



Many Children in HHS Safety Net Programs Are Eligible for Nutrition Assistance But Are Not Enrolled

HHS and its state funding recipients may have opportunities to increase WIC and SNAP enrollment among more than 3.2 million eligible children who receive other HHS services.

Suzanne Macartney and Robin Ghertner

KEY POINTS

- Nutrition assistance programs have been shown to increase children’s health and well-being and decrease the risk of child maltreatment. At the same time, food insecurity rose in the early days of the COVID-19 pandemic.
- Among children ages zero to four served by HHS safety net programs, 87 percent were eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), in 2018.
- Thirty-nine percent of young children served by HHS safety net programs – 3.2 million – were eligible for WIC but not receiving the benefit.
- Fifty-five percent of children age 0 to 17 who participated in HHS safety net programs were eligible for SNAP.
- Nine percent of children served by HHS safety net programs – 2.7 million – were eligible for SNAP but did not get the benefit.
- HHS programs could explore how to facilitate families’ knowledge and receipt of WIC and SNAP benefits to ensure they receive nutrition assistance.

BACKGROUND

Many children participating in HHS services need nutrition assistance but not all get the nutrition benefits they are entitled to receive. The Supplemental Nutritional Assistance Program (SNAP) is available to children with income below 130 percent of the federal poverty line. Infants and children under five with family income below 185 percent of the federal poverty line may qualify for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).¹ Research demonstrates nutrition assistance for pregnant women and children under five is associated with better health and well-being for children

¹ The U.S. Department of Agriculture runs the [Supplemental Nutritional Assistance Program \(SNAP\)](#) and [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#).

when they reach adulthood.² This Data Point presents estimates of participation in SNAP and WIC for children participating in any of five HHS safety net programs: child care subsidies from the Child Care and Development Fund (CCDF), child support services, Low Income Home Energy Assistance Program (LIHEAP), Medicaid (including the Children’s Health Insurance Program, CHIP), and Temporary Assistance for Needy Families (TANF). This data point is part of a [series](#) on participation in the social safety net.

METHODS

This analysis is based on nationally representative data from the Current Population Survey and a micro-simulation model, Transfer Income Model (TRIM3), to estimate participation in safety net programs in 2018, the latest year of available data before the COVID-19 pandemic. We provide a comprehensive portrait of the social safety net and identify overlaps in program eligibility and participation for children serviced by HHS programs. Importantly, as the data are from 2018 our results do not account for the heightened need for assistance during the COVID-19 pandemic. Nor do our results reflect changes in employment and safety net program eligibility or participation related to the pandemic and public health emergency declaration, such as increased enrollment or continuous enrollment in Medicaid or CHIP. Details on the methods can be found in the appendix.

RESULTS

Overall, nearly nine out of ten children under age 5 who participate in HHS safety net programs are eligible for WIC. We estimate that 55 percent of children under 18 who participate in HHS safety net programs are eligible for SNAP. Among eligible children, 56 percent participate in WIC and 84 percent participate in SNAP.

