

## **Background**

This report has been generated from WIC State management information systems biennially since 1992. It summarizes demographic characteristics of WIC participants nationwide in April 2002, along with information on participant income and nutrition risk characteristics. It describes WIC members of migrant farmworker families. A national estimate of breastfeeding initiation for WIC infants 7 to 11 months of age is included.

The definition of WIC "participant" for this report's tabulations are based on a near census of WIC participants as they are enrolled in the program (8,016,918 records). WIC issues monthly food prescription benefits through management information systems at the time of WIC certification. Participants held on automated WIC certification systems include individuals who did not claim or use food instruments. Fewer participants - approximately 7.5 million - actually picked up their vouchers in April 2002 and were counted according to WIC regulations as participants for WIC administrative funding purposes.

In order to minimize the burden of data collection for WIC agencies, beginning in 1992, State WIC Agencies have been providing a Minimum Data Set (MDS) consisting of 20 variables from their management information systems. The MDS variables were negotiated with the National WIC Association (formerly the National Association of WIC Directors) to include income, nutrition risks, migrant status, participant category (Pregnant, Breastfeeding, Postpartum, Infant, Child), age, race, weight, height, and blood measures recorded as part of WIC Program certifications. Participation in Temporary Assistance for Needy Families (TANF), Medicaid, and/or the Food Stamp Program is also included. Beginning in 1998, the

agreed upon list of MDS variables was expanded to include breastfeeding status and food package prescriptions. (Due to the complexity of analyzing food package codes that are unique to each of 88 State WIC Agencies, an addendum to the current report is planned to address food prescription analysis.)

Another 15 Supplemental Data Set (SDS) Items were requested of States depending on the capability of State data systems to provide such data. SDS items address such things as source of health care, education, number in household on WIC, and birth weight. The number of States submitting them has been increasing, and the majority of States do submit them. FNS continues to work with States to improve their ability to provide these data.

## **Highlights:**

As of April 2002, 8,016,918 women, infants and children were enrolled in the WIC Program, an increase of 2 percent over enrollment from April 2000 and a return to a nearly identical level to PC98. (FNS administrative data show average monthly voucher issuance for 7.5 million individuals in April 2002.)

Among eight million WIC enrollees, approximately half (50.1 percent) are children. Infants account for 25.7 percent and women are 24.1 percent of those enrolled in WIC. The PC2002, PC2000 and PC98 distributions are similar, though the proportion of children declined slightly, infants stayed the same, and the proportion of women increased slightly over the four-year period.

Women were further divided into pregnant (11.0 percent of all participants), breastfeeding (5.7 percent of all participants), and postpartum (7.5 percent of all participants). The percentage of breastfeeding women has risen steadily from 4.0 percent in 1994 to 5.7 percent in 2002.

In 2002, more pregnant WIC participants enrolled in the program during their first than second trimesters, with 48.4 percent in the first trimester and 39.8 in the second. Only 10.6 percent enrolled in the third trimester, down from 11.8 percent reported in 1998. These percentages show sustained increases in WIC coverage of pregnant women in their early stages of pregnancy. Between 1992 and 2002, enrollment in the first trimester increased by approximately 11 percentage points and enrollment in the first two trimesters increased by 12 percentage points.

In the 2002 report, for the first time, Hispanics made up the largest group of WIC participants (38.1 percent) up from 35.3 percent in PC2000. Whites were next largest group (35.9 percent), followed by Blacks (20.2 percent), Asian or Pacific Islanders (3.5 percent), and American Indian or Alaskan Natives (1.4 percent). Race/ethnicity data were reported for 99 percent of WIC participants. The ethnic composition of the WIC program has been changing steadily since 1992; the percentage of Hispanic WIC participants has risen, while percentages of black and white (non-Hispanic) participants has decreased.

The distribution of participants by poverty level remained substantially unchanged, with almost two thirds of WIC enrollees having reported household income at or below the poverty line. This compares to 11 percent in the general population, and is substantially below the WIC income eligibility limit. The percentage of WIC participants with incomes at or below 50 percent of poverty declined from 36 percent in 1994 to 27 percent in 2002. Among WIC participants reporting some income, the average annualized family income in April 2002 was \$14,550, an increase of \$731 (5.2 percent) since PC2000.

WIC legislation allows income eligibility requirements to be met by participation in means-tested programs such as the Medicaid, Food Stamp, and TANF Programs.

In 2002, 56.8 percent of WIC participants reported receiving benefits from at least one other public assistance program at the time of

WIC certification. With regard to participation in each program, 54.3 percent of WIC clients (up from 49.5 percent in PC2000) reported receiving Medicaid benefits; 17.5 percent reported participating in the Food Stamp Program (down from 26.6 percent in 1998); and 9.6 percent of WIC participants reported receiving TANF benefits (down from 17 percent in 1998). Only 6.7 percent reported participation in all three programs: receiving Medicaid, Food Stamp Program, and TANF benefits.

