

Background

This report describes Native American participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) based on data collected by the biennial WIC Participant and Program Characteristics Studies in 1992, 1994, 1996, and 1998. The report presents information on the geographic distribution, demographic characteristics, health status, and public health concerns of low-income Native American women, infants, and children participating in the WIC Program on and off reservations; describes Native American Tribes and the role of tribal governments in administering WIC programs; compares the characteristics of Native American WIC enrollees with all WIC enrollees; and examines the health status of Native American WIC enrollees.

Findings

Native American WIC Enrollment

In 1998, the WIC Program enrolled 121,000 Native American women, infants, and children. This represents about 48 percent of all Native American infants and children under age 5, and 65 percent of all Native American pregnant women.

Native American WIC enrollment increased 17 percent between 1992 and 1998, while overall WIC enrollment grew by more than twice that amount (40 percent). Enrollment at tribal state agencies was virtually unchanged while enrollment at non-tribal agencies mirrored the growth in the overall WIC caseload.

Native American Tribes Operating WIC Agencies

In 1998, 33 Indian tribes or Indian Tribal Organizations (ITOs) operated State WIC agencies, while an additional 56 tribes or ITOs operated local WIC agencies. These State WIC agencies enrolled 41 percent of the Native American WIC enrollment while the local WIC agencies enrolled an additional 17 percent.

The Cherokee and Navajo Tribes account for 45 percent of Native American WIC participants enrolled through ITO State WIC agencies.

Characteristics of Native American WIC Participants

In 1998, 82 percent of all Native American WIC enrollees were concentrated in the West, Southwest, and Mountain Plains regions; 62 percent of Native American WIC enrollees resided in non-metropolitan areas.

In 1998, 63 percent of Native American WIC enrollees lived on or near reservations and 75 percent lived in areas served by tribal governments.

Compared to all WIC enrollees, Native American WIC enrollees have a larger average family size (4.2 versus 3.9 persons).

The percentage of Native American WIC enrollees receiving Temporary Assistance for Needy Families (TANF) benefits is 21.1 versus 17.0 percent of all WIC enrollees; 41.6 percent of Native American WIC enrollees receive food assistance from the Food Stamp Program or Food Distribution Program on Indian Reservations, compared to 26.6 percent of all WIC enrollees. The distribution of Native American WIC enrollees with respect to the poverty guidelines, however, does not differ substantially from all WIC enrollees.

WIC eligibility is 185% of poverty level. According to the 1990 census, 27 percent of Native American families had incomes below the poverty level, and 66 percent of all Native American pregnant and postpartum women, infants, and children were estimated to be income-eligible for WIC.

Characteristics of Native American WIC Participants On Versus Off Reservations

Compared to Native American WIC enrollees off reservations, those on or near reservations have a larger average family size (4.4 versus 4.0) and are more likely to be in families of six or more persons (23.8 versus 14.0 percent). Those on or near reservations also have greater participation in public assistance programs (24.6 versus 15.2 percent receive TANF; 39.4 versus 29.5 percent receive food assistance) and experience more severe poverty (41.4 versus 34.9 percent are below 50 percent of the federal poverty level).

Prevalence of Nutrition Risks in Native American WIC Participants

Native American WIC enrollees, in all participant categories, have a greater number of reported nutrition risks than the overall WIC caseload and exhibit higher risk prevalence in most of the major categories of risk. One explanation might be that ITOs report all risks whereas other State agencies do not.

Native American infants have greater risk prevalence, compared to all WIC infants, in each of the major risk categories. Infants living on reservations, compared to those off reservations, have higher prevalence of clinical risks (22.2 versus 12.5 percent) and dietary risks (19.2 versus 12.3 percent), while infants off reservations have a slightly higher rate of anthropometric risks (28.9 versus 27.5 percent). Native American WIC children have higher rates of overweight prevalence than all WIC children (16-20 percent for Native American children and 13 percent for all WIC children).

Native American women and children face particularly difficult health issues, many related to nutrition. Compared with the overall population of U.S. women, Native American women are younger when they give birth, begin prenatal care at a later point in pregnancy, have higher rates of substance use (smoking and alcohol) during pregnancy, and are more likely to have diabetes during pregnancy.

Native American WIC infants are less likely to have low birthweight (although more likely to die if they have low birthweight), more likely to have high birthweight, and more likely to die during the first year of life.

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