



## WIC For a Healthier, Stronger America!



We hope that this information will help you understand the critical role WIC plays in building a better future for America's children.

**NWA'S MISSION**  
Providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

### WIC Achieves the Goals of Good Health and Nutrition for Families

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population.

#### WIC PROVIDES

- ➔ Quality nutrition education and services.
- ➔ Breastfeeding promotion and education.
- ➔ A monthly food prescription (package).
- ➔ Access to maternal, prenatal and pediatric health-care services.

#### WIC SERVED<sup>1</sup>

- ➔ 8.7 million participants each month through 10,000 clinics<sup>2</sup> nationwide in 2013.
- ➔ 853,000 pregnant women
- ➔ 595,000 breastfeeding women
- ➔ 598,000 postpartum women
- ➔ 2.0 million infants
- ➔ 4.6 million children

#### WIC REQUIRES

- ➔ Income level has to be less than or equal to 185% of the poverty level.
- ➔ At least one nutrition risk has to be documented.

### Savings Due to WIC Participation by Pregnant Women

Approximately 52% of pregnant women enroll in WIC during their first trimester of pregnancy. At certification, 24% of pregnant women have three or more nutrition risk factors.<sup>3</sup>

Numerous studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have fewer low and very low birth-weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy and consume more of such key nutrients as iron, protein, calcium, and Vitamins A and C.

#### COST OF LOW AND VERY LOW BIRTH-WEIGHT BABIES

- ➔ Preterm births cost the U.S. over \$26 billion a year.<sup>4</sup>
- ➔ The average first year medical costs for a premature/low birth-weight baby is \$49,033 compared to \$4,551 for a baby without complications.<sup>5</sup>

#### PRENATAL CARE SAVES MONEY

- ➔ It costs only approximately \$744 a year for a WIC participant.<sup>6</sup>
- ➔ WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies.<sup>7</sup>
- ➔ WIC improves birth outcomes for high-risk mothers.<sup>8</sup>
- ➔ Medicaid participants on WIC have on average 29% lower Medicaid costs for infant hospitalization compared with those not participating in WIC.<sup>9</sup>

As the nation's premier public health nutrition program, WIC provides the competitive edge that will give our nation's future leaders a fair start in life.

## WIC Saves Dollars

In 2013, 1.9 billion in nontax revenues have been generated through competitive bidding of infant formula and other cost containment initiatives to serve approximately 2.0 million participants.<sup>10</sup>

## WIC Breastfeeding

Breastfeeding helps mothers feel close to their baby, and the breast milk contains all the nutrients infants need to grow and develop. Breastfed infants tend to be healthier since they receive antibodies from the breast milk, which protects them against infection.

- ➔ If 90% of U.S. mothers exclusively breastfed their infants to 6 months, the U.S. would save \$13 billion per year in medical expenses and prevent over 900 deaths annually.<sup>11</sup>
- ➔ Breastfeeding has been shown to reduce the risk for developing obesity later in childhood.<sup>12</sup>
- ➔ Breastfeeding provides a protective effect against infectious diseases and sudden infant death syndrome in children.<sup>13</sup>
- ➔ Participation in the WIC breastfeeding peer counseling program is associated with an increased rate of breastfeeding initiation.<sup>14</sup>
- ➔ In 2012, survey data indicated that 67% of WIC infants ages 6-13 months were breastfed.<sup>15</sup>
- ➔ Women who attend WIC breastfeeding support groups are twice as likely to plan to breastfeed as those who do not.<sup>16</sup>

## Effects of WIC Participation on Infants and Children

WIC helps to ensure infants' and children's normal growth, reduces levels of anemia, increases immunization rates, improves access to regular health care/social services and improves diets. Children are eligible for WIC up until they reach their fifth birthday. Over 50% of all infants born in the United States are in WIC.<sup>17</sup>

