

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

Overview

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a proven public health prevention program designed to influence lifetime nutrition and health behaviors in a specific, high-risk population. The primary goals of WIC are to decrease the incidence of low birth weight in infants and prevent nutrition-related health and developmental problems in infants and young children.

WIC prescribes monthly supplemental nutritious foods, at no charge, that contain nutrients determined by research to be lacking in the diets of pregnant, breastfeeding, and postpartum women, infants, and children. Local WIC projects offer nutrition information to all program participants, stressing the relationship between good nutrition and good health, and serves as an adjunct to health care by informing the participant about available health services, and making referrals as needed.

Eligibility

Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, be a resident of Wisconsin, and be individually determined to be at “nutritional risk” by a nutrition professional.

Applicants’ income must fall at or below 185 percent of the federal poverty level. A person who participates or has family members who participate in certain other benefit programs, such as FoodShare, W-2, Medicaid, or Badger Care, automatically meets the income eligibility limits.

Access/Participation

The United States Department of Agriculture (USDA) provides funding to the Wisconsin Department of Health and Family Services (DHFS). Up until State Fiscal Year 2004, the Temporary Assistance to Needy Families (TANF) program supplemented this funding. The Division of Public Health, Bureau of Community Health Promotion (BCHP) administers the WIC Program. At the local level, the WIC Program is administered through 56 local health departments, 12 private non-profit agencies and three tribal health agencies. In 2007, there are 71 local WIC projects serving approximately 116,000 residents of all 72 Wisconsin counties.

Benefit Details

WIC participants receive food instruments (or WIC checks or vouchers) to purchase specific foods each month that are designed to supplement their diets. Over 1000 WIC-authorized grocery stores and pharmacies provide WIC foods to participants. The foods provided are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C. These are the nutrients frequently lacking in the diets of the program’s participants. Different food packages are provided for different categories of participants.

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WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, tuna fish and carrots. Special therapeutic infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

The value of a WIC food package averages \$53 a month across all client types. The value of a WIC food package for pregnant women and breast-feeding women averages \$35 a month. The value of an infant food package ranges from \$123 to \$144 a month. The annual value of WIC benefits provided to all clients is \$75 million dollars a year.

Program Impact

- WIC strongly encourages and supports breastfeeding. In 2004, Wisconsin WIC mothers increased their breastfeeding initiation rate to 57 percent from 32 percent in 1989. Breastfed infants, as a group, tend to be healthier.
- Seventy-five percent (75%) of Wisconsin infants and children with low blood iron at a WIC certification had an improved blood iron level at the subsequent certification.
- Women who are on WIC throughout their pregnancy are significantly less likely to have a low birth weight infant.
- Numerous outcome studies have shown the health benefits of the WIC Program since its inception in 1974. These include reducing low birth weight rates, fetal deaths and infant mortality; reducing the incidence of iron-deficiency anemia in children; improving the growth of at-risk infants and children; improving the dietary intake of women and children; improving prenatal weight gain; increasing enrollment into health services; and the demonstration of exceptional cognitive development in children (Food Research and Action Center, 1991). Also, children enrolled in WIC are better immunized.
- Many studies have also documented the cost-effectiveness of the WIC Program. For every dollar spent on pregnant women in the WIC Program, approximately \$2.00 to \$4.00 is saved in health care costs for newborns and their mothers through 60 days after birth.

Positive Developments & Trends

- From 1987 to the present, WIC participation in Wisconsin increased by 78%, from 65,000 to 119,000. About 35 percent of all pregnant women and about half of all infants in Wisconsin are in WIC.
- The implementation of Electronic Benefits Transfer (EBT) in WIC could streamline delivery of benefits and reduce stigma.
- The web-based computer system makes statewide participant information available, which facilitates transfers between WIC projects and decreases the incidence of fraud and abuse.

Concerns, Problems & Negative Trends

- Medicaid's new citizenship requirements are complicating applications and denying household access to health insurance.

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- African American infant mortality rates in Milwaukee, Rock, Kenosha, Racine and Dane Counties are disparately high.
- Moving WIC to the new Department of Children and Family Services will have an unknown impact on the program. Because some local Public Health Departments subsidize local WIC clinics, there is concern the move may disrupt this supplementary source of funding.
- WIC is not an entitlement program so Congress does not allocate sufficient funds to allow every eligible individual to participate. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. Continuing appropriations; inadequate funding; competition with other discretionary programs can conspire to limit funding.
- Breastfeeding rates are too low.
- There is inadequate funding for Electronic Benefits Transfer (EBT)
- There is inadequate funding for breastfeeding peer counseling.
- Travel costs and computer system requirements discourage satellite clinics in rural areas.
- Funds for local professional development are limited although this is a requirement for registration with the American Dietetic Association.

This program could be more effective if...

- The above concerns are effectively addressed.
- Congress authorized WIC as an entitlement program so funding would automatically be sufficient to serve all eligible people.
- There was increased funding for breast-feeding support to further improve breast-feeding rates by new mothers.
- There was improved WIC participation by eligible food pantry clients.
- WIC staff had more time per client visit to communicate all the necessary nutrition and adjunct health information. This would require increased federal and state funding.