

# **WIC Participant and Program Characteristics**

**PC2002**

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## **EXECUTIVE SUMMARY**

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## **Executive Summary: WIC Participant and Program Characteristics 2002**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). The WIC Program provides a combination of prescribed food supplementation, nutrition education and counseling, and increased access to health care and social service provides 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 supplemental foods, 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 age one through four years. In addition, each applicant must be found to be income eligible and at nutritional risk. Eligible applicants receive supplemental food benefits usually through vouchers or checks that allow them to obtain specific types of food (milk, juice, 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 2002, WIC enrolled just over 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, submit civil rights reporting, 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.
- ?? Breastfeeding initiation reported nationally and by State.
- ?? Data on WIC Program participation for migrant farmworker families.
- ?? Other information on WIC participation that is deemed appropriate by the Secretary of Agriculture.

This publication is the eighth in the series of biennial reports on WIC participants and program characteristics. Reports prior to 1992 were based on national sampling of WIC participant records or on participant interviews.

## The 2002 Report

WIC Participant and Program Characteristics 2002 (PC2002) is like PC92, PC94, PC96, PC98, and PC2000 except that *it presents only tabulations rather than providing text description of data patterns*. PC2002 employs the reporting system developed by FNS in 1992, which routinely compiles key features of WIC enrollment information from State WIC agencies. PC2002 contains information on a near-census of WIC enrollees for whom food benefits were made available in WIC management information systems in April 2002.

**In this report the term participant is used slightly differently from WIC's regulatory definition of participant, which is based on an individual physically picking up WIC benefits at the WIC office.** This definitional difference results in a count of WIC PC2002 participants that is approximately 7 percent higher than the number of participants described in regular program accounting reports for April 2002. This percentage difference is similar to previously presented biennial statistics.

**WIC Certification 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 held in their existing automated client and management information systems. State and local WIC staffs use these data to certify applicant eligibility for WIC benefits and to issue food vouchers, checks or electronic food benefits. This Minimum Data Set (MDS), which consists of twenty items, was developed by FNS working with the Information Committee of the National WIC Association (formerly the National Association of WIC Directors).

For the month of April 2002, each State WIC agency was required to submit MDS data on a census of its WIC participants. All but 4 of the eighty-eight State WIC agencies (Mississippi, Choctaw Nation (OK), Eastern Shoshone and Rosebud Sioux) were able to provide sufficient data for tabulation in PC 2002.

The State-maintained automated information systems from which PC2002 data are drawn do not always contain complete information on every individual enrolled in the WIC Program. In tabulations prepared for PC2002, data may be unreported for a variety of reasons, including some that may indicate that participants in 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. Participants for which data are not reported are included in the calculation of percentage distribution 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. In addition 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 Discontinued.** The PC 2002 report does not include a survey of State WIC agencies. Those interested in State characteristics should refer to the previously issued PC2000 report available on the FNS website at:

<http://www.fns.usda.gov/oane/MENU/Published/WIC/WIC.htm>

### **The 2002 WIC Program**

In 2002, WIC services were delivered by the fifty States, the District of Columbia, Puerto Rico, Guam, American Samoa, and the American Virgin Islands, as well as thirty-three Indian Tribal Organizations. The eighty-four State WIC agencies that reported data for PC2002 operated 2,164 local WIC agencies where staff delivered WIC services. The eight largest States - California, Texas, New York, Florida, Georgia, Illinois, Ohio, and Michigan - served more than half (52 percent) of all WIC participants. In fact, 34 percent of WIC participants can be found in three States - California, Texas and New York.

### **WIC Participants in 2002**

In April 2002, 8,016,918 women, infants, and children were enrolled in the WIC Program—an increase of 2 percent over WIC enrollment reported in PC2000 and a return to a nearly identical level to that reported in PC98. While 8 million participants were enrolled in WIC during April 2002, fewer participants - approximately 7.5 million - actually picked up their vouchers. Thus, April 2002 WIC participation figures are about 7 percent less than April 2002 WIC enrollment figures. A similar relationship between participation and enrollment has been observed since 1992.

