



WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education, and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

WIC is not an entitlement program; i.e., Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, America Samoa, District of Columbia, Guam, Commonwealth Islands of the Northern Marianas, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through approximately 2,200 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant or postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at “nutrition risk” by a health professional.

To be eligible on the basis of income, applicants’ income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$40,793 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

4. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes.
- Dietary risks, such as failure to meet the dietary guidelines or inappropriate nutrition practices.

Nutrition risk is determined by a health professional such as a physician, nutritionist, or nurse, and is based on Federal guidelines. This health screening is free to program applicants.

5. How many people does WIC serve?

During the final quarter of Fiscal Year (FY) 2009, the number of women, infants, and children receiving WIC benefits each month reached approximately 9.3 million. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1985, 3.1 million; by 1990, 4.5 million; and by 2000, 7.2 million. Average monthly participation for FY 2008 was approximately 8.7 million.

Children have always been the largest category of WIC participants. Of the 8.7 million people who received WIC benefits each month in FY 2008, approximately 4.33 million were children, 2.22 million were infants, and 2.15 million were women.

6. What food benefits do WIC participants receive?

In most WIC State agencies, WIC participants receive checks or vouchers to purchase specific foods each month that are designed to supplement their diets with specific nutrients that benefit WIC’s target population. In addition, some States issue an electronic benefit card to participants instead of paper checks or vouchers. The use of electronic cards is expected to grow as FNS is promoting WIC electronic benefit transfer (EBT) nationwide. A few State agencies distribute the WIC foods through warehouses or deliver the foods to participants’ homes. Different food packages are provided for different categories of participants.

WIC foods include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. Soy-based beverages, tofu, fruits and vegetables, baby foods, whole-wheat bread, and other whole-grain options were recently added to better meet the nutritional needs of WIC participants.

WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants. For women who do not fully breastfeed, WIC provides iron-fortified infant formula. Special infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

7. Who gets first priority for participation?

If WIC cannot serve all the eligible people who apply for benefits, a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers participated in WIC or could have participated and had a medical problem.
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.
- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.

8. How does WIC support breastfeeding?

Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated.

- WIC mothers who breastfeed their infants are provided information and support through counseling and breastfeeding educational materials.
- Breastfeeding mothers receive a greater quantity and variety of foods than mothers who fully formula feed their infants, with mothers fully breastfeeding their infants receiving the most substantial food package.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- Breastfeeding mothers may receive follow-up support through peer counselors.
- Breastfeeding mothers may receive breast pumps and other aides to help support the initiation and continuation of breastfeeding.

9. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC State agencies provide infant formula for mothers who choose to use this feeding method. WIC State agencies are required by law to have competitively bid infant formula rebate contracts with infant formula manufacturers. This means WIC State agencies agree to provide one brand of infant formula and in return the manufacturer gives the State agency a rebate for each can of infant formula purchased by WIC participants. The brand of infant formula provided by WIC varies from State agency to State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2008, rebate savings were \$2.0 billion, supporting an average of 2.14 million participants each month, or 25 percent of the estimated average monthly caseload.

10. What is WIC's current funding level?

Congress appropriated \$7.252 billion for WIC in FY2010. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$1.5 billion in 1985; \$2.1 billion in 1990, and \$4.0 billion in 2000.

For more information:

Information on FNS programs is available on the World Wide Web at www.fns.usda.gov/fns

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