### HEALTH, WEIGHT, ANEMIA, COGNITION AND DIETARY INTAKE

- ➔ WIC interventions can help improve healthful behaviors that are linked to reducing early childhood overweight.<sup>18</sup>
- ➔ WIC participation helps reduce household food insecurity.<sup>19</sup>
- ➔ Participation in WIC significantly increases the Healthy Eating Index scores for households.<sup>20</sup>
- ➔ WIC Food Package changes in 2009 were followed by improved dietary intake and obesity reduction among WIC children.<sup>21</sup>
- ➔ WIC infants are in better health than eligible infants not participating in WIC.<sup>22</sup>
- ➔ WIC children at ages 1 to 2 have less dental related Medicaid costs compared to children who do not participate in WIC.<sup>23</sup>
- ➔ Children who drop out of WIC are less likely to be immunized compared to children who participate in WIC.<sup>24</sup>
- ➔ WIC children have increased intakes of iron, potassium, and fiber.<sup>25</sup>
- ➔ WIC nutrition education leads to an increased consumption of whole grains, fruits and lower-fat milk.<sup>26</sup>
- ➔ Participation in WIC reduces the risk of child abuse or neglect.<sup>27</sup>

## WIC Participant Facts

### INCOME

- ➔ To be eligible for WIC, participants' income level must be at or below 185% of the poverty level or on Medicaid.
- ➔ 73% of WIC participants reside in families with income below the poverty level.

### ACCORDING TO 2012 DATA

- ➔ The average number of persons in a WIC family was four.
- ➔ The average income of a participant was \$16,842.
- ➔ 23% of participants did not participate in any other federal assistance programs.

### AGE DISTRIBUTION IN 2012

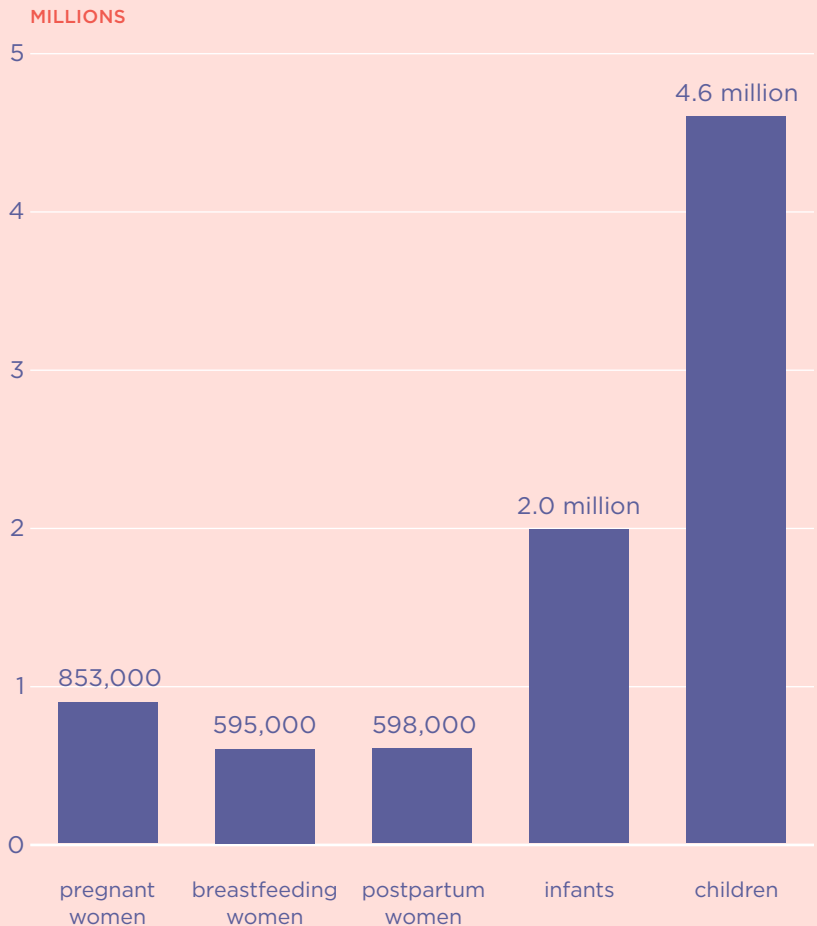
- ➔ 86% of pregnant, 85% of breastfeeding, and 87% of postpartum women participants were between the ages of 18-34 years.
- ➔ 4% of women participants were under age 17.

### RACIAL AND ETHNIC DISTRIBUTION

- ➔ In 2012, WIC participant ethnicity was 58% non-Hispanic and 42% Hispanic. Racially, participants were 58% white, 20% black, 12% American Indian or Alaskan Natives, and 4% Asian or Pacific Islanders.

