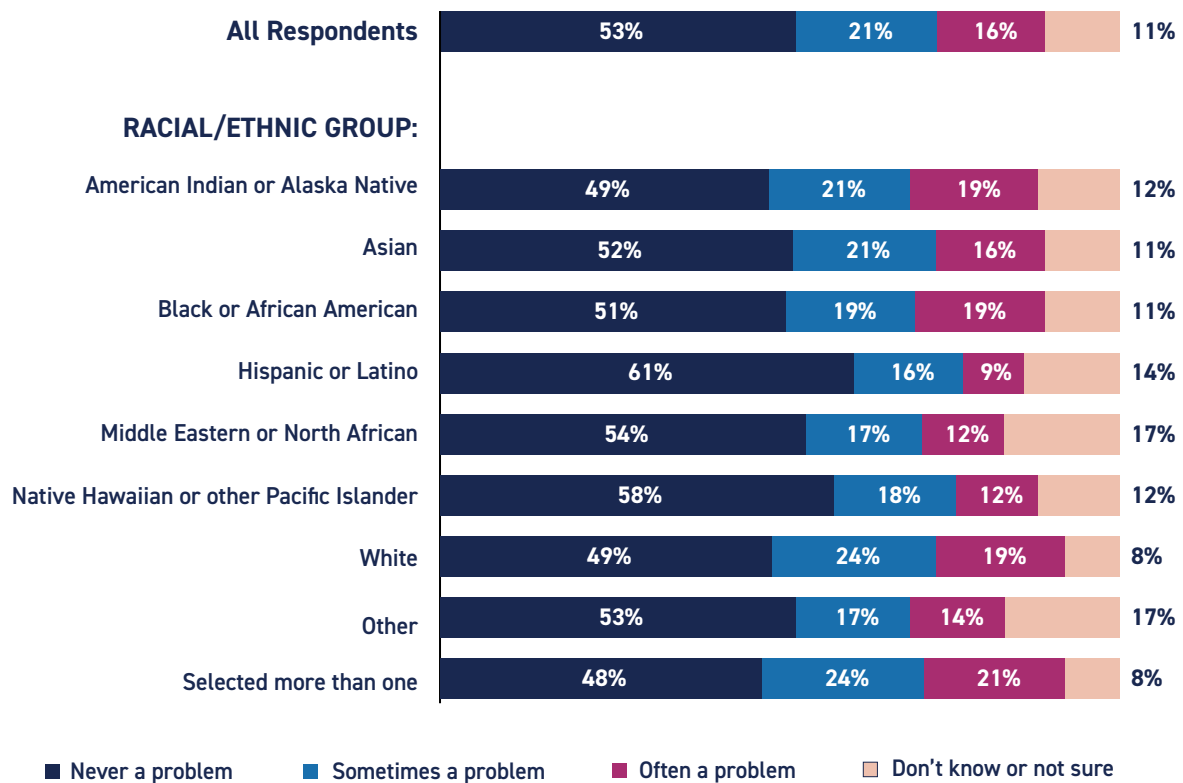


Figure 16g. Respondents who reported that **they could not use self-checkout** while shopping for WIC foods¹



¹Response option not available to IL WIC participants.

Figure 16h. Respondents who reported that **store staff don't know how to run a WIC transaction** were sometimes, often, or never a problem while shopping for WIC foods

