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The WIC Program

Background, Trends, and Issues

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Abstract

The mission of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, nutrition education, and referrals to health care and other social services. Administered by USDA's Food and Nutrition Service (FNS), the program has grown rapidly since its establishment in 1972, and is now one of the central components of the Nation's food and nutrition assistance system. Almost half of all infants and about one-quarter of all children 1-4 years of age in the United States now participate in the program. Federal program costs were almost \$4 billion in fiscal 2000, making WIC the country's third-largest food assistance program in terms of total expenditures. WIC accounts for almost 12 percent of total Federal expenditures for food and nutrition assistance. This report presents comprehensive background information on the WIC program—how it works, its history, program trends, and the characteristics of the population it serves. It also examines issues related to program outcomes and administration. How the WIC community responds to these issues may have a large impact on future program operations.

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Summary

The mission of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to safeguard the health of low-income women, infants, and children up to age 5 who are at risk for poor nutrition. WIC provides nutritious foods to supplement diets, nutrition education, and referrals to health care and other social services. Administered by USDA's Food and Nutrition Service (FNS), the program is available in each State, the District of Columbia, 33 Indian Tribal Organizations, Puerto Rico, the Virgin Islands, American Samoa, and Guam.

WIC is one of the central components of the Nation's food assistance system. Almost half of all infants and about one-quarter of all children 1-4 years of age in the United States now participate in the program. Federal program costs were almost \$4 billion in fiscal 2000, making WIC the country's third-largest food assistance program in terms of total expenditures. WIC accounts for almost 12 percent of total Federal expenditures for food and nutrition assistance.

WIC was created as a 2-year pilot program in 1972 by an amendment to the Child Nutrition Act of 1966 and was made permanent in 1975. The program was established during a time of growing public concern about malnutrition among low-income mothers and children. WIC is based on the premise that early intervention programs during critical times of growth and development can help prevent future medical and developmental problems. Since its inception, the number of participants in the program has expanded dramatically, from an average 88,000 participants per month in 1974 to an average 7.2 million in 2000. Strong congressional support, generated by various evaluations that found WIC to have high rates of return for its investment, resulted in increased funding for WIC, which, along with effective cost-containment practices, allowed more people to participate in the program. Legislative and regulatory actions and Federal/State/local partnerships that encouraged State innovations such as infant formula rebates have helped shape and refine the program. In recent years, participation in WIC has leveled off, as appropriations for WIC have stabilized at what is believed to be near full-funding levels.

As a gateway through which many low-income families enter the public health system, WIC reaches a large number of this Nation's infants and children. Therefore, having the most effective WIC program possible can have an important influence on the health of America. Issues have been raised about the impact of the WIC program. These include WIC's effect on breastfeeding rates, prevalence of childhood obesity, and the health of participating infants, children, and mothers.

In addition to issues relating to WIC's impact on the health of program participants, numerous issues are associated with administering a program of WIC's size and complexity. Issues related to the composition of the WIC food package, cost-containment practices, program accessibility, eligibility standards, and reduction of fraud and abuse in the program, directly affect the women, infants, and children who participate in the program. Other groups, including food retailers, infant formula manufacturers, and farmers, are indirectly affected.

While some of these issues have been addressed in the literature, others have not. Additional research to determine the optimal method of operating the WIC program to meet the needs of program participants given resource constraints will help shed light on many of the issues currently facing the WIC program.