



## WIC: Supporting the Health and Nutrition of Pregnant Women, Infants and Children

By Tadeo Melean

The Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, is up for review and renewal in the Child Nutrition Reauthorization of 2015. Among the main topics of consideration as the reauthorization approaches are the low (60 percent) national [participation rate](#), the federal requirement that all WIC agencies implement a [WIC Electronic Benefit Transfer \(EBT\)](#) system by Oct. 1, 2020, the effect of increasing food prices on program funding, and the new nutrition rules to be included in [WIC food packages](#). Additional information is available in NCSL's [WIC Fact Sheet](#).

Available in all states, 34 Indian tribal organizations and the U.S. territories, WIC served 8.6 million low-income women and children per month in 2013—more than half of all infants in the United States and more than a quarter of pregnant women. WIC provides nutrition education, supplemental food, health care referrals and breastfeeding support to low-income pregnant and postpartum women, infants and children up to age 5. The WIC program serves as a short-term resource for some of the country's most vulnerable populations. U.S. Department of Agriculture (USDA) [research](#) shows that the WIC program improves newborn and mothers' health, diets, infant feeding practices, immunization rates, cognitive development and access to medical care, in addition to health care cost savings.

**Eligibility.** To qualify for the WIC program, clients must meet four eligibility requirements: categorical, residential, income and nutrition risk. Categorical eligibility includes pregnant, postpartum and breastfeeding women, infants up to age 1 and children up to age 5. To meet residential eligibility, applicants must live in the state in which they apply. Applicants' income must be between 100 percent and 185 percent of the federal poverty guidelines, according to states' discretion. To be deemed nutritionally at risk, a client must meet with a health professional (e.g., physician, nurse or nutritionist at a WIC clinic or elsewhere). Each state exercises some discretion in determining a list of risk criteria. In addition, through automatic income eligibility, applicants' participation in the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Temporary Aid for Needy Families (TANF) or, at the state's discretion, other state-administered programs, may automatically qualify them for the program.

**Role of State Agencies.** The USDA provides grants to WIC state agencies (typically in the department of health or human services) to administer the program. State agencies, in turn, recruit and approve local agencies (typically health entities that provide pediatric and obstetric care) to provide health services and nutrition education to clients.

### Did You Know?

- Only about 60 percent of those eligible have participated in the WIC program each year since 2000.
- Over half of all infants born in the United States participate in the WIC program.
- In addition to supplemental food, WIC provides nutrition education, health care referrals and breastfeeding support.

The WIC program provides nutrition assistance by prescribing food packages according to participant needs. Seven food packages are available, each of which is designed to meet the needs of various participant groups, including infants; clients with documented health conditions (e.g., premature birth, metabolic or immune system disorders); children; and pregnant, breastfeeding and postpartum women. Items included in the packages are infant formula, fruits, vegetables, milk and milk alternatives, cheese, eggs, canned fish, bread, grains and peanut butter. WIC state agencies must provide a list of brands that meet USDA's food package criteria, such as those in [Idaho](#) and [Texas](#). WIC state agencies have some flexibility in determining the most appropriate combination of foods for their clients. Most WIC agencies provide participants with checks or vouchers to purchase food at state-approved retailers. Nine states—Florida, Kentucky, Michigan, New Mexico, Nevada, Texas, Virginia, West Virginia and Wyoming—use electronic benefit transfer cards. Some state agencies deliver food directly to participants' homes or distribute them through warehouses.

**Funding.** Two types of costs in the WIC program are “food costs” (FC) and “nutrition services and administration costs” (NSA). [FC](#) include funds used to acquire supplemental foods for participants, warehousing the food, and purchasing or renting breast pumps. NSA costs cover promoting nutrition and breastfeeding education and support, personnel salaries, training for educators, creating and disseminating educational materials, evaluation costs, agency monitoring, and laboratory fees and medical supplies. According to a [National WIC Association fact sheet](#), in FY 2012, 77.57 percent of WIC funding went to food assistance, 4.79 percent to nutrition education, 1.87 percent to breastfeeding promotion, 8.57 percent to other client services, and 7.2 percent to administrative management.

**Partnerships.** Through the [Baby-Friendly Skills Workshops](#) program, the city of Dallas, Texas, is collaborating with local hospitals to equip more than 600 health care providers with the skills and knowledge to support and train breastfeeding mothers. The [Texas Department of State Health Services](#), in partnership with hospitals, also is providing statewide training for health care providers.

The Colorado Department of Public Health and Environment established the [Baby-Friendly Hospital Collaborative](#) to support and encourage hospitals to work together to become “Baby-Friendly,” a status that reflects commitment and preparedness to promote and support breastfeeding.

The Minnesota Department of Health partners with WIC food vendors to streamline the program by providing “[WIC shelf labels](#)” that allow participants to more easily spot items in stores.

The [Washington State Department of Health](#), through a competitive grant process, chose 12 project sites to promote healthy eating and skills development. Local partners provide garden space, materials and gardening skills, and support for increased WIC client access to fruits and vegetables via farmers' markets or community-supported agriculture projects.

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## **Additional Resources**

[Final Rule: Revision to WIC Food Packages \(03/2014\)](#)

[GAO Report on WIC \(02/2013\)](#)

[National WIC Association](#)

[USDA WIC website](#)

[USDA WIC Fact Sheet|USDA WIC Participant Characteristics](#)

[WIC by the Numbers 1974-2014 \(NWA\)](#)

[WIC Regulations: 7 CFR Part 246 \(01/2014\)](#)