

Summary

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered by the Food and Nutrition Service (FNS) of the US Department of Agriculture (USDA). The WIC Program provides a combination of direct nutritional supplementation, nutrition education and counseling, and increased access to health care and social service providers for pregnant, breastfeeding, and postpartum women; infants; and children up to the age of five years. WIC seeks to improve fetal development and reduce the incidence of low birthweight, short gestation, and anemia through intervention during the prenatal period. Infants and children who are at nutritional or health risk receive food supplements, nutrition education, and access to health care services to maintain and improve their health and development.

To receive WIC benefits, an individual must be categorically eligible; that is, the person must be a pregnant, breastfeeding, or postpartum woman; an infant up to the age of one year; or a child aged one through four years. In addition, each applicant must be found to be income eligible and at nutritional risk. Eligible applicants receive supplemental food usually in the form of vouchers or checks which allow them to obtain specific types of food (milk, juice, cereal, for example) from participating retail grocers.

The WIC Program was established in 1972 by an amendment to the Child Nutrition Act of 1966. WIC has greatly expanded since its inception, and, in April 1994, WIC served almost seven million participants at an annual cost of over three billion dollars. Public Laws 99-500 and 99-591, enacted in 1986, require FNS to submit biennial reports to the Congress on current participant and program characteristics in the WIC Program. This

legislation specifies that each biennial report must include:

- Information on the income and nutritional risk characteristics of WIC participants.
- Data on WIC program participants for migrant farm worker families.
- Other information on WIC participation that is deemed appropriate by the Secretary of Agriculture.

This publication is the fourth report which has been prepared to meet the legislative mandate to provide information on WIC participants and programs to the Congress.

The 1994 Study

The 1994 study of WIC program and participant characteristics (PC94), like the 1992 study (PC92), is substantially different from earlier efforts to collect data on WIC participants. PC94 employs the prototype reporting system which was developed by FNS for the 1992 study and which routinizes the collection of participant information from State WIC agencies. Earlier FNS studies of the WIC Program in 1984 (PC84), 1988 (PC88), and 1990 (PC90) were based on nationally representative samples of WIC participants and programs. PC94, like PC92, contains information on a near-census of WIC participants in April 1994.

Participant Records

The current system for reporting participant data is based on the automated transfer of an agreed-upon set of data elements. State WIC agencies download routinely collected information which is on their existing automated client and management information systems. State and local WIC staff use these data to certify applicant eligibility for WIC benefits and to

issue food vouchers and checks. This Minimum Data Set (MDS), which consists of eighteen items, was developed by FNS working with the Information Committee of the National Association of WIC Directors (NAWD). For the month of April 1994, each State WIC agency submitted MDS data on either a representative sample or a census of its WIC participants. In April of 1994, there were eighty-four State WIC agencies: the fifty States, the District of Columbia, Guam, Puerto Rico, and the American Virgin Islands, along with thirty Indian Tribal Organizations (ITOs). All eighty-four WIC agencies provided data for PC94. Two of the eighty-four submitting agencies chose to report on representative samples rather than censuses of their WIC participants. These States include Connecticut and Montana and account for about 1.3 percent of PC94's participant records. These data are weighted so that the total numbers of WIC participants reported here correspond to the total US WIC population in April 1994.

The State-maintained automated information systems from which PC94 data are drawn do not always contain complete information on every individual enrolled in the WIC Program. Unreported PC94 data may be unavailable for a variety of reasons which may indicate that participants in any of the not-reported categories may be different from those individuals with data reported. Assumptions regarding missing data vary by the nature of the variable and by the category of WIC participant. To account for these anomalies, a uniform strategy has been adopted for preparing all tables in this report. Data not reported are included in the calculation of percentage distributions for each characteristic. While including missing data in the denominators for all calculations tends to place estimates for each characteristic at a lower bound, this approach has allowed consistent presentation of tabulations throughout the report. Further, it assures that all information needed to calculate upper-bound estimates is readily available in every table. Caution should be used in comparing results across groups; missing data must always be considered in gauging differences between, among, or across groups or categories of WIC participants. A second note of

caution must be sounded here. Because of data quality issues in one large State, it is likely that the PC94 estimate of number of one-year-old WIC enrollees is 0.008 percent high. As a result, the PC94 estimate of number of WIC infants is about 1.0 percent low.