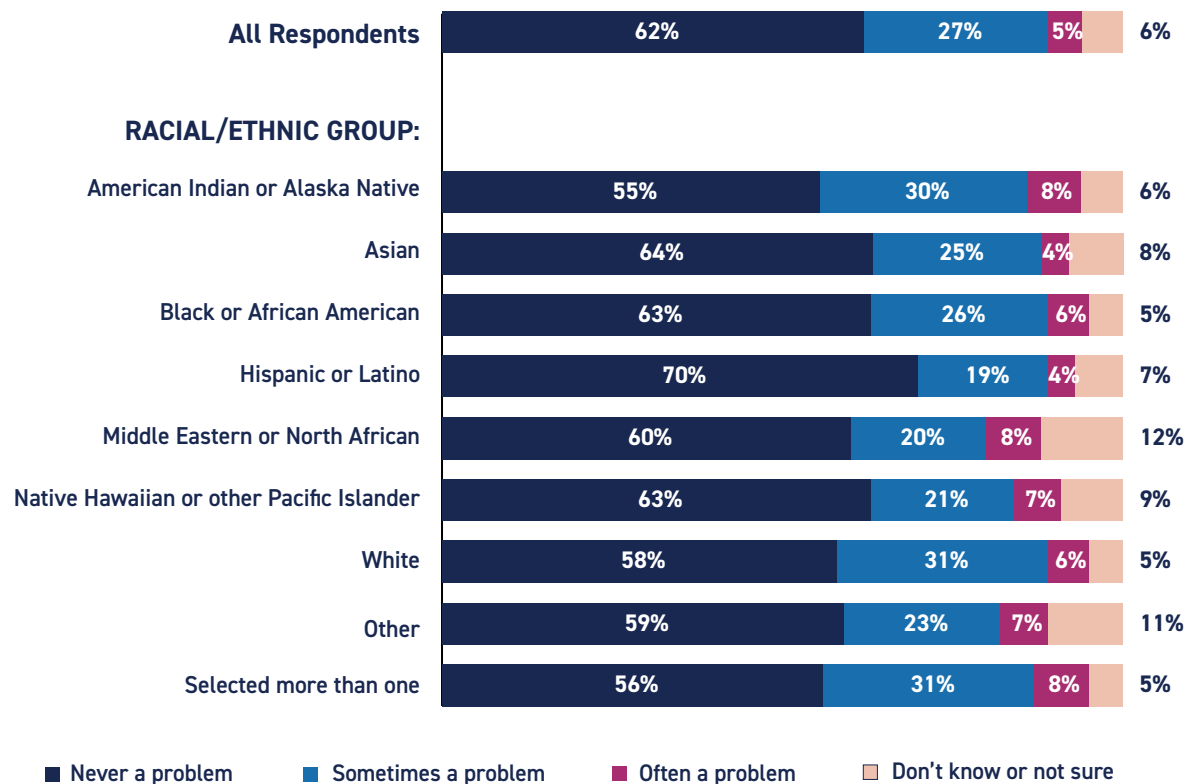
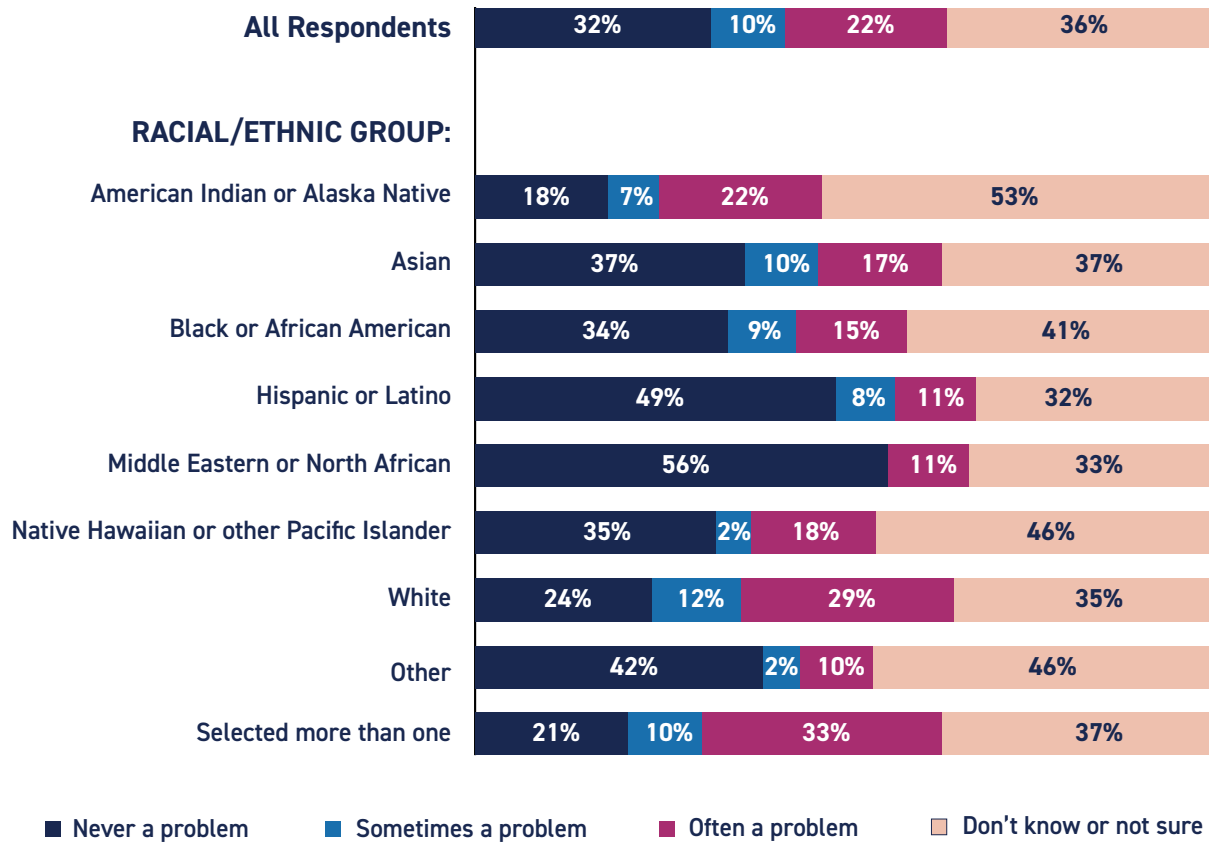


