

## **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, and 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 1998, WIC enrolled approximately eight million participants at an annual cost of about four billion dollars. Since 1988, FNS has produced biennial reports on current participant and program characteristics in the WIC Program for general program monitoring as well as for managing the

information needs of the program. FNS uses this regularly updated WIC program information to estimate budgets, identify needs for research, and review current and proposed WIC policies and procedures. The biennial reports include:

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

This publication is the seventh report in the series of studies on WIC participants and program characteristics.

### **The 1998 Study**

The 1998 study of WIC program and participant characteristics (PC98), like PC92, PC94, and PC96, is substantially different from earlier efforts to collect data on WIC participants. PC98 employs the prototype reporting system which was developed by FNS for the 1992 study and which routinizes compilation 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. PC98, like PC92, PC94, and PC96, contains information on a near-census of WIC participants in April 1998.

### **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 1998, each State WIC agency submitted MDS data on a census of its WIC participants. In April of 1998, there were eighty-eight State WIC agencies: the fifty States, the District of Columbia, Guam, Puerto Rico, American Samoa, and the American Virgin Islands, along with thirty-three Indian Tribal Organizations (ITOs). All eighty-eight WIC agencies provided data for PC98.

The State-maintained automated information systems from which PC98 data are drawn do not always contain complete information on every individual enrolled in the WIC Program. Unreported PC98 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 1998 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-eight State WIC agencies operating in April 1998 completed questionnaires. Since 1992, little change has occurred in WIC program operations and procedures.

### **Summary of Local Programs**

PC98, like PC96, included a mail survey of local WIC agencies. The PC 98 sample is longitudinal, that is, PC98 surveyed the same agencies as did PC96. For the 1998 survey, the longitudinal sample was supplemented with a sample of agencies that came into existence after the 1996 sample was selected. Data for April 1, 1998, were obtained on such topics as sponsoring agencies, nutrition education practices, breastfeeding promotion and education, and referral practices. Most (96 percent) sampled agencies completed their SLPs; PC98 reports information from 460 local WIC agencies.

### **The 1998 WIC Program**

In 1998, 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-three Indian Tribal Organizations. These eighty-eight State WIC agencies operated 2,203 local WIC agencies where staff delivered WIC services at about nine thousand service sites. The ten largest States—California, Florida, Georgia, Illinois, Michigan, New York, North Carolina, Ohio, Pennsylvania, and Texas—served more than half (57 percent) of all WIC participants. In fact, one-third 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 1998

In April 1998, 8,042,758 women, infants, and children were enrolled in the WIC Program—a 4 percent increase over WIC enrollment reported in 1996. The rate of growth between 1996 and 1998 was substantially smaller than the 20 percent growth in enrollment that occurred between 1992 and 1994 and the 12 percent growth that occurred between 1994 and 1996. While approximately 8 million participants were enrolled in WIC during April 1998, fewer participants—approximately 7.4 million—actually picked up or cashed their vouchers. Thus, monthly participation figures are about eight percent less than monthly enrollment figures. A similar pattern was observed in PC92, PC94 and PC96. Half (51.2 percent) of WIC participants are children. Infants account for 25.5 percent and women 23.3 percent. The PC98 and PC96 distributions are similar. However, between 1992 and 1996, the proportion of children served by WIC increased (from 47.5 percent to 51.4 percent) and the proportion of infants decreased (from 30.1 percent to 25.7 percent). This shift may reflect increased funding which has allowed WIC agencies to expand their caseloads and serve lower priority children. Women were further divided into pregnant (11.1 percent of all participants), breastfeeding (4.8 percent of all participants), and postpartum (7.3 percent of all participants). The percentage of breastfeeding women has risen from 4.0 percent in 1994 to 4.3 percent in 1996 to 4.8 percent in 1998.

Most (83 percent) of the pregnant women participating in WIC are between the ages of 18 and 34 as are 85 percent of breastfeeding and 84 percent of postpartum women. Only 9 percent of women WIC clients are aged seventeen or younger. Most (88 percent) infant WIC participants are certified for WIC benefits during their first three months of life. Child participation decreases as age increases—36 percent of child participants are one year of age and only 16 percent are four years of age. In 1998, more pregnant WIC participants enrolled in the program during their first than second trimesters, with 46.6 percent in the first trimester and 37.8 in the second. Only 11.8 enrolled in the

third trimester. These percentages are similar to those reported in 1996. Between 1992 and 1996, enrollment in the first trimester increased by approximately 10 percentage points.

## Race and Ethnicity

In the 1998 study, as in previous studies, whites made up the largest percentage of WIC participants (39.2 percent), followed by Hispanics (32.3 percent), blacks (22.9 percent), Asian or Pacific Islanders (3.2 percent), and American Indian or Alaskan Natives (1.5 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 1998 was 3.9. Average size has remained stable since 1992, through some fluctuations have occurred within participant categories over time. Overall, as in 1996, 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 1998 was \$12,479 an increase of \$1,671 (16 percent) since 1996. Across participant categories, breastfeeding women reported the highest average income at \$13,607; postpartum women exhibited the lowest average income at \$11,532. These findings replicate PC92, PC94, and PC96 results. As in 1988, 1990, 1992, 1994, and 1996, black WIC enrollees displayed the lowest average income—\$9,593 for families or economic units. As they did in previous PC studies, Asian or Pacific Islander participants had the highest average annualized income at \$14,272. Findings about income must be interpreted with caution given the proportion of unreported information. For PC98, income

cannot be calculated for 15 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 1998, 57 percent of WIC participants received benefits from at least one other public assistance program. With regard to participation in each program, 48 percent of WIC clients received Medicaid benefits; 27 percent participated in the Food Stamp Program; and 17 percent of WIC participants reported receiving TANF benefits. Only 15 percent participated in all three programs, receiving Medicaid, food stamp, and AFDC benefits. Such data were not reported for 10.5 percent of 1998 WIC enrollees. Reported participation in TANF, food stamps, and Medicaid decreased substantially between 1996 and 1998. 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 two-thirds of WIC participants at or below the poverty line, compared to 13 percent of the general population. More detailed figures appear in Chapter Four of this report.

### **Nutritional Risk**

For PC98, States could report up to three nutritional risks for each participant. For women, general obstetrical risks and inadequate

or inappropriate nutrient intake were the predominant risks reported. Children showed inappropriate or inadequate nutrient intake and anthropometric risks (low weight for height, for example) as their most frequently recorded risks. 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 99.5 percent of WIC enrollees in April 1998.

### **Breastfeeding Rates**

Beginning with PC98, States were required to submit data on breastfeeding initiation and duration for infants aged seven to eleven months old in April 1998. The PC98 benchmark estimate is based on data from 63 State WIC agencies, which represent 85 percent of all seven-to-eleven-month old infants. In these States reporting breastfeeding data, 42 percent of infants aged seven to eleven months are currently breastfed or were breastfed at some time.

### **Food Package Data**

For the first time 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-eight 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 1998, there were 53,158 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 women enrollees in WIC tend to be older than the general WIC population; this population also reports lower

incomes. Average income in the non-migrant WIC population is higher than incomes reported by migrant farmworker WIC enrollees. However, the gap decreased between 1996 and 1998—non-migrant income was 12 percent

higher than migrant income in 1996 and only 6 percent higher in 1998. For PC98, State WIC agencies reported information on migrant status for 99 percent of US WIC participants.

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