## Monthly WIC Participation

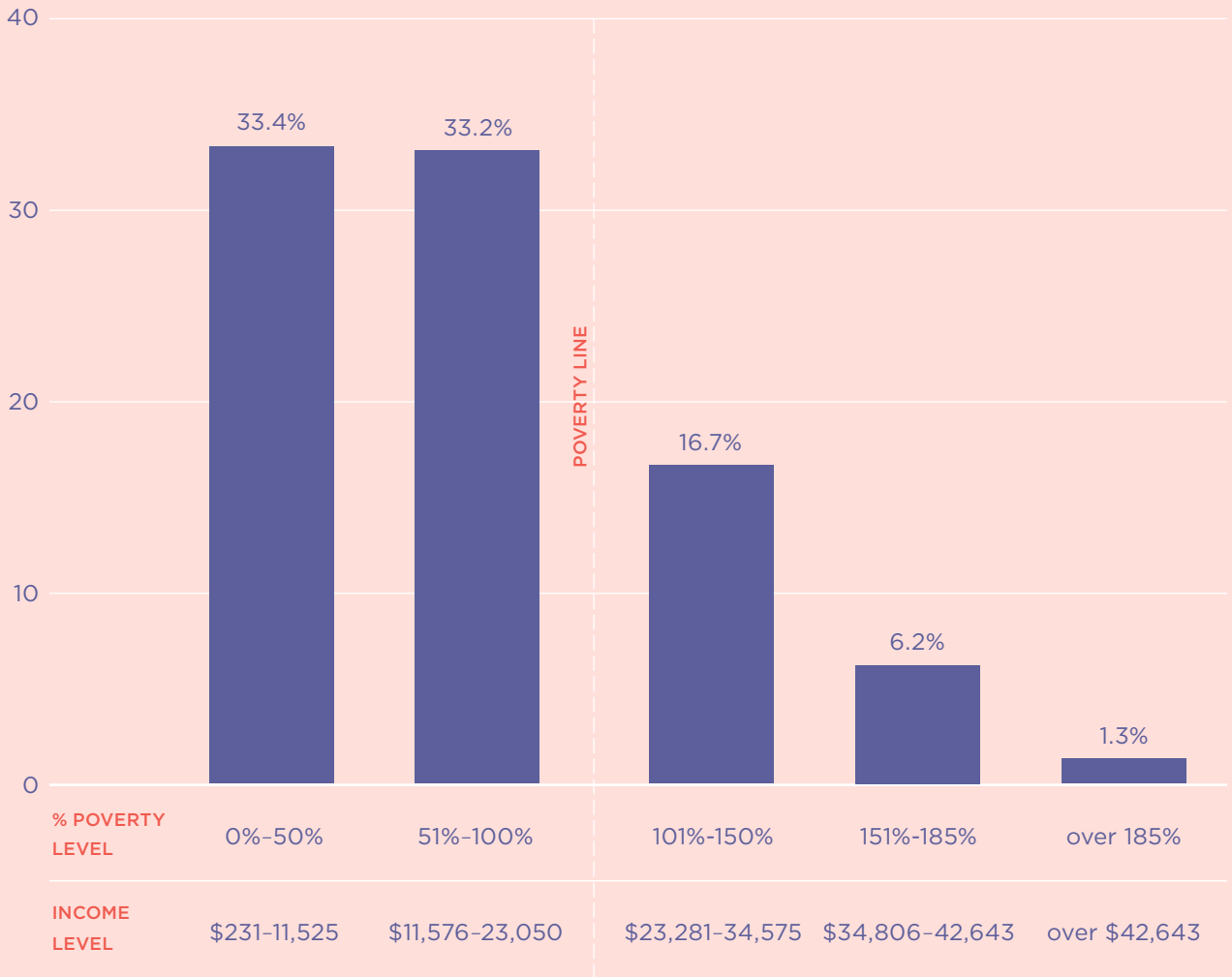
The WIC Program served 8.7 million participants each month through 10,000 clinics nationwide in 2013. WIC services help improve the health of millions of mothers, infants, and young children.



## Income of WIC Participants in the United States

To be eligible for WIC, participants' income level must be at or below 185% of the poverty level or on Medicaid. 73% of WIC participants reside in families with income below the poverty level.

PERCENT OF WIC PARTICIPANTS



**NOTE** Department of Health and Human Services 2012 Poverty Guidelines for a family of four (Average WIC family size was four in 2012.)