Figure 16i. Respondents who reported that they could not do curbside pick-up were sometimes, often, or never a problem while shopping for WIC foods¹



¹Response option available only to HI, ME, MT, NV, and NH WIC participants.

Reasons for Not Buying All Their WIC Foods

Few participants always buy all their WIC foods. The most common reasons participants did not purchase all their WIC foods was because they ran out of time before benefits expired or forgot to use all their benefits.

Respondents selected from a list of reasons they did not buy all their WIC foods. Some respondents (33%) said they always buy all their WIC foods—this varied across racial or ethnic groups, with American Indian or Alaska Native, Black or African American, White, and those who selected more than one group reporting below average proportions of always buying all their WIC foods (Table 5). The most common reasons for not buying all their WIC foods were because participants did not like

one or more WIC foods (23%), they ran out of time before their benefits expired (20%), they forgot to use all their benefits (15%), or they were not able to find WIC foods where they shop (15%). Less often they reported they were able to buy enough food with SNAP (8%), lack of transportation (8%), that farmers' markets that accept WIC were hard to get to (7%), that WIC foods were not appropriate due to their or their family member's food allergies (3%), they get enough food from food pantries or free meal distribution sites (3%), they were able to buy enough food with Summer-EBT (SUN Bucks) (2%), or they did not receive their WIC card in time (1%). Reasons for not buying all their WIC foods varied across respondents by racial and ethnic groups, with American Indian or Alaska Native, White, and respondents who selected more than one group reporting these reasons at generally higher than average proportions (Table 5).



“I would love an online option to use my benefits. It would make it easier for me to access all my benefits for the month.”