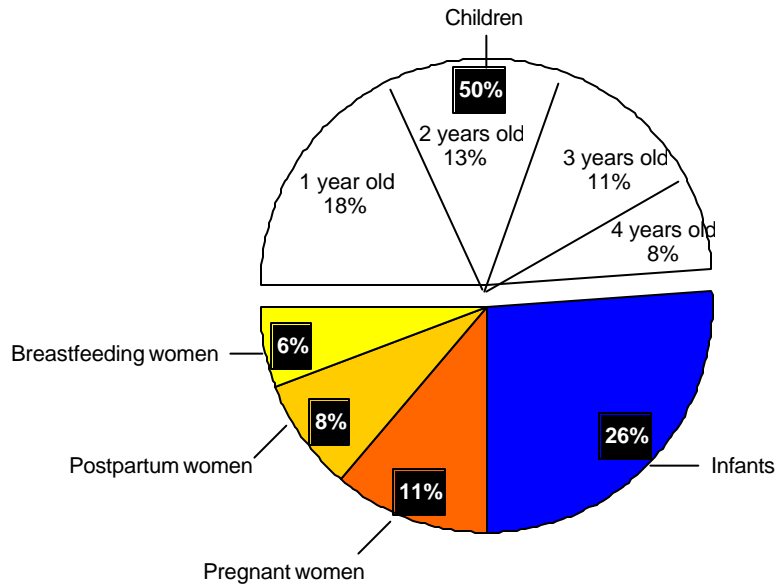
As shown in Exhibits E.1, approximately half (50.1 percent) of WIC participants are children. Infants account for 25.7 percent and women are 24.1 percent of WIC participants. The PC98, PC2000, and PC2002 distributions are similar, though the proportion of children declined slightly, infants stayed the 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.

Most (84.8 percent) of the pregnant women participating in WIC are between the ages of 18 and 34 as are 85.2 percent of breastfeeding and 85.9 of postpartum women. Only 6.8 percent of women WIC clients are age 17 or younger, continuing a decline from

## Exhibit E.1

### Distribution of Individuals Enrolled in the WIC Program in April 2002



Total 8,016,918

#### Note

The following State WIC agencies were unable to provide sufficient PC2002 data: Mississippi, Choctaw Nation (OK), Eastern Shoshone, and Rosebud Sioux.

8.5 percent reported in 1998. Most (90.0 percent) infants in WIC are certified for WIC benefits during their first three months of life. As shown in Exhibits E1 and E.2, WIC participation by children decreases as age increases - 36.3 percent of child participants are one year of age, while only 15.8 percent are four years of age.

The 2002 data show sustained increases in WIC coverage of pregnant women in their early stages of pregnancy. 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. 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.