Such data were not reported for 6.1 percent of 2002 WIC participants. Also, due to constraints in various WIC management information systems, newly required procedures for income documentation and documentation of participation in other programs may have limited the number of multiple programs entered into computer systems by local WIC staffs.

About 21 percent of WIC women and 12 percent of children have hemoglobin or hematocrit measures which fall within current CDC criteria for anemia. Blood tests are not usually required for infants.

Beginning in April 1998, States were required to submit data on breastfeeding initiation and duration for infants age seven to eleven months old. The PC2002 national estimate is based on data from 68 State WIC agencies, which represent 86 percent of all 7 to 11 month-old infants enrolled in WIC.

In States reporting breastfeeding data, 48.3 percent of infants age 7 to 11 months (up from 44.5 percent in PC2000) are currently breastfed or were breastfed at some time. The PC98 benchmark breastfeeding initiation estimate, based on data from 63 WIC States, was 41.5 percent. These are lower bound estimates as noted in Chapter 8 of the report.

In April 2002, there were 47,948 WIC participants identified on State WIC enrollment files as being from migrant farmworker families. Migrant WIC participants make up about one-half of 1 percent (0.059 percent) of the population receiving WIC services. More than half of these migrants were enrolled in the WIC

Program in California, Florida, and Texas. Migrant children enrollees in WIC tend to be older than the general WIC population.

Average income in the non-migrant WIC population is higher than incomes reported by migrant farm worker WIC enrollees. While the gap decreased between 1996 and 1998 (non-migrant income was 12 percent higher than migrants in 1996 and 6 percent in 1998), it increased somewhat between 1998 and 2002 (non-migrant income was 8 percent higher than migrant income). For PC2002, State WIC agencies reported information on migrant status for 99 percent of United States WIC participants.

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## 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 twenty items, was developed by FNS working with the Information Committee of the National Association of WIC Directors (NAWD).

For the month of April 2000, each State WIC agency submitted MDS data on a census of its WIC participants. In April of 2000, there were eighty-seven State WIC agencies: the fifty States, the District of Columbia, Guam, Puerto Rico, American Samoa, and the American Virgin Islands, along with thirty-two Indian Tribal Organizations (ITOs). All eighty-seven WIC agencies provided data for PC2000.

The State-maintained automated information systems from which PC2000 data are drawn do not always contain complete information on every individual enrolled in the WIC Program. Unreported PC2000 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.

## Summary of State Programs

The 2000 report, like earlier reports, included a survey of State WIC agencies which obtained information on WIC program characteristics. This survey was conducted by mail, with telephone followup. 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. Since 1992, little change has occurred in WIC program operations and procedures.

## The 2000 WIC Program

In 2000, WIC services were delivered in the fifty States, the District of Columbia, Puerto Rico, Guam, American Samoa, and the American Virgin Islands as well as by thirty-two Indian Tribal Organizations. These eighty-seven State WIC agencies operated 2,196 local WIC agencies where staff delivered WIC services. The ten largest States-California, Florida, Georgia, Illinois, Michigan, New York, Ohio, Pennsylvania, Puerto Rico, and Texas-served more than half (54 percent) of all WIC participants. In fact, 34 percent of WIC participants can be found in three states-California, New York, and Texas. This proportion has grown steadily since 1992 when one-quarter of all participants were in these states.

## Participant Characteristics in 2000

In April 2000, 7,855,537 women, infants, and children were enrolled in the WIC in 2000 Program-a slight decline (2 percent) over WIC enrollment reported in 1998. While almost 8 million participants were enrolled in WIC during April 2000, fewer participants-approximately 7.2 million-actually picked up their vouchers. Thus, monthly participation figures are about eight percent less than monthly enrollment figures. A similar pattern has been observed since 1992.

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Approximately half (49.6 percent) of WIC participants are children. Infants account for 26.3 percent and women 24.1 percent. The PC2000 and PC98 distributions are similar, though the proportion of children declined slightly while the proportions of infants and women increased slightly over the two-year period.

Women were further divided into pregnant (11.4 percent of all participants), breastfeeding (5.3 percent of all participants), and postpartum (7.4 percent of all participants). The percentage of breastfeeding women has risen steadily from 4.0 percent in 1994 to 5.3 percent in 2000.

Most (84.1 percent) of the pregnant women participating in WIC are between the ages of 18 and 34 as are 85.2 percent of breastfeeding and postpartum women. Only 8.0 percent of women WIC clients are aged seventeen or younger. Most (88.8 percent) infant WIC participants are certified for WIC benefits during their first three months of life. Child participation decreases as age increases-36.1 percent of child participants are one year of age and only 16.1 percent are four years of age.

In 2000, more pregnant WIC participants enrolled in the program during their first than second trimesters, with 46.7 percent in the first trimester and 39.0 in the second. Only 11.7 enrolled in the third trimester. These percentages are similar to those reported in 1996 and 1998. Between 1992 and 1996, enrollment in the first trimester increased by approximately 10 percentage points.