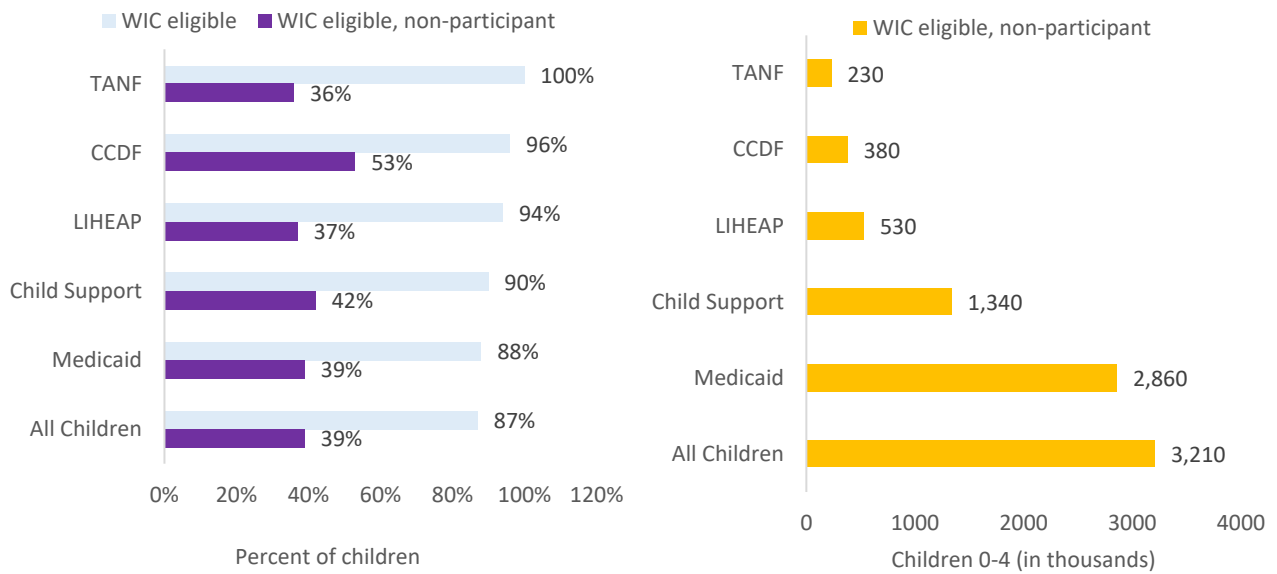
Eligibility and Participation in WIC

Nearly nine out of 10 children under the age of 5 who participated in HHS programs were eligible for WIC (87 percent) in 2018. Figure 1 below shows that among young children participating in HHS programs, 39 percent were eligible and did not benefit from WIC. The gap between eligibility and participation was smaller for LIHEAP and TANF participants at 36 to 37 percent, and similar for children covered by child support services at 42 percent (see dark bars on left). The take-up rate for WIC assistance among eligible young children is 56 percent (not in figure), much lower than observed for SNAP assistance (84 percent). Just under half of young children who participated in HHS programs received benefits from WIC (48 percent) in 2018. Altogether 3.2 million children under age five who participated in HHS safety net programs in 2018 met program requirements for WIC nutrition assistance but did not participate in the program.

87 percent of children under five who participated in HHS safety net programs were eligible for WIC, but over a third were not participating.

² See Bailey, MJ, H.W. Hoynes, M. Rossin-Slater, and R.Walker. 2020. “Is the Social Safety Net a Long-Term Investment? Large-Scale Evidence from the Food Stamps Program.” [NBER Working Paper 26942](#).

Figure 1. Children 0-4 Participating in HHS Programs: Eligible and Not Participating in WIC, 2018



Note: Categories are not mutually exclusive. Children may participate in more than one program. Programs are the Child Care and Development Fund (CCDF), Child Support services, Low Income Home Energy Assistance Program (LIHEAP), Medicaid which includes Children’s Health Insurance Program (CHIP), the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC), and Temporary Assistance for Needy Families (TANF).

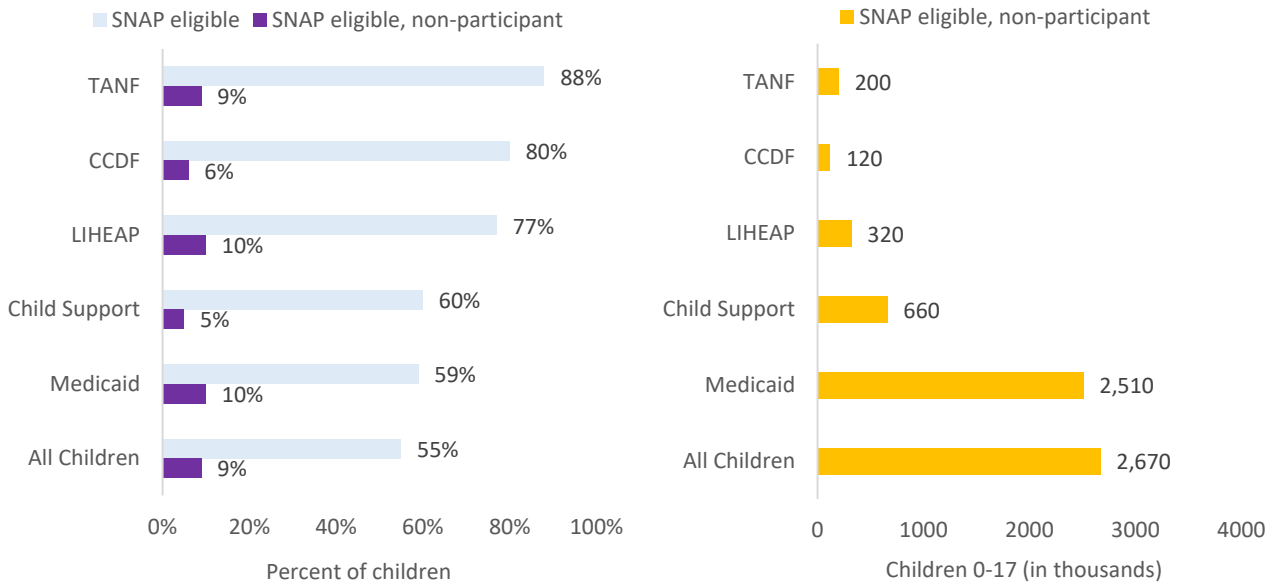
Eligibility and Participation in SNAP

Figure 2 presents estimates for children age 0 to 17 and shows more than half of children covered by HHS programs (55 percent) were eligible for SNAP, but nearly one out of six eligible children were not participating (nine percent out of 55 percent). Eligibility ranged from 59 percent and 60 percent among children covered by child support services or Medicaid to 88 percent for children enrolled in TANF. Among all children participating in HHS programs, 9 percent were eligible and did not receive SNAP. The gap between eligibility and participation was wider for LIHEAP and Medicaid at 10 percent (see dark bars on left) compared with child support and CCDF for which non-participation ran from 5 percent to 6 percent.