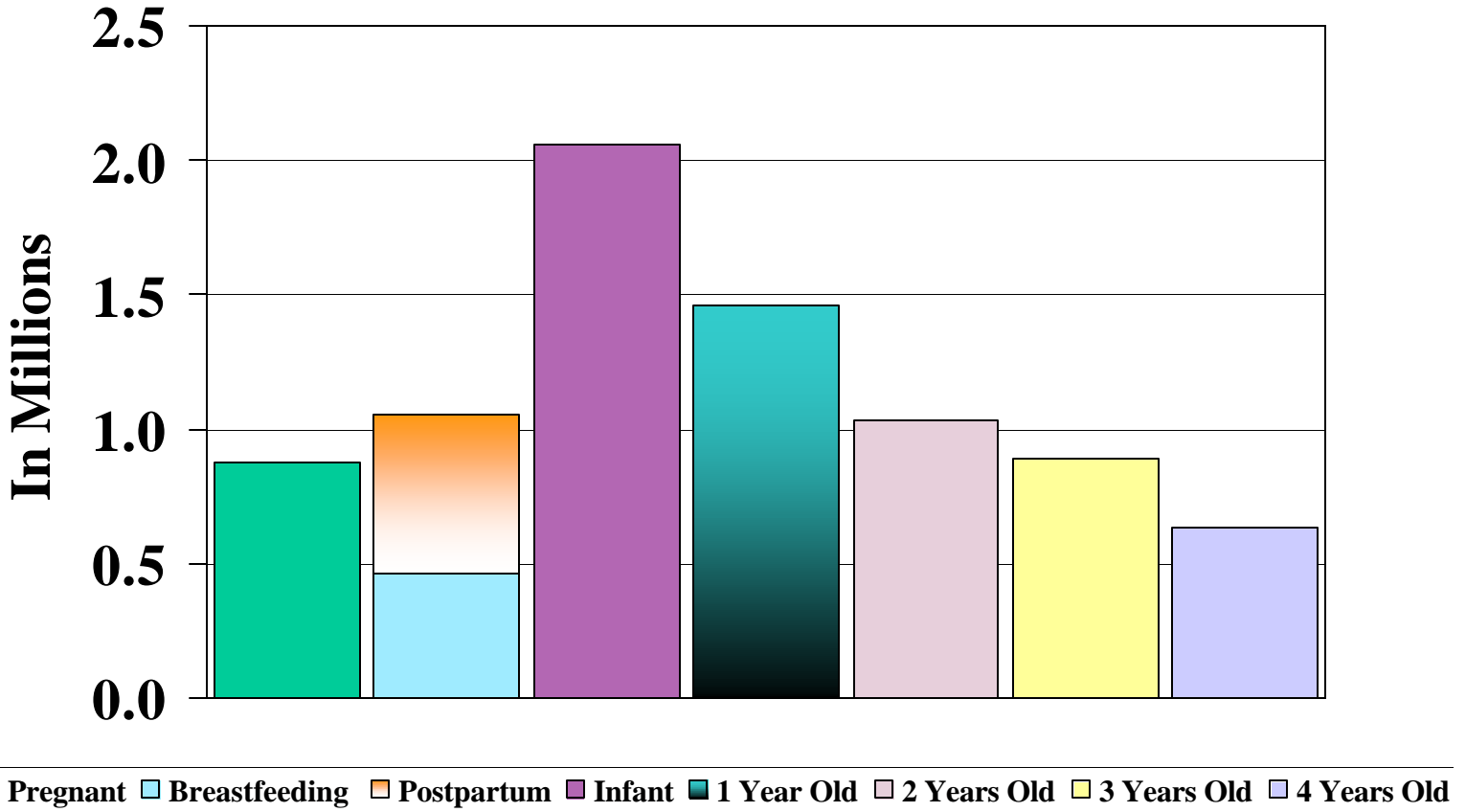
**Race and Ethnicity.** In the 2002 report, for the first time, Hispanics made up the largest ethnic group of WIC participants (38.1 percent), up from 35.3 percent in PC2000. Non-Hispanic Whites were next largest (35.9 percent), followed by non-Hispanic Blacks (20.2 percent), Asian or Pacific Islanders (3.5 percent), and American Indian or Alaskan Natives (1.4 percent). Race/ethnicity data were reported for 99 percent of WIC participants. As illustrated in Exhibit E.2, 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.

**Household Size.** The mean household size of WIC participants in April 2002 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 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 2002 was \$14,550, an increase of \$731 (5.2 percent) since PC2000. Across participant categories, breastfeeding women reported the highest average income at \$15,573; postpartum women exhibited the lowest average income at \$13,089. These findings parallel those dating back to 1992. In all reports since 1988, black WIC participants displayed the lowest average income--\$10,956 for families or economic units. As in previous PC reports, Asian or Pacific Islander participants had the highest average annualized income at \$16,798. Findings about income must be interpreted with caution, given the proportion of unreported information. For PC2002, income cannot be calculated for 16 percent of WIC participants.

