# Women, Infants and Children Program (WIC)

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

# **Background**

The Women, Infants and Children (WIC) program supplies supplemental food, health care referrals, and nutrition education to low-income women who are pregnant or postpartum (breastfeeding and non-breastfeeding); it also serves infants and children at "nutritional risk." WIC is a federally funded program administered through state grants. A wide variety of state and local organizations cooperate in providing benefits, and most state WIC programs provide recipients with vouchers that can be used at authorized food stores. Forty-six thousand merchants nationwide accept WIC vouchers. Designed to meet the special nutritional needs of low-income individuals who are at risk of inadequate nutrition during the critical periods of pregnancy, infancy, and early childhood, WIC is a supplemental nutrition program. Because it is not an entitlement, Congress does not guarantee that it will set aside sufficient funds to enable every eligible person to participate.

According to 1999 U.S. Census Bureau data, an estimated 32.3 million Americans, including 11.9 million children under the age of 18, live below the poverty line.<sup>2</sup> Studies suggest that poverty is closely linked to hunger,<sup>3</sup> which is associated with poor prenatal outcomes. Among infants, poverty is a major risk factor for low birthweight, developmental delays, functional limitations, and congenital impairments.<sup>4</sup> In children, poverty is associated with impaired growth and cognitive development, and increased risk of anemia.<sup>5</sup> Low-income women are more likely to go without prenatal and perinatal care, and are thus at increased risk of experiencing low infant birthweight, premature delivery, and infant mortality.

### **Policies**

1. Expand the WIC program to make it a federal entitlement, so that all eligible low-income women, infants, and children are guaranteed WIC benefits.

Because WIC is not an entitlement program, it is subject to yearly appropriation battles. This means that the federal program's funds are not guaranteed to cover all eligible women, infants, and children. In 2000, the California Department of Health Services estimated that USDA funds were sufficient to serve 81 percent of the approximately 1.6 million Californians who were eligible for the program.<sup>6</sup>

2. Conduct local outreach efforts and extend hours to ensure that as many eligible people as possible are served by existing WIC programs.

Because many local WIC agencies in California have the capacity to serve more persons than are currently enrolled, they are taking steps to make WIC more "user-friendly." Examples include

adding weekend and evening hours, and using community outreach to educate the public about WIC benefits.<sup>7</sup>

3. Expand the WIC Farmers' Market Nutrition Program to provide fresh produce for WIC participants.

Congress created the Farmers' Market Nutrition Program (FMNP) in 1992. The program enables WIC participants to purchase fresh fruits and vegetables from farmers' markets. In addition to improving low-income families' access to fresh produce, the program expands awareness and use of farmers' markets, generating economic opportunities for small farmers.<sup>8</sup>

States' participation in the program is optional and requires a 30 percent state funding contribution. Federal funding for the FMNP is not sufficient to serve all eligible WIC clients. Coupon books of \$10 are distributed to WIC agencies located near farmers' markets. These agencies give the vouchers to WIC families, who can use them to purchase fresh fruits and vegetables at certified markets between April and November. Participants are also offered nutrition education classes and materials that demonstrate the health benefits of eating fresh fruits and vegetables. In California, managers of WIC-approved certified farmers' markets (CFMs) as well as the individuals who contract with these CFMs may redeem the coupons directly through their banks.

#### **Effectiveness**

Since its beginning in 1974, WIC has improved birth outcomes as well as the health of infants and small children. Mothers' participation in WIC during pregnancy and after birth reduces risk of infant death, 10 lowers the prevalence of small-for-gestational-age deliveries, 11 and decreases low birthweight births by up to 25 percent.<sup>12</sup> Among participants, WIC has reduced the prevalence of childhood anemia<sup>13</sup> and is more effective than food stamps or other cash income in improving preschoolers' intake of key nutrients. WIC also contributed significantly to improved rates of childhood immunization and regular medical care. 15 Data suggest that WIC can act as a gateway, guiding low-income women and children to additional services such as immunization, smoking cessation programs, and parental counseling. In addition to these health benefits, WIC services also save the federal government an estimated \$337 million by reducing expenditures for Medicaid, disabled children, and special education. 16 Given WIC's proven effectiveness, the program should be made an entitlement for all who are eligible.

During 1999, about 1.5 million recipients received farmers' market benefits nationally. Coupons redeemed through the FMNP generated approximately \$14 million in revenue for farmers. <sup>17</sup> In California, the program collaborated with 135 CFMs statewide to serve an estimated 86,000 WIC participants in 1999. Due to an innovative federal/state grant match, it is estimated that the program served an estimated 580,000 California participants during fiscal year 2000. 18 The program benefits both farmers and WIC participants. In a national survey of farmers' markets, 88 percent reported that the program had increased their sales; 43 percent of farmers said they had increased overall production; and another 43 percent reported growing a wider variety of foods for sale at markets. Additionally, 71 percent of local participants surveyed said that they are more

fruits and vegetables with the coupons; 54 percent said they learned new ways to prepare these foods <sup>19</sup>

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<sup>&</sup>lt;sup>1</sup> Food and Nutrition Service, US Department of Agriculture. Women, infants, and children: about WIC. Available at: http://www.fns.usda.gov/wic/menu/whatis/whatis.htm. Accessed May 14, 2002.

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<sup>&</sup>lt;sup>7</sup> Ibid.

<sup>&</sup>lt;sup>8</sup> California WIC Association. WIC Farmers' Market Nutrition Program. Available at: http://www.calwic.org/farmers market.htm. Accessed May 14, 2002.

<sup>&</sup>lt;sup>9</sup> Food and Nutrition Service, US Department of Agriculture. WIC Farmers' Market Nutrition Program. Available at: http://www.fns.usda.gov/wic/CONTENT/FMNP/FMNPfaqs.htm. Accessed May 14, 2002.

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<sup>&</sup>lt;sup>16</sup> The Research Findings on WIC. Washington, DC: Center on Budget and Policy Priorities; 1994.

<sup>&</sup>lt;sup>17</sup> Food and Nutrition Service, US Department of Agriculture. WIC Farmers' Market Nutrition Program. Available at: <a href="http://www.fns.usda.gov/wic/CONTENT/FMNP/FMNPfaqs.htm">http://www.fns.usda.gov/wic/CONTENT/FMNP/FMNPfaqs.htm</a>. Accessed May 14, 2002.

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<sup>19</sup> Ibid.