- English speaking WIC participant

Table 5. Reasons WIC participants did not buy all of their WIC foods¹

Reason for Not Buying All WIC Foods	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
Always buy all their WIC foods	35%	28%	39%	30%	43%	43%	34%	27%	37%	27%
Do not like some WIC foods	23%	16%	24%	20%	12%	28%	15%	33%	18%	26%
Ran out of time to buy WIC foods before the benefits expired	20%	25%	15%	19%	16%	16%	19%	24%	11%	27%
Could not find WIC foods	15%	14%	11%	13%	14%	15%	10%	16%	13%	19%
Able to buy enough food with SNAP	8%	15%	8%	14%	6%	8%	8%	7%	10%	10%
Lack of transportation	8%	11%	5%	10%	9%	7%	10%	6%	6%	11%
Farmers' markets that accept WIC are difficult to get to	7%	5%	6%	6%	4%	13%	4%	9%	5%	9%
WIC foods were not appropriate due to food allergies	3%	3%	3%	2%	1%	4%	1%	5%	3%	5%
Did not need WIC as much due to food pantries or meal distribution sites	3%	5%	3%	3%	2%	1%	4%	3%	4%	4%
Able to buy enough food with Summer-EBT (SUN Bucks)	2%	5%	3%	4%	2%	2%	2%	2%	3%	3%
Did not receive their WIC card in time	1%	1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%

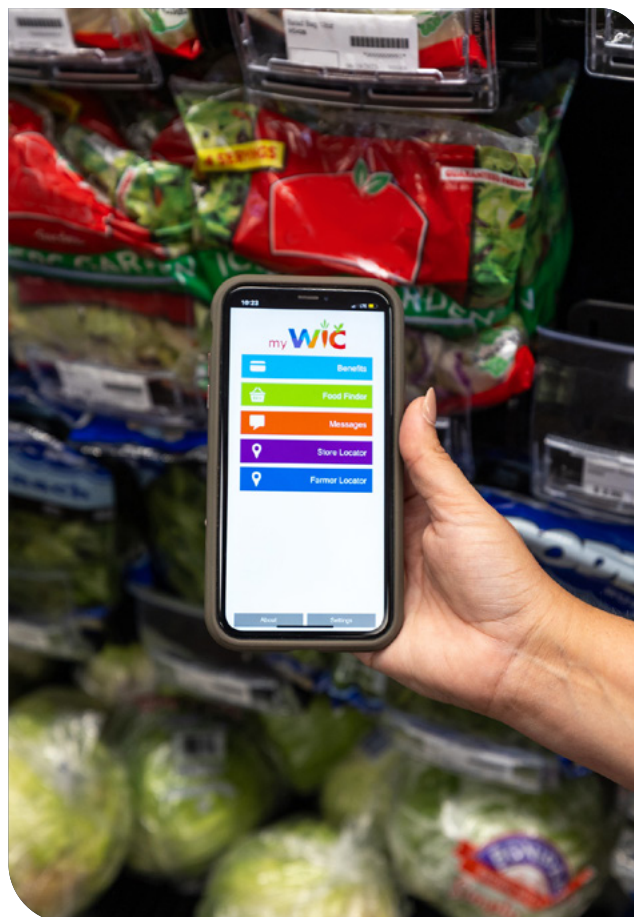
¹Percentages do not add up to 100% as respondents could select all that applied.

Satisfaction with the WIC Card and WIC App

WIC participants are satisfied with the WIC card and app. Lack of awareness and access barriers limit the use of WIC apps among some participants.

Respondents who used the WIC card and WIC app rated their level of satisfaction with each (n=55,145 and n=49,645, respectively). Nearly all respondents were somewhat or very satisfied with the WIC card (98%) and app (96%). For the few that had not yet used a WIC app (4%), they were then asked to select all that applied from a list of common reasons for not using it. The reasons for not using a WIC app included:

- Did not know about it (36%)
- Did not know how to use it (33%)
- Did not need it (32%)
- Did not have a phone while they were shopping (24%)
- Did not own a smartphone (24%)
- Did not know how to download the app (22%)
- Cellular data or Wi-Fi were not available at the grocery store (22%)
- The app used too much data (11%)



Respondents were also asked to select all that applied from a list of desired changes to the WIC app to make it work better for them. Each state implements a different app, and some may already have these features. States were asked to modify the list in their surveys based on options not already available. The requested changes to the WIC app included:

- Show them their next WIC appointment (78%)
- Remind them when their food benefits expire (75%)
- Allow them to schedule their WIC appointments (68%)
- Help them find stores that offer online or phone ordering and/or curbside pick-up (64%)
- Allow them to send in their WIC paperwork (63%)