**Exhibit E.2**

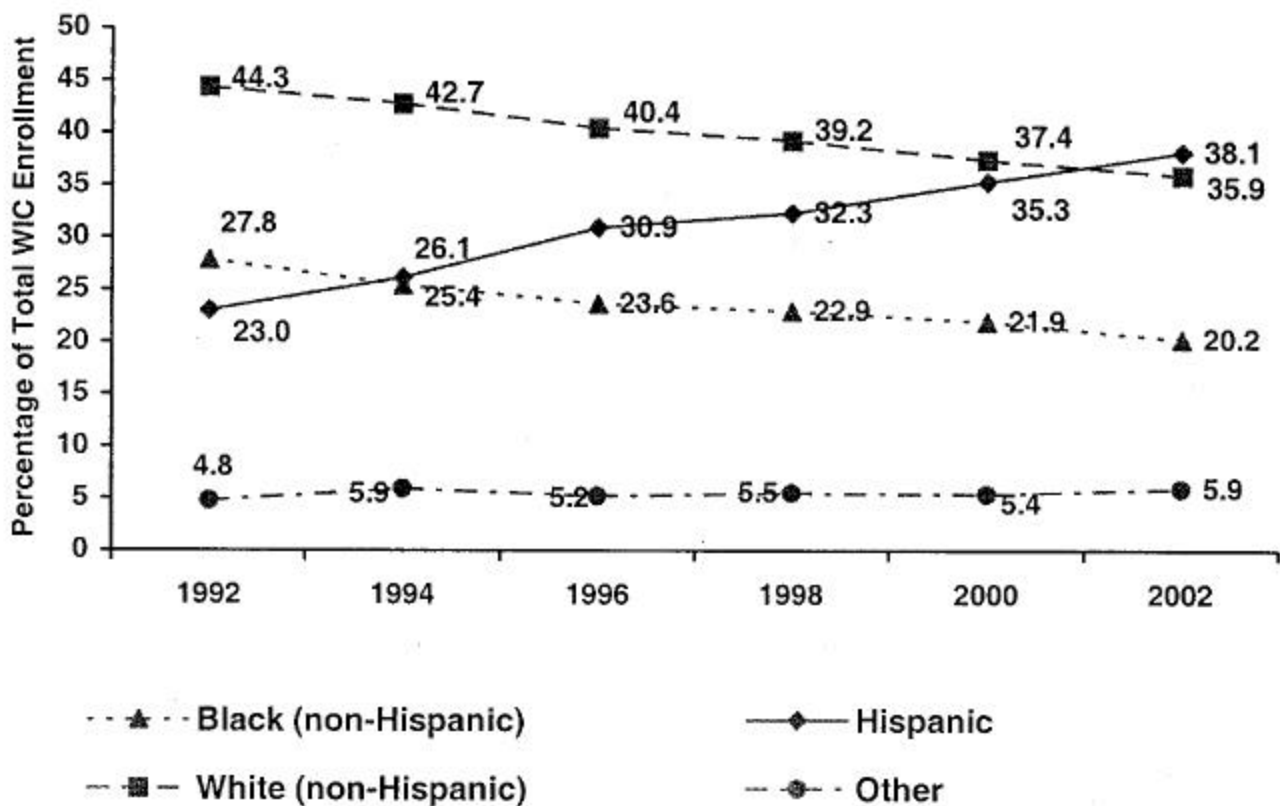
**Numbers of WIC Participants  
By Category and Age of Children**



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**Exhibit E.3**

**Distribution of Racial and Ethnic Characteristics of WIC Participants, 1992 - 2002**



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**Note**

The following State WIC agencies were unable to provide sufficient PC2002 data: Mississippi, Choctaw Nation (OK), Eastern Shoshone, and Rosebud Sioux.



**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 Temporary Assistance to Needy Families (TANF) Programs. In 2002, 56.8 percent of WIC participants reported receiving benefits from at least one other public assistance program. With regard to participation in each program, 54.3 percent of WIC clients (up from 48.3 percent in 1998) 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 of WIC clients reported participation in all three programs: receiving Medicaid, food stamp, and TANF benefits. Reported participation in TANF, and food stamps has been declining since 1996. This observed decline among those in WIC mirrors overall trends in these 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. These data were not reported for 6.1 percent of PC2002 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.

Since staffs in local WIC agencies provide information on other programs at certification some WIC clients may apply for these benefits after they are certified to receive WIC benefits and after this information on program participation is recorded.