Summary of State Programs

The 1994 study, like earlier studies, included a survey of State WIC agencies which obtained information on WIC program characteristics. This survey was conducted by mail, with telephone follow-up. Data were collected on State WIC operating policies and procedures for income determination, food package tailoring, food instrument issuance, and average monthly food package costs by participant category. All of the eighty-four State WIC agencies operating in April 1994 completed the survey questionnaire. During the two-year period between April 1992 and April 1994, little change has occurred in WIC program operations and procedures.

The 1994 WIC Program

In 1994, WIC services were delivered in the fifty States, the District of Columbia, Puerto Rico, Guam, and the American Virgin Islands as well as by thirty Indian Tribal Organizations. These eighty-four State WIC agencies operated 2,129 local WIC agencies where staff delivered WIC services at about ten thousand service sites. Just about half (49 percent) of all WIC participants receive services in nine States: California, Florida, Georgia, Illinois, Michigan, New York, Pennsylvania, Ohio, and Texas. In fact, more than one-quarter (28.3 percent) of WIC participants can be found in three states: California, New York, and Texas. This proportion has grown from 25.3 percent in 1992.

Participant Characteristics in 1994

In April 1994, 6,907,848 women, infants, and children were enrolled in the WIC Program - a 20 percent increase over WIC enrollment reported in 1992. A caution must be raised with regard to comparing PC92 and PC94 with their near censuses of WIC enrollees to findings from

earlier studies. Previous projects have generally reported program participation as measured by food instrument issuance. PC92 and PC94 provide information on all individuals listed as WIC Program enrollees on management and client information systems maintained by State WIC agencies. It is likely that, in most States, food instruments were not issued to small percentages of these enrollees. Some of the increase in WIC participation from 1990 to 1994 can be attributed to this difference in measurement. Some of the 1992-to-1994 growth is the result of targeting certain States to receive increased funding in order to serve larger proportions of eligible populations.

Half (50.2 percent) of WIC participants are children. Infants account for 26.8 percent and women 23.0 percent. This distribution contains a slightly higher proportion of children than seen in 1990 and 1992 and a somewhat lower proportion of infants (30.1 in 1992 and 29.8 in 1990). This shift may reflect declining US birthrates.

Women were further divided into pregnant (11.9 percent of all participants), breastfeeding (4.0 percent of all participants), and postpartum (7.1 percent of all participants). The percentage of postpartum participants increased by 2 percentage points from PC92, while the percentage of pregnant WIC participants decreased by 1.6 percentage points.

Most (82 percent) of the pregnant women participating in WIC are between the ages of 18 and 34 as are high proportions of breastfeeding (83.7 percent) and postpartum (83.0 percent) women.

Only 10.3 percent of women WIC clients are aged seventeen or younger. Over three-quarters (84 percent) of all infant WIC participants were certified for WIC benefits during their first three months of life. Child participation decreases as age increases most (40 percent) child participants are one year of age.

It is important to reiterate here that the findings reported in this volume must be interpreted through the lens of unreported data. For

example, with regard to age, information to calculate this variable was not reported for 1.5 percent of women, 3.0 percent of infants, and 2.5 percent of children.

About the same proportions of pregnant WIC participants enrolled in the program during their first (38.9 percent) and second (40.1 percent) trimesters. These figures represent a 5.2 percentage point increase in first trimester enrollment since 1992 and a 1.5 percentage point decrease in second trimester enrollment. Data needed to calculate trimester were not reported for 10.3 percent of pregnant WIC participants. In 1992, the not-reported percentage was 8.8.

