Policy Brief May 2011

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

**What is WIC?**
The Supplemental Nutrition Program for Women, Infants, and Children is commonly known as WIC and is one of the nation’s most successful nutrition intervention programs. Similar to SNAP (formerly Food Stamps), WIC is funded and administered by the federal government. It is designed to safeguard the health of low-income women infants and children who are at nutritional risk by improving fetal development and reducing the incidence of low birthweight, short gestation, and anemia during pregnancy. In addition to supplying healthy food, the program also presents participants with information on healthy eating, supports breastfeeding mothers, provides nutritional assessments, and offers referrals to health care and social service agencies.

During fiscal year 2009, the WIC program provided nutritional assistance to approximately nine million Americans each month. However, unlike SNAP, WIC is not available to every individual who qualifies. Instead, the WIC program receives funding from Congress for annual program operations. These monies are then funneled to state agencies that distribute funding to local WIC programs. In Indiana there are 50 local WIC agencies.

**Who is Eligible for WIC benefits?**
WIC benefits are available to pregnant, breastfeeding, and non-breastfeeding women who have delivered a baby in the last six months. Benefits are also given to infants and children under the age of five. Eligibility in the WIC program is limited to those who:

- earn an income that is less than or equal to 185 percent of the Federal Poverty Guidelines (FPG);
- are considered to have a medical or nutritional risk that can be improved by WIC;
- and live in a state or US territory that is served by the WIC program.

**How Much Do Households Receive in WIC Benefits?**
The WIC food packages recipients receive are designed to meet the special nutritional needs of low-income pregnant, breastfeeding, non-breastfeeding postpartum women, infants and children who are at nutritional risk. State agencies determine which foods are included on State authorized food lists. These decisions are based on participant acceptance, product distribution
within a State, cost, and administrative feasibility. Food packages typically include juice, milk, breakfast cereal, cheese, eggs, fruits and vegetables, bread, fish, and either beans or peanut butter.²

The food packages created for breastfeeding infants and nursing mothers offer incentives for mothers to continue breastfeeding. For nursing mothers, the food package includes larger amounts of food and a higher dollar value for fruits and vegetables. Breastfed babies also receive baby food meats in addition to greater amounts of baby food fruits and vegetables. For partially breastfed babies, less infant formula is provided so that the babies may receive the benefits of breastmilk. However, a minimal amount of infant formula is provided to infants that are partially breastfed in the first month after birth to help mothers build and maintain a milk supply.³

Who are WIC Participants?
A study of WIC participants by FNS is April of 2008, revealed that the majority of WIC participants were infants and children under the age of four years old. Though this program provides nutritional assistance to mothers, it largely benefits young children and infants.

- 25 percent of participants were infants (under one year old);
- 50 percent of participants were aged one through for years old;
- 11 percent were pregnant women;
- 7 percent were post-partum women; and
- 7 percent were breastfeeding mothers.

Additionally, the vast majority of pregnant participants are between the ages of 18 and 34 years old, as are 85 percent of breastfeeding mothers, and 87 percent of post-partum women. Only 6 percent of WIC clients were aged 17 or younger, continuing a steady decline from nearly 11 percent in 1992.

Half of pregnant WIC participants enrolled during their first trimester and 37 percent enrolled during their second trimester. These early enrollment numbers indicate that expecting mothers are receiving healthy food, information on healthy eating, nutritional assessments, and referrals to health care and social service agencies early in their pregnancies.⁴

When compared with the general US population, WIC participants are very poor. Roughly two-thirds (68 percent) of WIC participants earn wages at or below the FPG. The average income for a WIC participant in 2008 was $16,535.⁵

How Many People Participate in WIC?
When the WIC program came into existence in 1974, it enrolled 88,000 participants. During the past 35 years or operation, WIC has increased its enrollment to over 9 million women, infants, and children nationally. During that time program costs have increased from $10.4 million to $6.5 billion.
Indiana is increasing the number of women and children receiving WIC assistance. During Federal Fiscal Year (FFY) 2009, Indiana’s WIC program helped over 170,000 women, infants, and children to improve their health and well-being by eating a more nutritionally enhanced diet. Between FFY 2008 and 2009, Indiana’s WIC participation increased by 9 percent.

**How Does WIC Benefit Indiana?**
The primary benefit given to WIC participants is improved health. This benefit is afforded to WIC participants by supplying them with healthy foods and nutritional education. Participants in the WIC program are given monthly food checks or food instruments they can use to purchase specific foods. The checks identify the type, brand, and amount of food that can be purchased. WIC foods are chosen foods that serve as a good source of one or more of the following nutrients: protein, calcium, iron, vitamin A and vitamin C. These nutrients are typically scarce in the diets of WIC participants. Examples of WIC program foods include milk, cheese, eggs, juice, cereal, dried beans or peas, peanut butter and iron-fortified formula.

The WIC program is one of the most cost-effective nutrition intervention programs offered by the federal government as it has been found to reduce overall health care costs. It is estimated that every dollar spent on WIC results in savings of between $1.77 and $3.13 in Medicaid costs for newborns and their mothers.6

The WIC program improves the health of women and their children in many ways. Research has found that WIC:

- reduces the occurrence of fetal deaths and infant mortality;
- improves birth outcomes by increasing the duration of pregnancy and reducing low birth weights;
- improves the growth of nutritionally at-risk infants and children;
- decreases the incidence of iron deficiency anemia in children;
- improves the dietary intake of pregnant and postpartum women and children;
- provides prenatal care to women earlier than if they were not enrolled in the program;
- increases the likelihood children are up to date on immunizations and have a regular source of medical care; and
- readies children for school by improving the intellectual development of its enrollees.7

**How Many WIC Dollars Go Unclaimed in Indiana?**
Program food costs exceeded $75 million in fiscal year 2009. The average monthly monetary benefit allotted to each Hoosier client is $36.95 down from $39.48 in 2008.

It is unclear if federal funding meets the demand for WIC services in Indiana. If the demand exceeds federal funding, Indiana will institute a waitlist for filling available spots. If there is not a waitlist, Indiana may not have spent all the funding allotted to it from the federal government.
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6 Food Research and Action Center, Child Nutrition Fact Sheet: WIC, www.frac.org