### **Race and Ethnicity**

In the 2000 report, as in previous reports, whites made up the largest percentage of WIC participants (37.4 percent), followed by Hispanics (35.3 percent), blacks (21.9 percent), Asian or Pacific Islanders (3.3 percent), and American Indian or Alaskan Natives (1.4 percent). Race/ethnicity data were reported for 99 percent of WIC participants. The ethnic composition of the WIC program has been changing steadily since 1992; the percentage of Hispanic WIC enrollees has risen, while

percentages of black and white (non-Hispanic) enrollees has decreased.

### **Household Size**

The mean household size of WIC participants in April 2000 was 4.0. Average size has remained stable since 1992, through some fluctuations have occurred within participant categories over time. Overall, information on household size was reported for about 99 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 2000 was \$13,819 an increase of \$1,349 (11 percent) since 1998. Across participant categories, breastfeeding women reported the highest average income at \$14,400; postpartum women exhibited the lowest average income at \$11,752. These findings replicate results obtained since 1992. As in all participant characteristics since 1988, black WIC enrollees displayed the lowest average income-\$10,452 for families or economic units. As they did in previous PC studies, Asian or Pacific Islander participants had the highest average annualized income at \$15,734. Findings about income must be interpreted with caution given the proportion of unreported information. For PC2000, income cannot be calculated for 13 percent of WIC enrollees.

### **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 Transitional Assistance to Needy Families (TANF) Programs. In 2000, 56.0 percent of WIC participants received benefits from at least one other public assistance program. With regard to participation in each program, 49.5 percent of WIC clients received Medicaid benefits; 19.6 percent participated in the Food Stamp Program; and 12.1 percent of WIC participants reported receiving TANF

benefits. Only 9.4 percent participated in all three programs, receiving Medicaid, food stamp, and AFDC benefits. Such data were not reported for 7.2 percent of 2000 WIC enrollees. Also, due to constraints in various WIC management information systems, newly required procedures for income documentation and documentation of participation in other programs may have limited the number of multiple programs entered into computer systems by local WIC staffs.

Reported participation in TANF, food stamps, and Medicaid has been declining since 1996. This observed decline among WIC enrollees mirrors overall trends in the programs since passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

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 after this information on program participation is recorded.

### **Poverty Status**

Compared with the general US population, the WIC population is distinctly poor, with almost two-thirds of WIC participants at or below the poverty line, compared to 11 percent of the general population. 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. More detailed figures appear in Chapter Four of this report.

### **Nutritional Risk**

For PC2000, States could report up to three nutritional risks for each participant. For women, high weight for height and "other dietary" risks were the predominant risks reported. Children showed anthropometric risks (high weight for height, for example) and dietary risks as their most frequently recorded risks. Almost three-quarters of WIC infants were recorded at risk due, at least in part, to the WIC-

eligibility of their mothers or because their mothers were at risk during pregnancy. At least one nutritional risk was reported for 99.4 percent of WIC enrollees in April 2000. General patterns in nutritional risks remained similar between PC98 and PC2000. However, caution should be exercised in comparing specific nutritional risks from PC2000 to prior years. The Food and Nutrition Service, USDA implemented new nationally uniform standards beginning in 1999 which are reflected in PC2000. Prior to 1999, States individually elected nutrition risk criteria relevant to WIC Program eligibility.

### **Breastfeeding Rates**

Beginning with PC98, States were required to submit data on breastfeeding initiation and duration for infants aged seven to eleven months old. The PC2000 estimate is based on data from 68 State WIC agencies, which represent 82 percent of all seven-to-eleven-month old infants. In these States reporting breastfeeding data, 44.5 percent of infants aged seven to eleven months are currently breastfed or were breastfed at some time. The PC98 benchmark breastfeeding initiation estimate, based on data from 63 WIC States, was 41.5 percent.

**Food Package Data.** Beginning in April 1998, States were required to provide food prescription data as part of the WIC Minimum Data Set (MDS). Due to the complexity of analyzing widely varying coding systems among the eighty-seven State WIC agencies, this report does not contain analyses of these food package data. An addendum to this report is planned to address food prescriptions.

### **Migrant Status**

Of particular interest is the participation of migrant farmworkers in the WIC Program. In April 2000, there were 44,853 migrant WIC participants identified on State WIC enrollment files. Migrant WIC participants make up less than 1 percent of the population receiving WIC services. More than half of these participants were enrolled in the WIC Program in California, Florida, and Texas. Migrant children enrollees in WIC tend to be older than the general WIC

population. Average income in the non-migrant WIC population is higher than incomes reported by migrant farmworker WIC enrollees. While the gap decreased between 1996 and 1998 (nonmigrant income was 12 percent higher than migrants in 1996 and 6 percent in 1998), it increased somewhat between 1998 and 2000

(non-migrant income was 8 percent higher than migrant income). For PC2000, State WIC agencies reported information on migrant status for 99 percent of US WIC participants.

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