Race and Ethnicity

In the 1994 study, as in previous studies, whites made up the largest percentage of WIC participants (42.7 percent), followed by Hispanics (26.1 percent), blacks (25.4 percent), Asian or Pacific Islanders (2.6 percent), and American Indian or Alaskan Natives (1.7 percent). Race/ethnicity data were reported for 98.4 percent of WIC participants. This distribution indicates small increases, since PC92, in the percentages of Hispanic and Asian or Pacific Islanders with corresponding decreases among black and white enrollees.

Household Size

The mean household size of WIC participants in April 1994 was 4.0, a slight increase from the 3.8 average reported in 1992. The percent of pregnant women certified as one-person households was 17.8 percent about the same as reported in PC92. Overall, information on household size was reported for 98.9 percent of WIC participants.

Income

Among WIC participants reporting some income, the average annualized income of families/economic units of persons enrolled in the WIC Program in April 1994 was \$9,684, an increase of \$393 since 1992. This increase in current dollars is probably a decrease in real

dollars, that is, the higher average most likely reflects inflation rather than increased income. Across participant categories, breastfeeding women reported the highest average income at \$11,032; postpartum women exhibited the lowest average income at \$9,197. These findings replicate PC92 results.

As in 1988, 1990, and 1992, black participants displayed the lowest average income: \$7,281 for families or economic units, a decrease from \$7,329 reported for PC92. As they did in the 1992 study, Asian or Pacific Islander participants had the highest average annualized income at \$11,667.

Findings about income must be interpreted with caution given the high proportion of unreported information. For PC94, income cannot be calculated for 16.4 percent of WIC participants; virtually the same proportion (16.7 percent) of unreported income data as in PC92.

Participation in Other Programs

WIC legislation allows income eligibility requirements to be met by participation in means-tested programs such as the Medicaid, Food Stamp, and Aid to Families with Dependent Children (AFDC) Programs. In 1994, about two-thirds of WIC participants received benefits from at least one other public assistance program. With regard to participation in each program, 53 percent of WIC clients received Medicaid benefits; 37 percent participated in the Food Stamp Program; and 27 percent of WIC participants reported receiving AFDC benefits. Less than one-quarter (22.9 percent) participated in all three programs, receiving Medicaid, food stamp, and AFDC benefits. Such data were not reported for 7.8 percent of 1994 WIC recipients.

These estimates of reported participation in other programs may well represent a lower bound. At certification, staff in local WIC agencies provide information on other programs so that some WIC clients apply for these benefits after they are certified to receive WIC benefits and this information on program participation is recorded.

Poverty Status

Compared with the general US population, the WIC population is distinctly poor, with two-thirds of WIC participants at or below the poverty line. The sharp contrast between WIC clients and the general population can be seen in Exhibit E.2 which compares the poverty status of WIC participants reporting income to the general US population: three-quarters of WIC enrollees reporting income are at or below the poverty line. More detailed figures appear in Chapter Four of this report.

Nutritional Risk

For PC94, States could report up to three nutritional risks for each participant. For women, inadequate or inappropriate nutrient intake, general obstetrical risks, hemoglobin or hematocrit measurements below State criteria, and high weight for height were the predominant risks reported. Children also showed inappropriate or inadequate nutrient intake and low blood measures as their most frequently recorded risks. Just over two-thirds of WIC infants were recorded at risk due to the WIC-eligibility of their mothers or because their mothers were at risk during pregnancy. At least one nutritional risk was reported for 98.9 percent of WIC enrollees in April 1994.

Migrant Status

Of particular interest to the Congress is the participation of migrant farmworkers in the WIC Program. In April 1994, there were 48,141 migrant WIC participants identified on State WIC enrollment files. Migrant WIC participants make up less than 1 percent of the population receiving WIC services. Nearly half of these participants were enrolled in the WIC Program in Florida and Texas. Migrant women enrollees in WIC tend to be older than the general WIC population; this population also reports lower incomes. Average income in the national WIC population is 20.6 percent higher than incomes reported by migrant farmworker WIC participants. For PC94, State WIC agencies reported information on migrant status for 99.0 percent of US WIC.

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