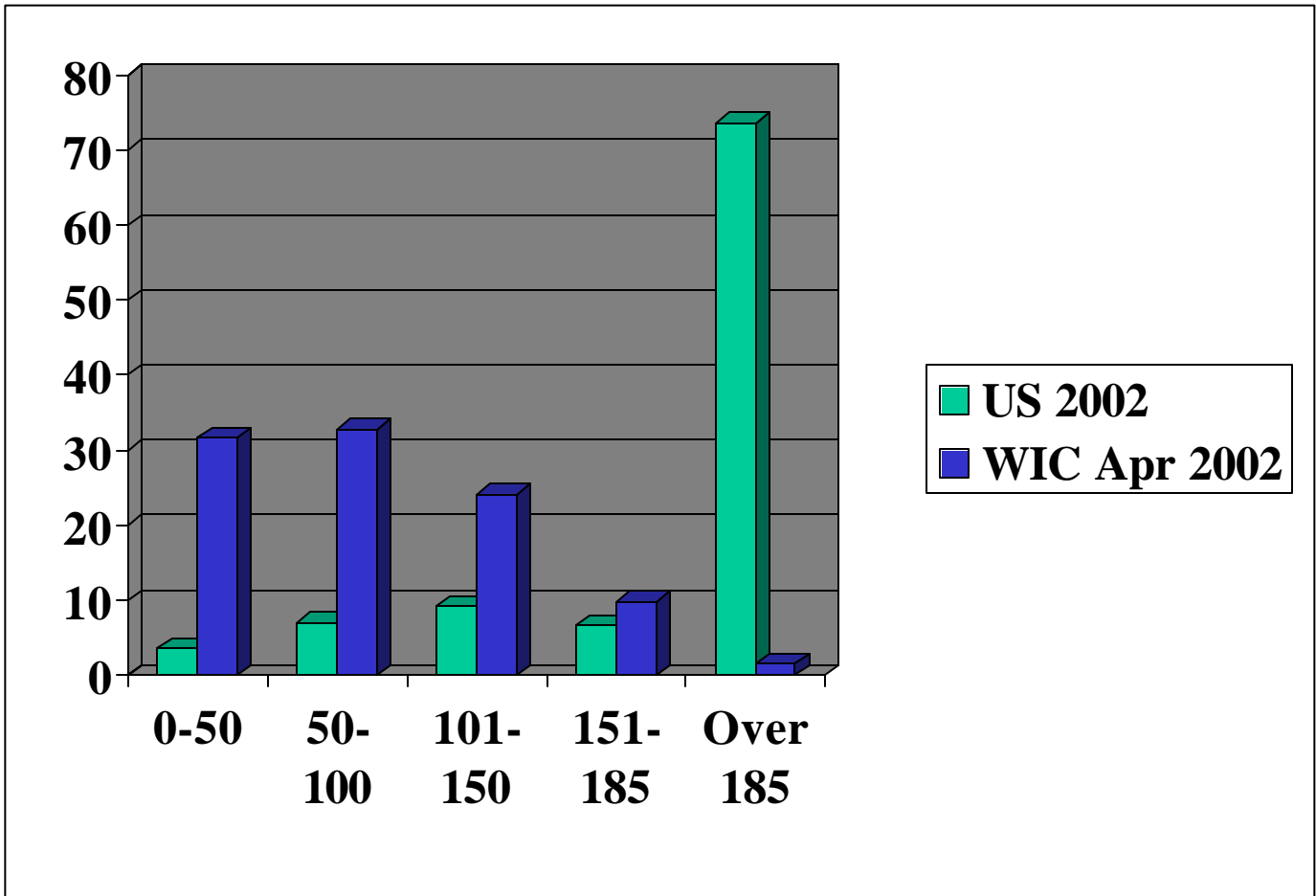
**Poverty Status.** Compared with the general U.S. population, the WIC population is distinctly poor. Almost two-thirds of WIC participants with recorded incomes are at or below the poverty line, compared to 11 percent of the general population. The sharp contrast between WIC clients and the general population is illustrated in Exhibit E.4. (More detailed figures appear in Chapter Four of this report).

**Nutritional Risk.** For PC2002, States could report up to three nutritional risks for each participant. For women, high weight for height and 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. About 70 percent 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 98.1 percent of WIC clients at enrollment in April 2002.

General patterns in nutritional risks remained similar to previous reports. However, caution should be exercised in comparing specific nutritional risks from PC2002 to prior years. USDA's Food and Nutrition Service, implemented new, nationally uniform nutrition risk standards beginning in 1999 that are generally reflected in PC2002, but that are not yet fully and uniformly implemented due to the need to change WIC management

## Exhibit E.4

### Comparison of Poverty Levels of WIC Participants Reporting Income to Persons in the US Population



Note

The following State WIC agencies were unable to provide sufficient PC2002 data:  
Mississippi, Choctaw Nation (OK), Eastern Shoshone, and Rosebud Sioux

information systems used at the clinic level. Prior to 1999, States individually elected nutrition risk criteria they judged relevant to WIC Program eligibility.