55 percent of children in HHS safety net programs were eligible for SNAP, but one out of six were not participating.

More than eight out of 10 children who were eligible for SNAP received the benefit (84 percent, not in figure). Altogether across the five HHS programs 2.7 million children were eligible and did not participate in SNAP.

Figure 2. Children Participating in HHS Programs: Eligible and Not Participating in SNAP, 2018 ^{1,2}



Note: Categories are not mutually exclusive. Children may participate in more than one program. Programs are the Child Care and Development Fund (CCDF), Child Support services, Low Income Home Energy Assistance Program (LIHEAP), Medicaid which includes Children’s Health Insurance Program (CHIP), the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC), and Temporary Assistance for Needy Families (TANF).

Source: 2019 Current Population Survey, Annual Social and Economic Supplement and microsimulation model TRIM3

DISCUSSION

Food security and adequate nutrition is critical for child well-being and a key social determinant of health. WIC and SNAP represent existing federal investments ready to assist families. The estimates in this analysis demonstrate that a substantial number of children already participating in HHS programs are not getting WIC and SNAP, even though they are eligible. This represents a significant opportunity to increase access to these programs, and subsequently, to reduce food insecurity. HHS is working to increase access to nutrition assistance for children involved with HHS safety net programs, in partnership with the Department of Agriculture. Among other steps, this work includes helping states identify and reach out to individuals enrolled in one program who may be eligible for nutrition assistance but are not yet enrolled. HHS also plans on developing research, training, and tools for states and community-based grantees of safety net programs to support increased enrollment in nutrition assistance.

APPENDIX. METHODOLOGY

The analysis is based on Transfer Income Model, Version 3 (TRIM3), a comprehensive microsimulation model that simulates tax, transfer, and health benefits and analyzes program interactions. Population data are from the Current Population Survey's Annual Social and Economic Supplement, enhanced with administrative records from CCDF, child support, SNAP, TANF, and WIC programs. ASPE is the primary funder and supporter of TRIM3, which is operated and maintained by the Urban Institute. TRIM3 data including simulated program eligibility and receipt are publicly available.

The reference period for this analysis is 2018. People and household members are counted as program participants if they reported a program benefit or coverage during the year and are eligible under program rules. One exception is Medicaid, for which any person who reports a benefit is counted as participating regardless of eligibility criteria. TRIM3 also assigns benefits to some people to make up for underreporting of program benefits in the survey and to match administrative records.

TRIM3 analyzes detailed demographic characteristics but is restricted to data collected in the survey. For that reason, some historically marginalized groups, such as LGBTQI+ or disabled populations, cannot be reliably identified. The model also faces sample-size limitations, so that estimates for demographic groups such as Native people or people of two or more races cannot be estimated using a single year of data and require pooling of data across multiple years.

Estimates in this report are expected to be most consistent with monthly caseload data. Nonrecurring benefits like **LIHEAP** are treated as if they were received in every month of the year. Although public health coverage may vary over the year, those benefits are also treated as received in every month if annual help is reported. **Medicaid** includes participation in both Medicaid and Children's Health Insurance Program (CHIP) in states that have a separate CHIP. To include health care coverage provided by states and to allow for complexities in eligibility determination, we count participants who report **Medicaid** or CHIP coverage regardless of whether they meet eligibility criteria.

Our estimates for program-by-program comparisons are based on well-calibrated survey-based estimates. However, in several cases, publicly available data are insufficient to allow for external validation of the estimates in this report. We believe the estimates to be reasonable and reliable, and we welcome commentary and input from other researchers or agencies.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, DC 20201

For more ASPE Data Points and other publications, visit:
aspe.hhs.gov/reports



ABOUT THE AUTHORS

Suzanne Macartney is a Program Management Analyst in the Office of Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation.

Robin Ghertner is Director of the Data and Technical Analysis Division in the Office of Human Services Policy and Office of the Assistant Secretary for Planning and Evaluation.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge data estimates provided by Katie Shantz, Linda Giannarelli, and Laura Wheaton of the Urban Institute. We also thank Paul Johnson, Dilovar Haydarov, and Kevin Werner of the Urban Institute for their programming to identify the program overlaps, as well as the many others on the TRIM3 project team.

SUGGESTED CITATION

Macartney, Suzanne, Robin Ghertner. Many Children in HHS Safety Net Programs Are Eligible for Nutrition Assistance But Are Not Enrolled. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, September 2022.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to the ASPE mailing list to receive email updates on new publications:
<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE: aspe.hhs.gov/about