- Have a chat feature (62%)
- Show their WIC food balance (62%)
- Allow them to scan foods to identify WIC eligibility (60%)
- Access their online nutrition education (59%)
- Help them find stores that offer self-checkout (58%)
- Prevent the app from crashing or make it run faster (47%)
- Make it available in their preferred language (42%)
- Make logging into the app easier (36%)




Adequacy of the Cash Value Benefit for Fruits and Vegetables

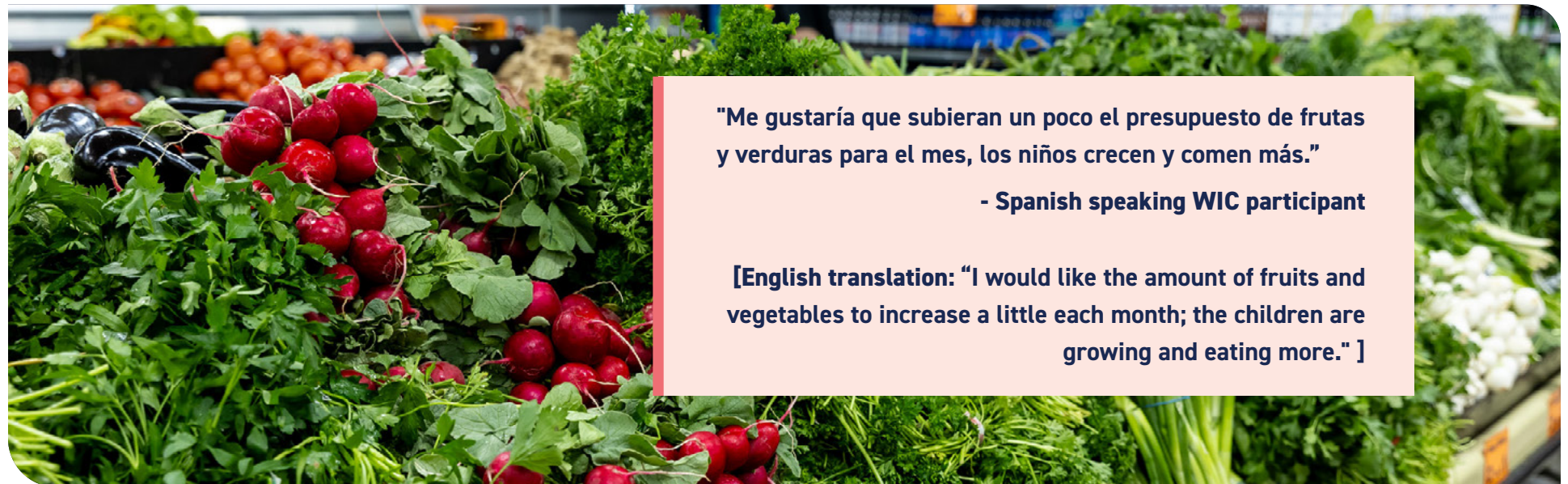
Many participants say the amount of the CVB for fruits and vegetables is inadequate.

Respondents were asked about their perceptions of the adequacy of the amount provided for the CVB for fruits and vegetables for various types of participants. At the time of the survey, children received \$26 per month, breastfeeding participants received \$52 per month, and pregnant or other postpartum participants received \$47 per month for their CVB. Most respondents (76%) said the \$26 per month CVB for children was not enough, 45% said the \$47 CVB for pregnant and postpartum participants was not enough, and 45% said the \$52 CVB for breastfeeding participants was not enough.

Perceptions of CVB adequacy were mixed across respondents by racial and ethnic groups. Higher proportions of Middle Eastern or North African, White, and respondents who selected other or more than one racial or ethnic group reported that the child CVB amount was not enough. Higher proportions of all racial or ethnic groups besides American Indian or Alaska Native, White, or those who selected other reported that the pregnant and other postpartum CVB amount was not enough. Finally, higher proportions of all racial or ethnic groups besides American Indian or Alaska Native, White, or those who selected other reported that the breastfeeding participant CVB amount was not enough (Table 6).

