WIC Program Overview and Updates

Debra Whitford
Anne Bartholomew
Supplemental Food Programs Division, FNS, USDA

Presentation to
Expert Committee for Review of WIC Food Packages
Institute of Medicine, Food & Nutrition Board
Washington, DC
October 15, 2014

Mission

WIC is mandated to serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems, including drug and other harmful substance abuse, and to improve the health status of eligible infants, mothers and children.

History

• Began in 1972 as a 2-year pilot program
• Funded initially at $20 million
• Authorized as a permanent program in 1975

Population WIC Serves

Women
pregnant
pregnancy (up to 6 months)
postpartum (up to 1 year)

Infants (up to 12 months)

Children (up to 5 years)
Administration

- Administered Federally by the Food and Nutrition Service (FNS) in USDA
- Managed by the Supplemental Food Programs Division
- Administered locally by State health departments and Indian Tribal Organizations (ITOs)

Where is WIC?

- 50 States
- District of Columbia
- Puerto Rico
- U.S. Virgin Islands
- Guam
- American Samoa
- Commonwealth Islands of the Northern Marianas
- 34 Indian Tribal Organizations

Where is WIC?

- 90 State agencies (State health departments and ITOs)
- more than 1,836 local agencies
- more than 9,000 Clinics
- 47,000 authorized retailers

Average Monthly Participation Fiscal Year 2013

- 2.0 million infants
- 4.6 million children (1-4 years)
- 2.0 million women
- 8.6 million total participants monthly
- 8.59 million total in Sep 2013
WIC Benefits

- Supplemental foods
- Nutrition education
- Breastfeeding promotion and support
- Referrals to health and social services

WIC Eligibility for Certification

- Categorical
- Income
- Residential
- Nutritional Risk

WIC Certification

- Certifies applicant as eligible for WIC after appropriate screening
- Completed at no cost to applicant
- At a minimum, entails blood work and height/weight measurements
- Frequently includes health history, dietary assessment, and medical documents, e.g., record or doctor’s note

Certification Periods

- Pregnant Women
- Postpartum women up to 6 months postpartum
- Breastfeeding women up to 1 year
- Infants until their 1st birthday
- Children until their 5th birthday
### WIC Nutritional Risk

- Medically-based (e.g., low hemoglobin/hematocrit; underweight; history of poor pregnancy outcome, etc.)
- Dietary-based (e.g., inadequate dietary pattern)
- Possibility of regression
- Predisposing factors

### WIC Nutrition Education

- Teach WIC participants about the connection between nutrition and health.
- Assist participants in making positive changes in food habits
- Breastfeeding promotion and support
- Emphasize the relationship between nutrition, physical activity and health.
- Food preferences (cultural background)
- Importance/use of WIC foods

### WIC Nutrition Education

- 2 contacts per 6-month period for all adult participants and caretakers of infants/children
  - Assist participants in making positive changes in food habits
  - Breastfeeding promotion and support
  - Emphasize the relationship between nutrition, physical activity and health.
  - Importance and Use of WIC foods

### Breastfeeding is a Priority in WIC

- Anticipatory guidance, counseling, and breastfeeding educational materials
- A greater quantity and variety of foods
- Longer participation in the Program
- Breastfeeding aids such as breast pumps and breast shells may be offered
- Peer Counselors and WIC breastfeeding experts available.
WIC Breastfeeding and Initiation Rates 2012

WIC Appropriations

FY 2008 6.02 billion
FY 2009 6.86 billion
FY 2010 7.25 billion
FY 2011 6.73 billion
FY 2012 6.6 billion
FY 2013 6.52 billion
FY 2014 6.72 billion

WIC Referrals

- prenatal/well-child care services
- immunization providers
- public assistance programs:
  - TANF
  - Medicaid (including EPSDT)
  - SNAP
- alcohol, tobacco, and other drug abuse counseling
- lead screening
- oral health
- SCHIP
- Head Start

FY 2012 Funding DATA
WIC Food Instruments

- A food instrument lists specific foods and quantities that can be purchased.
- Several food instruments comprise a monthly food package.
- States may choose to issue food instruments for 1, 2, or 3 months.

