

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC, provides nutritious foods, counseling on healthy eating, breastfeeding support, and health care referrals to nearly 8 million low-income women, infants, and children at nutritional risk — and leads to long-term benefits.

Why Is WIC Important?

Infants and very young children can face lifelong cognitive and health consequences if they don't get adequate nourishment. WIC aims to ensure that pregnant women get the foods they need to deliver healthy babies and that those babies are well-nourished as they grow into toddlers.

An extensive body of research over the last few decades shows that WIC works. WIC participation contributes to healthier births, more nutritious diets, improved infant feeding practices, better health care for children, and subsequently to higher academic achievement for students.

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How Is WIC Funded?

WIC is federally funded through the annual appropriations process; states are not required to contribute funds. Since 1997, Congress — on a bipartisan basis — has provided sufficient funding each year for WIC to serve all eligible applicants. The program receives approximately \$6 billion annually.

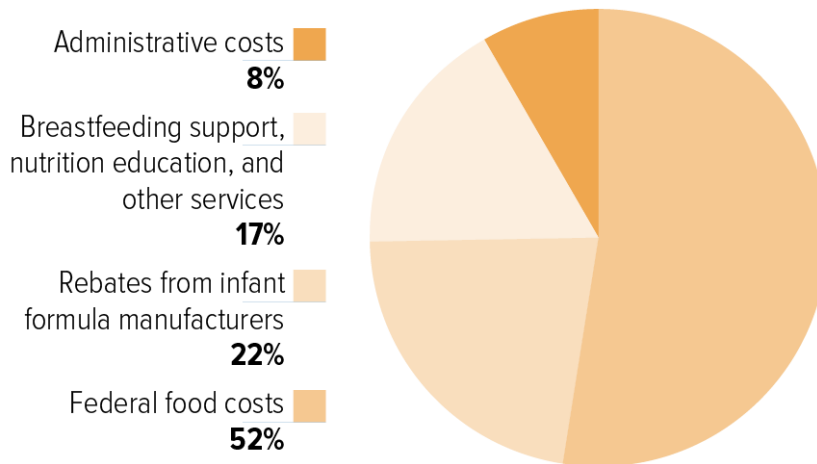
Who Is Eligible for WIC?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 are eligible if they meet income guidelines and an appropriate professional has determined them to be at “nutritional risk.” Most applicants who meet the income requirements have a medical or dietary condition, such as anemia, that places them at nutritional risk.

Policy Basics is a series of brief background reports on issues related to budgets, taxes, and government assistance programs.

Only About 8 Percent of WIC Costs Go for Administration

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Costs



Note: Shares do not add up to 100 percent due to rounding.

Source: CBPP analysis of U.S. Department of Agriculture administrative data.

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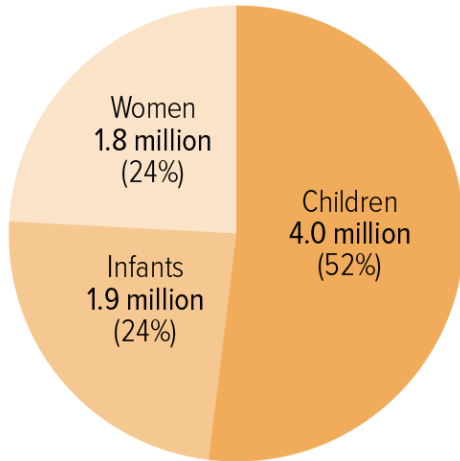
All postpartum women who meet the income guidelines and nutritional risk criteria are eligible for WIC benefits for up to six months after childbirth; women who continue to breastfeed their infants beyond six months are eligible for WIC benefits for up to a year after childbirth.

Applicants who receive no other relevant means-tested benefits must have gross household income at or below 185 percent of the federal poverty level (currently \$37,296 annually for a family of three) to qualify for WIC benefits. To simplify program administration, an applicant who already receives SNAP (formerly food stamps), Medicaid, or Temporary Assistance for Needy Families cash assistance is automatically considered income-eligible for WIC, even if the program’s income limit is above 185 percent of poverty. Roughly 73 percent of people approved for WIC benefits receive one of these other benefits.

How Do Women Apply for WIC?

Women may be referred to WIC by their doctor or when they apply for Medicaid or SNAP. They can apply for WIC benefits at one of WIC’s 10,000 local clinics, located in community health centers, schools, hospitals, and local health departments. Applicants must document where they live, their identity, and their income or receipt of other qualifying benefits. Once approved, an individual usually receives WIC benefits for six months or a year, after which the participant must reapply.

WIC Serves Nearly 8 Million Low-Income Women, Infants, and Children



	Number of participants	Share of total participants
Children		
4 years old	0.6 million	7%
3 years old	0.9 million	12%
2 years old	1.0 million	13%
1 year old	1.5 million	19%
Infants	1.9 million	24%
Women		
Pregnant	0.7 million	9%
Breastfeeding	0.6 million	8%
Other postpartum	0.5 million	7%

Source: CBPP analysis of Department of Agriculture administrative data published in WIC Participation and Program Characteristics 2014, and administrative data for fiscal year 2016.