Table 6. Respondents who perceived that the monthly WIC Cash Value Benefit amount for purchasing fruits and vegetables was not enough

Monthly Cash Value Benefit Amount	All Respondents	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or other Pacific Islander	White	Other	Selected more than one
Children - \$26	 76%	71%	76%	74%	74%	84%	69%	78%	78%	80%
Pregnant and Postpartum Women - \$47	 45%	39%	54%	47%	46%	72%	48%	42%	37%	48%
Breastfeeding Women - \$52	 45%	38%	55%	50%	43%	71%	63%	43%	54%	49%



Perceptions of WIC Food Package Changes

Many participants say that the WIC food packages have improved, but key WIC food package items—such as eggs and tofu, infant formula, cheese, whole-grain foods, juice, and yogurt—were not provided in adequate amounts.

Respondents rated their perception of improvements to the WIC food packages since 2022, or since they began participating in WIC if they had been in WIC for two years or less. Of note, states were at varying stages of implementing the 2024 WIC food packages final rule at the time of the survey, which should be considered when interpreting these findings. Many respondents (62%) said the WIC food packages have improved over the past year, with rates of 60% among those on WIC for two years or less and 65% among those on WIC for three or more years. There was minimal variation between respondents in the 13 states that had not implemented any food package changes at the time of the survey (62%), the 10 states that had partially implemented changes (62%), or the four states that had fully implemented changes (63%) (see [Appendix C: Table 8c](#)).

Respondents assessed the adequacy of amounts for various WIC food package items they received. Many said the amounts of eggs or tofu (57%), infant formula (41%), cheese (36%), whole grain foods (30%), juice (30%), and yogurt (30%) were not enough. Fewer said the amounts of milk or milk substitutes (26%), beans and legumes (22%), infant jarred fruits/vegetables (20%), peanut butter/other nut/seed butters (19%), breakfast cereals (18%), canned fish (17%), infant jarred meat (16%), and infant cereals (14%) were insufficient.

Strengths and Limitations

This project is among the first to assess WIC program satisfaction across multiple states using a common instrument and timeframe. While many State WIC Agencies conduct their own participant satisfaction surveys, the questions asked and the survey timeframes vary, limiting aggregation of data or comparison of results across states. This project included State WIC Agencies in 25 states and two Indian Tribal Organizations, with at least two State Agencies from each of the USDA's administrative regions: Mid-Atlantic, Midwest, Mountain Plains, Northeast, Southeast, Southwest, and Western. While not nationally representative, the State Agencies taking part in the project serve diverse populations and use a range of practices for delivering services and utilize various USDA waivers. It was also available in the top four languages spoken by most WIC participants in the participating State

Agencies—English, Spanish, Arabic, and Haitian Creole—expanding access to a more diverse respondent sample than previous multi-state surveys. Further, results by race/ethnicity and survey language can support states in ensuring services meet the needs of diverse populations. The survey also employed novel online software and data-cleaning methods to ensure that responses from possible bots were removed prior to analysis (see [Appendix D](#)). The survey provides timely information to inform policy changes in WIC when the federal child nutrition programs are reauthorized. It also provides insights for conducting future participant satisfaction surveys within or across states.

Despite these strengths, this project has several limitations. Although the survey participants are from states that represent all USDA administrative regions, the data were collected from a convenience sample and are not generalizable to all State WIC Agencies and Indian Tribal Organizations, as results were not weighted to be geographically or demographically representative of WIC participants across the nation, nor within each state surveyed. Results from respondents who completed the survey in Arabic or Haitian Creole or respondents in Middle Eastern or North African and Native Hawaiian or other Pacific Islander racial and ethnic groups should be interpreted with caution, given the small sample size. Additionally, at the time of the survey, states were at different stages of implementing the 2024 WIC food package final rule, which may affect the interpretation of findings related to food package adequacy and perceptions of improvement. Finally, all survey responses were collected from online or mobile devices. Therefore, this survey may not include WIC participants who did not attend in-person WIC services during survey fielding, who also did not have access to online or mobile devices, or had limited internet service at home.



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