How are food instruments used?

- The participant exchanges food instruments for WIC foods at authorized retailers.
- The store submits food instruments to its bank, like a personal check.
- The WIC State agency then reimburses the store for the amount of food instruments.

Electronic Benefits Transfer (EBT)

WIC EBT is an electronic system that replaces paper food checks or vouchers with a card for food benefit issuance and redemption at authorized WIC grocery stores.
Supplemental Foods

- Infant formula
- Exempt infant formula
- WIC-eligible Nutritionals
- Breakfast cereals
- Eggs
- Whole Wheat Bread & Whole Grains
- Fruit & Vegetable Cash Value Voucher
- Milk and Milk Alternatives
- Peanut butter
- Legumes
- Canned Fish
- Infant foods
- Juice

WIC Food Packages

I. Infants 0 through 5 Months
II. Infants 6 through 11 Months
III. Participants with Qualifying Conditions
IV. Children 1 through 4 Years
V. Pregnant /Partially Breastfeeding Women
VI. Postpartum Women
VII. Fully Breastfeeding

Basic Principles of WIC Food Packages

- WIC food benefits are scientifically-based and intended to address the supplemental nutritional needs of WIC’s pregnant, breastfeeding and postpartum women, infants and children.
- The WIC food packages are designed to provide WIC participants with a wide variety of food, and provide staff flexibility in prescribing food packages to meet an individual participant’s nutrition and cultural needs.
- The nutritional basis, or integrity, of the WIC food packages is dependent upon the provision of the maximum allowance of WIC foods, and the availability of adequate choice and variety of WIC foods for participants.

Food Package Design

State agency Responsibilities

- Using the Federal regulations when determining the brands, types, and forms of foods authorized on the State food list.
- Maximizing the nutritional value of WIC food packages while managing cost.
- Considering acceptability and availability of eligible foods to participants in developing State food lists.
- Developing policies to ensure that food benefits issued to participants accommodate the nutritional and health goals of the Program is an important part of this process.
Maximum Quantities of WIC Foods

- Federal WIC regulations require the maximum monthly allowances of WIC foods be provided to WIC participants in full (except to the extent the packages are tailored to the needs of individual participants for reasons such as food allergies). (IOM Recommendation)
  - Reductions in these amounts cannot be made for cost-savings or administrative convenience.
  - Quantities of WIC foods may only be reduced for individual participants and only for sound nutrition reasons based on nutrition risk condition, nutrition and dietary needs, personal food preferences or household conditions.
- State agencies must authorize WIC foods in package sizes that provide participants their full authorized food benefit.

Nutrition Tailoring

- Nutrition tailoring is the process of making food package accommodations to accommodate the needs of an individual participant based on the Competent Professional Authority's (CPA) assessment of the participant's nutritional risk condition, dietary needs, and personal food preferences.
- Nutrition tailoring entails making changes or substitutions to food types (e.g., dry beans vs. peanut butter) and physical food forms (e.g. dry milk vs. fluid milk).
- Nutrition tailoring may also involve eliminating foods due to allergy, medical or nutritional condition, or in situations where a participant cannot use or refuses the item.

History of WIC Foods and Food Packages

History of WIC Foods and Food Packages

Public Law 95-627, 1978
Removed Specific Nutrients

- 1978 legislation removed requirements for specific nutrients (protein, iron, calcium, vitamins A and C).
- Added more general language—
  - "nutrients determined by nutritional researchers to be lacking in the diets of the targeted population."
**Food Package Regulations 1980**

- Added Beans and Peanut Butter
- Set sugar cap for cereals at 6 grams per serving

**New Food Package Added in 1992**

- 1992—An enhanced WIC food package (food package VII) was established for women who exclusively breastfeed their infants, to encourage breastfeeding among WIC mothers (Federal Register, November 27, 1992).

