

The Basics: WIC Saves Lives, Prevents Malnutrition

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A shockingly high number of babies and young children were dying in the United States in the 1970s. In 1974, nearly 17 of every 1,000 babies born nationwide died before their first birthday. Alabama's infant mortality rate was even worse than the national average, with nearly 21 out of every 1,000 babies dying in their first year. Infant mortality among African Americans was higher yet – nearly 25 babies per 1,000 died during their first year in the United States, and that ratio was 29 per 1,000 in Alabama. Hunger and malnutrition among mothers and infants were found to be associated with many of those deaths.

Congress established WIC to try to reduce the disturbingly high infant death rates, and the program has been a success story ever since. Lawmakers created the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 1974 to combat high infant mortality rates, low birth weight, and maternal and infant hunger. In the last 40 years, the program has saved tens of thousands of lives, improved the health of hundreds of thousands of children and mothers, and pumped billions of dollars a year into the economy. This fact sheet illustrates the crucial role WIC plays in saving lives and examines challenges that the program faces.

The remarkable effectiveness of WIC

Infant mortality has fallen by nearly two-thirds since WIC's creation. Nationally, the number of babies who died before their first birthday in 2011 was six per 1,000. Alabama's rate in 2012 was 8.9 per 1,000. Among African Americans in the state, the rate was 14.4 per 1,000, down sharply from 1970s levels but still much higher than the state's total. Despite decades of improvement in nutrition and health care, Alabama's infant mortality rate is still significantly worse than the national average, and much work remains to be done.

WIC is highly effective in preventing low birth weight and infant mortality. A study of Medicaid recipients who participated in WIC compared to those who did not found that WIC reduced infant mortality by between one-quarter and two-thirds. WIC also has been shown to reduce low birth weight, a major risk factor for infant death, by 29 percent, and to reduce the incidence of very low birth weight by more than

Eligible for WIC? Here's how to apply

WIC fights hunger and malnutrition for thousands of young children and new mothers in Alabama. Applicants' income must fall below 185 percent of the federal poverty level. (That's \$36,612 in 2014.)

To see if you qualify, contact your local county health department to set up an appointment. You'll need to bring proof of residency, identity and income. For more information or to find the agency nearest you, call 888-942-4673 or visit adph.org/wic.

half. The USDA has estimated that 113,000 children and young adults are alive today because they and/or their mothers received WIC services. The program is one of few to earn the federal Office of Management and Budget's highest rating for effectiveness.

WIC also is associated with reduced rates of other nutrition-related problems. WIC can prevent young children from becoming overweight, an analysis by the Institute for Research on Poverty found. The Centers for Disease Control found that WIC decreases anemia in pregnant women and children. Other studies indicate that WIC participants have better intakes of iron, folate and vitamin B-6. WIC participation also increases the use of health care services among pregnant women and their families.

What WIC means for Alabama

WIC provides high-nutrition foods for infants, young children, pregnant or breastfeeding women and women who have recently had a baby. WIC is a program of the U.S. Department of Agriculture (USDA). The Alabama Department of Public Health (ADPH) administers WIC in Alabama. WIC recipients must meet income guidelines and have a nutritional deficiency that the program could correct.

Who is eligible for WIC? To be eligible for WIC, a person must be a pregnant or breastfeeding woman, a woman who has had a baby in the last six months, or a child under age 5. The individual or family also must have an income below 185 percent of the federal poverty level (\$36,612 for a three-person household in

2014) and must have a condition that can be improved with proper nutrition. These conditions include anemia, low birth weight, vitamin deficiencies or being underweight or overweight.

WIC can run out of money because it is a block grant, not an entitlement program. Because of that, WIC has developed a priority system for participants. Infants and pregnant or breastfeeding women are the top priority. Older children and postpartum women are lower priorities when funds are limited. Some years, WIC has run out of money and removed children from the program until the next fiscal year.

WIC foods address the nutritional needs of children and pregnant women. The food list aims to provide iron, protein, calcium and vitamins A and C. Approved foods – often marked with a WIC symbol on shelves – include fresh fruit and vegetables, milk, cheese, eggs, brown rice, peanut butter, dried beans, whole juice, whole-grain cereal, whole-grain bread or tortillas, infant fruits and vegetables, infant formula, infant cereal, canned tuna and salmon (for breastfeeding women only), and infant meat (for breastfed babies only).

WIC recipients receive nutritional counseling, including breastfeeding support, and referrals to other health care and social service programs. WIC benefits are delivered via paper vouchers that can be used in approved grocery stores, farmers' markets and other approved stores. Alabama's WIC program plans to begin providing benefits on an Electronic Benefit Transfer (EBT) card similar to a debit card.

WIC boosts Alabama's economy. Federal nutrition programs, including WIC, have a significant impact on local economies, especially in low-income counties. WIC served more than 128,000 participants a month

in Alabama last year and distributed 5.8 million vouchers worth nearly \$84.3 million. Similar food stamp benefits have an economic impact of \$1.79 for every \$1 spent, the USDA estimates. This suggests WIC's economic impact for Alabama communities topped \$100 million in 2013 alone.

Potential challenges ahead for WIC

WIC's food list could be a point of contention in the near future. WIC's original focus on cereals and dairy products has expanded over the years to include other foods based on the recommendations of nutrition

experts. Though more farmers' markets accept WIC vouchers, access to locally grown food is still limited. Congress has recently debated requiring WIC to add potatoes to the list of foods that can be bought with vouchers. That prospect has raised concerns that the program's long-

standing focus on nutritional quality may be lost as agricultural interests compete for WIC dollars. Such a move could pave the way for Congress to add other foods to the WIC list based on industry pressure rather than expert advice.

When economic times are hard, the demand for WIC goes up. WIC has set priorities based on health risk factors, not income. Some advocates urge WIC to set priorities based on both income and nutritional need, so that very poor young children are not bumped off WIC in favor of pregnant women who are comparatively better off financially. Other advocates urge a funding increase to allow WIC to serve all eligible women and children without a waiting list. Alabama's most vulnerable citizens still need better access to food, health care and nutrition. Stronger WIC funding would be a big step toward achieving that goal.

Policy analyst Carol Gundlach prepared this fact sheet. It may be reproduced with acknowledgment of Arise Citizens' Policy Project, Box 1188, Montgomery, AL 36101; (800) 832-9060; arisecitizens.org.