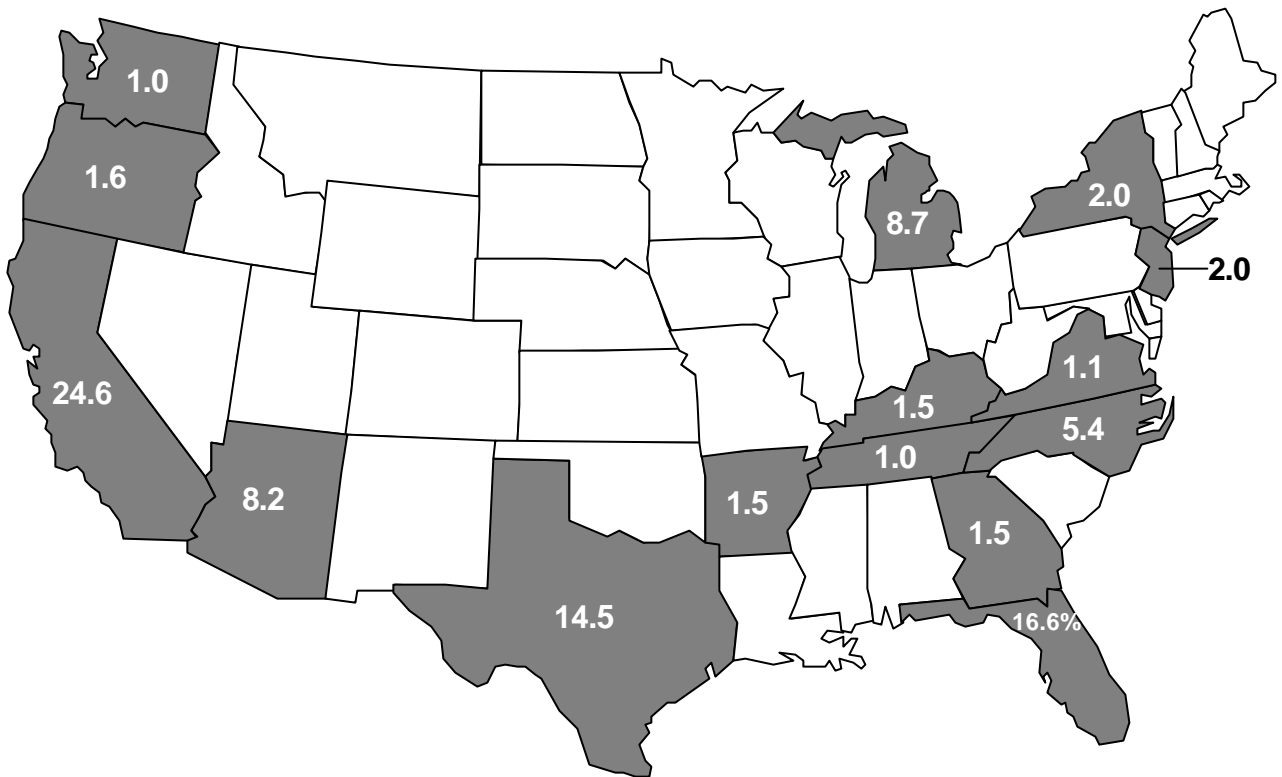
**Breastfeeding Rates.** Beginning in April 1998, States were required to submit data on breastfeeding initiation and duration for infants age seven to eleven months old. The PC2002 estimate is based on data from 68 State WIC agencies, which represent 86 percent of all seven-to-eleven-month old WIC infants. In those States reporting breastfeeding data, 48.3 percent of infants age seven to eleven 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. For reasons noted previously, these are lower bound estimates; Chapter Eight of this report provides data for individual States.

**Food Packages Reviewed Separately.** 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-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 2002, there were 47,948 migrant WIC participants identified on State WIC enrollment files, or 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 enrolled in WIC tend to be older than the general WIC child populations. Average household income in the non-migrant WIC population is higher than household incomes reported by migrant farmworker WIC enrollees. While the income gap decreased between 1996 and 1998 (non-migrant household income was 12 percent higher than migrant income in 1996 and 6 percent higher in 1998), it increased somewhat between 1998 and 2002 with non-migrant income 8 percent higher than migrant household income. For PC2002, State WIC agencies reported information on migrant status for 99 percent of U.S. WIC participants.

## Exhibit E.5

### Distribution of Migrant Farmworker WIC Participants by State, April 2002



Total 47,948 WIC Migrants

#### Notes

The following State WIC agencies were unable to provide sufficient PC2002 data: Mississippi, Choctaw Nation (OK), Eastern Shoshone, and Rosebud Sioux.

Percentages are based on total migrant WIC participation. States with less than 1 percent of the total WIC migrant population are not shown.

Improved reporting in Arizona resulted in a more accurate count of migrants in PC2002.