**Changes in the WIC Program Since WIC’s Beginnings**

- Advances in nutrition knowledge and its application.
- Expanded food supply
- Changes in dietary patterns
- Dramatic growth of Program
- More culturally diverse population
- Obesity major public health problem

**Institute of Medicine Report with Recommendations 2005**

WIC Food Packages: Time for a Change
**Rulemaking Process to Revise WIC Food Packages – Proposed Rule 2006**

- Largely reflected recommendations made by the IOM
- Over 46,000 comments received.
- In general, proposed provisions garnered broad support from public commenters.

**Rulemaking Process to Revise WIC Food Packages – Interim Rule 2007**

- Provisions based on public comment on proposed rule and further review and determination by FNS.
- An interim rule allowed USDA to obtain feedback on the changes while allowing implementation to move forward.

**Interim Rule 2007**

First Comprehensive Revision in 3 Decades

**Summary of Major Changes to WIC Food Packages – Interim Rule 2007**

- Revised infant food packages
- Added:
  - cash value-vouchers ($6 or $10) for fruits and vegetables for children and women
  - soy-based beverage and tofu as milk alternatives
  - whole grains (cereals, bread, and other whole grains, e.g. tortillas)
- Reduced quantities of milk, eggs and juice.
Summary of Major Changes
Breastfeeding Food Packages – Interim Rule 2007

• Minimize early supplementation with infant formula to help mothers establish milk supply.
   – No routine issuance of infant formula in birth month to breastfeeding infants.
   – Partially breastfed infants receive less formula to allow mothers to feed more breastmilk to infants.

• Breastfeeding mothers receive greater quantity and variety of foods than those who formula feed.

Interim Rule 2007

• All WIC participants began receiving new and improved food packages by October 1, 2009.

• Comment period ended 2/2010.
   – Approximately 7,700 comments received

Final Rule March 4, 2014
Summary of Major Changes

• Increases fruit and vegetable voucher for children from $6 to $8 per month

• Requires “split tender transactions” with cash-value voucher

• Requires nonfat and lowfat (1%) milks as the standard issuance for children ≥ 24 months of age and women.

• Allows the CPA to determine the need for soy-based beverage/tofu for children & women.

Final Rule March 4, 2014
Summary of Major Changes

• Allows the CPA to determine need for fat-reduced milks for 1-year old children based on an individual nutritional assessment and consultation with the child’s health care provider if necessary.

• Allows infants 9 months through 11 months of age to receive a cash-value voucher for fresh fruits and vegetables in lieu of a portion of commercial jarred infant food fruits and vegetables.
Final Rule March 4, 2014
Summary of Major Changes

New Food Substitutions (at State agency option)

- Whole wheat pasta added to the list of whole grain options for children and women.
- Yogurt added to the list of partial milk substitutes in the food package for children and women.
- Jack mackerel added to the list of canned fish options for women in Food Package VII.

FNS Modifications to IOM Recommendations

IOM Recommendation

- Breastfeeding women whose infants receive more than the maximum allowance of formula for a partially breastfed infant are no longer eligible for the Program.

FNS Action

- Women whose infants receive more than the maximum amount of formula for a partially breastfed infant no longer receive a food package, but remain on Program.
- Revised the definition for WIC “participation” to include breastfeeding women who receive no supplemental foods or food instruments but whose breastfed infant(s) receives supplemental food or food instruments.

Partial (Mostly) Breastfeeding Food Package Considerations

- Newly created partial breastfeeding package provides less formula; no standard issuance of formula in first month (IOM Recommendation)
- However, breastfeeding infants and women are being issued either fully formula package/postpartum food package or fully breastfeeding food package.
- Not taking advantage of benefits of partially (mostly) breastfeeding package. Staff and participant education needed.