

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)
PARTICIPANT AND PROGRAM CHARACTERISTICS 2014: FOOD PACKAGE REPORT (SUMMARY)

Background

This report is a supplement to the *WIC Participant and Program Characteristics 2014* biennial report. It describes the content of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food packages for packages or prescriptions issued to WIC participants in April 2014.

The WIC Food Package

The foods described in this report were prescribed under interim regulations which aligned the food packages more closely with updated nutrition science, sought to promote long-term breastfeeding, and increased substitutions for some food categories to better meet the needs of WIC's diverse population.¹

WIC offers seven food packages that vary in the types and amounts of foods they contain. These foods (i.e., milk and milk substitutes, cereal, juice, eggs, legumes, infant foods, infant formula, fruits and vegetables, canned fish, and whole-wheat bread and other whole-grain options) are designed to supplement participants' diets with specific nutrients and foods consistent with the *Dietary Guidelines for Americans* and infant feeding practice guidelines of the American Academy of Pediatrics. Different foods are provided to each category of participants.

Federal regulations prescribe minimum requirements for supplemental foods and maximum monthly allowances (MMA) for WIC foods; the MMAs vary by participant and food category. Within these parameters, however, State agencies (SAs) have some discretion to allow substitutions in the types and forms of foods allowed. For example, while the MMA for whole grains is 2 pounds for a child participant, SAs may authorize

up to five whole-grain alternatives beyond whole-grain bread (see Figure 2).

This report provides an overview of the foods prescribed to participants while demonstrating some of the flexibility SAs have in the foods that are prescribed. The report also describes changes in prescription amounts due to the interim food package rule, published in 2007 and implemented in 2009. This summary highlights just a portion of the overall findings from the full report. The findings described are for foods prescribed per month, per participant.

Findings

Formula

The amount of infant formula prescribed to infants varies by age, breastfeeding (BF) status, and formula form, i.e., ready-to-feed, liquid concentrate, or powder. Additionally, formula amounts for partially breastfed infants are individually tailored based on an assessment of their nutritional needs and breastfeeding intensity. To allow flexibility in meeting WIC's nutritional and health goals, formula has both an MMA and a full nutritional benefit (FNB). The FNB acts as the minimum amount that an infant should receive and varies by infant age and BF status.

Figure 1: Quantity of Formula Prescribed to WIC Infants (Ounces) by Age in Months: Fully BF, Partially BF, and Fully Formula-Fed Infants

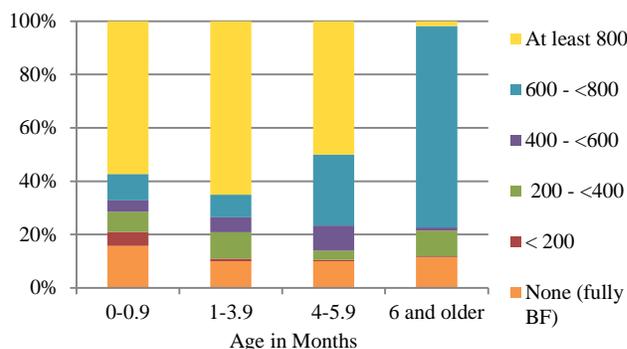


Figure 1 shows the quantities of formula prescribed to infants up to 12 months of age. Most infants under 6 months are prescribed at least 800 ounces

¹ The final rule for these updates, published in March 2014, provides additional changes to the food packages that were implemented in 2014 and 2015, after the data collection for this report. The Final Food Package Rule is available at www.fns.usda.gov/wic/final-rule-revisions-wic-food-packages.

of formula per month, whereas most infants between 6 and up to 12 months are prescribed between 600 and 800 ounces.