**SOURCE** USDA. Numbers may not equal 100% due to incomplete data. Graph is based on PC2012 data.

## WIC Monthly Food Prescription

WIC provides a monthly prescription of nutritious foods tailored to supplement the dietary needs of participants to ensure good health, growth and development. The foods are specifically chosen to provide consistency with the Dietary Guidelines for Americans and

established dietary recommendations for infants and children under 2 years of age. The selected foods also reinforce WIC nutrition education messages, address emerging public health nutrition-related issues, and provide wide appeal to the diverse WIC population.

WIC Foods	Allowable Alternatives	Key Nutrients Provided
Fruits and Vegetables	Fresh, Frozen, Canned and Dried	Vitamins A, C and E, Folate, Potassium, Fiber
Commercially Prepared Baby Fruits/Vegetables and Meat	Fresh Bananas	Vitamins A, C and E, Folate, Potassium, Fiber, (Iron and Zinc in baby meat)
Milk	Soy beverage and Tofu	Protein, Calcium, Vitamins A and D, Folate, Riboflavin
Whole Grain Cereals		Iron, B Vitamins, Folate, Fiber, Zinc
Whole Wheat Bread	Brown rice, Oatmeal, Whole grain barley, Bulgur, Soft corn or Whole wheat tortillas	Iron, B Vitamins, Magnesium, Zinc, Fiber
Light Tuna	Salmon, Sardines, Mackerel	Protein, Folate
Canned and dry beans/peanut butter		Protein, B Vitamins, Folate, Fiber
Cheese		Protein, Calcium, Vitamins A and D, Riboflavin
Juice		Vitamin C, Folate
Eggs		Protein, Vitamins A and D
Iron-fortified infant formula	Best alternate source of essential nutrients for non-breastfeeding infants	Iron