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How Does WIC Provide Services?

The Department of Agriculture’s (USDA) Food and Nutrition Service oversees WIC at the federal level and provides funds to state health departments or comparable agencies to provide WIC benefits and administer state WIC programs. States, in turn, allocate the federal funds they receive to local WIC clinics that provide food vouchers and services to participants. The services that local WIC clinics provide include individual nutrition counseling, nutrition classes, breastfeeding support, smoking cessation support, and referrals for health care or social services.

WIC provides vouchers for specific types of foods chosen through a rigorous science-based process because they tend to be lacking in the diets of low-income women and young children.

What Foods Does WIC Provide?

WIC is not meant to provide the full array of foods that a family with young children needs. Instead, it provides vouchers for specific types of foods chosen through a rigorous science-based process because they tend to be lacking in the diets of low-income women and young children. The program provides a very limited number of foods – such as whole-grain bread, baby food, infant formula, and milk – as well as separate “cash value vouchers” that they can use only to buy fruits and vegetables.

USDA revised the WIC food package in 2009 based on recommendations from the Institute of Medicine, which recently completed a new review of WIC foods and recommend updates.

How Do Participants Receive WIC Foods?

More than 47,000 grocery stores nationwide have been approved to accept WIC food vouchers based on their prices and the variety of foods they offer. Participants select their WIC foods from the shelves and use WIC vouchers to pay at the register. The state WIC program then reimburses the store for the retail value of the WIC foods.

Most states still use paper vouchers, but WIC is gradually transitioning to electronic benefit cards, which simplify WIC transactions in the check-out line, eliminate the stigma of paying with paper vouchers, and allow for stronger program management and oversight. Approximately two in five WIC participants receive electronic benefits; all states must make the switch by 2020.

How Does WIC Support Infant Feeding?

WIC promotes breastfeeding as the optimal feeding choice for infants, unless it is inadvisable for medical reasons, so participants get the health, nutrition, and emotional benefits that research shows breastfeeding provides. WIC supports breastfeeding through education and peer counseling and by providing exclusively breastfeeding mothers with an enhanced food package, longer eligibility, and breast pumps. WIC provides infant formula to mothers who do not breastfeed.

How Does WIC Obtain Infant Formula?

WIC uses a competitive bidding process under which infant formula manufacturers offer discounts, in the form of rebates, to state WIC programs in order to be selected as the sole formula provider to WIC participants in the state. WIC purchases of infant formula account for more than half of domestic infant formula sales.

The competitive bidding process generally yields \$1.3 billion to \$2 billion a year in rebates, with WIC paying on average only 5 percent of the formula's wholesale cost. As a result of these savings, WIC's cost to the federal government is much lower than the full retail value of WIC benefits for program participants.

Infant Formula Rebates Reduce Federal WIC Costs Considerably

Total WIC Food Costs
In Fiscal Year 2016

Federal savings from
infant formula rebates
\$1.7 billion

Federal food costs
after rebates
\$3.9 billion

Source: CBPP analysis of Department of Agriculture administrative data.

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How Much Do Households Receive in Food Benefits?

WIC provided an average value of \$61.24 in food per participant per month in fiscal year 2016. The average monthly cost to the federal government, however, was much lower – \$42.70 per participant – due to the infant formula discounts discussed above.

How Efficient Is WIC?

WIC leverages market forces to contain program costs. While food prices rose by 25 percent between fiscal year 2006 and 2016, WIC food costs grew by only 15 percent. Over the last five years, food prices rose by 8 percent, while WIC food costs rose by only 3 percent.

In addition, the portion of WIC funds devoted to nutrition education, breastfeeding support, and other services – a key part of the program’s success – has remained stable over time. Similarly, WIC’s administrative costs have remained at about 6 to 8 percent of total program costs for more than a decade. By law, WIC funding per participant for nutrition services and administration combined may rise no faster than inflation.

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How Effective Is WIC?

Extensive research shows that WIC contributes to positive developmental and health outcomes for low-income women and young children. In particular, WIC participation is associated with:

- **Healthier births.** Prenatal WIC participation helps mothers give birth to healthier infants and helps lower infant mortality rates.
- **More nutritious diets.** WIC has helped reduce the prevalence of anemia, and strong evidence suggests that WIC participation increases infants’ and children’s intakes of some essential vitamins and minerals and improves infant feeding practices. The 2009 revisions to the WIC food package boosted participants’ purchases and consumption of fruits, vegetables, whole grains, and low-fat dairy products and enhanced the availability of healthy foods in low-income neighborhoods.
- **Stronger connections to preventive health care.** Low-income children participating in WIC are just as likely to be immunized as more affluent children, and are more likely to receive preventive medical care than other low-income children.
- **Improved educational prospects.** Children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school.

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