Whole-Grain Products

The WIC food prescription for children and pregnant, fully BF, and partially (mostly) BF women includes whole-wheat or whole-grain bread or other whole grains (e.g., soft corn or whole-wheat tortillas, brown rice, oatmeal, bulgur, and whole-grain barley). While most participants in the above food package categories were prescribed the MMA of whole grains, some participants received less than the full MMA or none, as individual food packages are tailored to meet each participant’s nutritional needs.

Figure 2: Types of Whole-Grain Products Allowable for Purchase by Participant Category

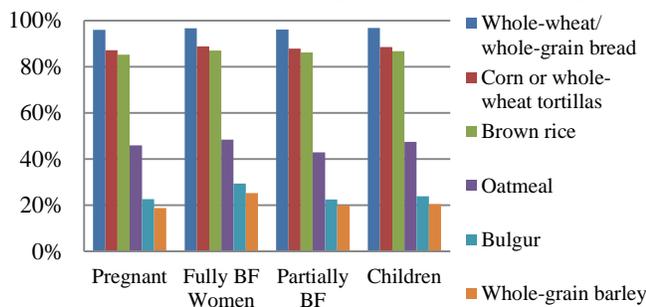
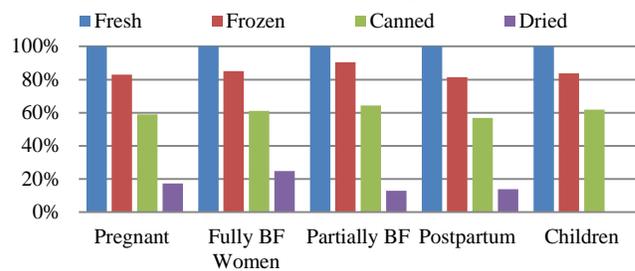


Figure 2 describes the types of whole-grain products allowed in WIC prescriptions by WIC participant category. Whole-wheat or whole-grain bread, brown rice, and soft corn or whole-wheat tortillas were allowed in the majority of prescriptions while oatmeal, bulgur, and whole-grain barley were not allowed as frequently as the other whole grains.

Fruit and Vegetable Cash-Value Vouchers

In addition to food instruments, WIC also issues cash-value vouchers (CVVs) to participants for the purchase of allowable fruits and vegetables. In April 2014 under the interim rule, CVVs were included in WIC prescriptions in the amount of \$6 for children and \$10 for women. As Figure 3 shows, fresh fruits and vegetables were allowed in all CVV prescriptions for women and children participants, and frozen and/or canned fruits and vegetables were allowed in most CVV prescriptions.

Figure 3: Types of Fruits and Vegetables Allowable for Purchase with CVVs by Participant Category



Some SAs also allow women participants to purchase WIC-eligible dried fruits and vegetables. Note that as with the whole-grain foods, participants may choose among allowable forms of fruits and vegetables, e.g., they may choose a combination of fresh and frozen vegetables, so percentages add to over 100 percent in each participant category.

Changes in WIC Food Prescriptions 2008-2014

The report also contains concise, graphic comparisons of food prescription types and amounts before and after the changes in the food packages due to the interim rule. These comparisons exemplify the interim rule’s emphasis on breastfeeding promotion, lower fat milk, and reduced quantities of eggs and juice to align the food packages with the *Dietary Guidelines for Americans* and infant feeding practice guidelines of the American Academy of Pediatrics.

Given the Interim Rule intent of promoting breastfeeding, examining the proportion of WIC infants prescribed any formula is also of interest. Between 2008 and 2012, these proportions dropped by 2.3 to 2.4 percentage points for younger and middle infants, and by 4.1 percentage points for older infants. Proportions fell only slightly between 2012 and 2014: by 0.4 percentage point for younger infants and by about 1 percentage point for middle and older infants.

For More Information

Patlan, K. L. & Mendelson, M. (2016). *WIC Participant and Program Characteristics 2014: Food Package Report*. Prepared by Insight Policy Research for the U.S. Department of Agriculture, Food and Nutrition Service (available online at www.fns.usda.gov/research-and-analysis).