## References

- 1 United States Dept of Agriculture. (2013). 2013 Monthly Data—Agency Level, Participation and Food Cost by Category per person. *WIC Program Data*. Retrieved February 4, 2014 from [www.fns.usda.gov/pd/wicmain.htm](http://www.fns.usda.gov/pd/wicmain.htm)
- 2 USDA. (2013). *WIC at a Glance*. Retrieved February 4, 2014 from [www.fns.usda.gov/wic/aboutwic/wicatag glance.htm](http://www.fns.usda.gov/wic/aboutwic/wicatag glance.htm)
- 3 United States Department of Agriculture, Food and Nutrition Service. (2013). *Study of WIC Participant and Program Characteristics 2012 Final Report*. Alexandria, VA: US Department of Agriculture, Office of Analysis and Evaluation.
- 4 Institute of Medicine. (2006). *Preterm Birth: Causes, Consequences and Prevention*. Washington DC: National Academy of Sciences.
- 5 Thomson Reuters. (2008). *The cost of Prematurity and Complicated Deliveries to U.S. Employers*. Report prepared for March of Dimes. Retrieved January 22, 2013 from [www.marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008\\_SummaryDocument\\_final121208.pdf](http://www.marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008_SummaryDocument_final121208.pdf)
- 6 Calculations based on preliminary 2013 USDA/FNS data((NSA + Food costs) / total participation). United States Dept of Agriculture. (2013). 2013 Monthly Data—Agency Level, Participation and Food Cost by Category per person. *WIC Program Data*. Retrieved February 4, 2014 from [www.fns.usda.gov/pd/wicmain.htm](http://www.fns.usda.gov/pd/wicmain.htm)
- 7 Figlio, D. et al. (2009). Does prenatal WIC participation improve birth outcomes? New evidence from Florida. *Journal of Public Economics*, 93(1-2), 235-245.; Gueorguieva, R. Morse, S.B., Roth, J. (2009). Length of prenatal participation in WIC and risk of delivering a small for gestational age infant: Florida, 1996-2004. *Matern Child Health J*, 13(4), 479-88.; Reichman, N.E., et al. (2003). Effects of psychosocial risk factors and prenatal interventions on birth weight: Evidence From New Jersey's HealthStart program. *Perspect Sex Reprod Health*, 35(3), 130-7.
- 8 El-Bastawissi, A.Y., et al. (2007). Effect of the Washington Special Supplemental Nutrition Program for Women, Infants and Children (WIC) on pregnancy outcomes. *Matern Child Health J*, 11(6), 611-21.
- 9 Gregory, P.M., de Jesus, M.L. (2003). Racial differences in birth outcomes and costs in relation to prenatal WIC participation. *N J Med*, 100(3), 29-36.
- 10 United States Dept of Agriculture. (2013). 2013 Monthly Data—Agency Level, Participation and Food Cost by Category per person. *WIC Program Data*. Retrieved February 4, 2014 from [www.fns.usda.gov/pd/wicmain.htm](http://www.fns.usda.gov/pd/wicmain.htm)
- 11 Bartick, M., Reinhold, A. (2010). The burden of sub-optimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125(5), e1048-e1056.
- 12 Stolzer, J.M. (2011). Breastfeeding and obesity: A meta analysis. *Open Journal of Preventive Medicine*, 1(3), 88-93.
- 13 Duijts, L., et al. (2009). Breastfeeding protects against infectious diseases during infancy in industrialized countries. A systematic review. *Matern Child Nutr*. 5(3), 199-210.
- 14 Gross, S.M., Resnick, A.K., Cross-Barnet, C., Nanda, J.P., Augustyn, M., Paige, D.M. (2009). The differential impact of WIC Peer Counseling programs on breastfeeding initiation across the state of Maryland. *J Hum Lact*, 25(4), 435-43.; Yun, S., et al. (2010). Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counseling Programme. *Public Health Nutr*, 13(2), 229-37.
- 15 United States Department of Agriculture, Food and Nutrition Service. (2013). *Study of WIC Participant and Program Characteristics 2012 Final Report*. Alexandria, VA: US Department of Agriculture, Office of Analysis and Evaluation.
- 16 Mickens, A., Modeste, N., Montgomery, S., Taylor, M. (2009). Peer support and breastfeeding intentions among black WIC participants. *Journal of Human Lactation*, 25(2), 157-162.
- 17 USDA. (2013). *WIC at a Glance*. Retrieved February 4, 2014 from [www.fns.usda.gov/wic/aboutwic/wicatag glance.htm](http://www.fns.usda.gov/wic/aboutwic/wicatag glance.htm)
- 18 Whaley, S.E., et al. A WIC-based intervention to prevent early childhood overweight. (2010). *Journal of Nutrition Education and Behavior*, 42(3), S47-S51.
- 19 Metallinos-Katsaras, E., et al. (2011). A longitudinal study of WIC participation on household food insecurity. *Matern Child Health J*, 15(5), 627-33.
- 20 Dundas, M.L., Cook, K. (2004). Impact of the Special Supplemental Nutrition Program for Women, Infants and Children on the healthy eating behaviors of preschool children in eastern Idaho. *Topics in Clinical Nutrition*, 19(4), 273-279.
- 21 Chiasson, M. A., Findley, S. E., Sekhobo, J. P., Scheinmann, R., Edmunds, L. S., Faly, A. S., & McLeod, N. J. (2012). Changing WIC changes what children eat. *Obesity*. doi: [onlinelibrary.wiley.com/doi/10.1002/oby.20295](https://doi.org/10.1002/oby.20295)/abstract
- 22 Black, M., Cutts, D., Frank, D., Geppert, J., Skalicky, A., Levenson, S., Casey, P., Berkowitz, C., Zaldivar, N., Cook, J., Meyers, A., Herren, T., & Children's Sentinel Nutrition Group. (2004). WIC impact on infant growth, health, and food security: Results of a multiyear surveillance study. *Pediatrics*, 114(1), 169-176.
- 23 Lee, J.Y., Rozier, R.G., Norton, E.C. et al. (2004). The effects of the Women, Infants, and Children's Supplemental Food Program on dentally related Medicaid expenditures. *Journal Public Health Dent*, 64(2), 76-81.
- 24 Cortese, M.M., Diaz, P.S., Samala, U., Mennone, J.Z., Mihalek, E.F., Matuck, M.J., Johnson-Partlow, T., Dicker, R.C., Paul, W.S. (2004). Underimmunization in Chicago children who dropped off WIC. *Am J Prev Med*, 26(1), 29-33.
- 25 Yen, S. (2010). The effects of SNAP and WIC Programs on nutrient intakes of children. *Food Policy*, 35(6), 576-583.
- 26 Ritche, L., Whaley, S., Spector, P., Gomez, J., & Crawford, P. (2010). Favorable impact of nutrition education on California WIC families. *Journal of Nutrition Education and Behavior*, 42(3), S2-S10.
- 27 Lee, B.J., Macket-Bilaver, L., Chin, M. (2006). Effects of WIC and Food Stamp Program participation on child outcomes. Report No. 27. Economic Research Service, U.S. Department of Agriculture.