

**Background**

The *WIC Participant and Program Characteristics (PC2004)* report<sup>1</sup> summarizes demographic characteristics of WIC participants nationwide in April 2004, along with information on participant income and nutrition risk characteristics. A national estimate of breastfeeding initiation for WIC infants is included. The report also describes WIC members of migrant farm-worker families.

**Method**

PC2004 is the most recent in a series of reports that have been generated from WIC State management information systems biennially since 1992. The definition of WIC “participant” for this report’s tabulations are based on a near census of WIC participants as they are enrolled in the program (8,586,484 records). WIC issues monthly food prescription benefits through management information systems at the time of WIC certification.

In order to minimize the burden of data collection for WIC agencies, beginning in 1992, State WIC Agencies have been providing a Minimum Data Set (MDS) consisting of 20 variables from their management information systems. The MDS variables were negotiated with the National WIC Association (formerly the National Association of WIC Directors) to include income, nutrition risks, migrant status, participant category (Pregnant, Breastfeeding, Postpartum, Infant, Child), age, race, weight, height, and blood measures recorded as part of WIC Program certifications. Participation in Temporary Assistance for Needy Families (TANF), Medicaid, and/or the Food Stamp Program is also included. Beginning in 1998, the agreed upon list of MDS variables was expanded to include breastfeeding status and food package prescriptions. (Due to the complexity of analyzing food package codes that are unique to each of 88 State WIC Agencies, an

addendum to the current report is planned to address food prescription analysis.)

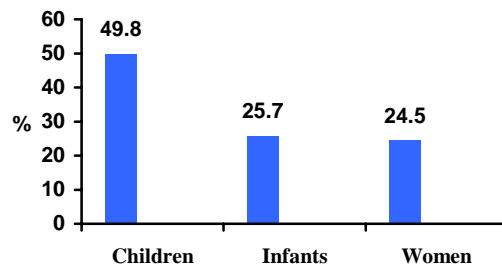
Another 13 Supplemental Data Set (SDS) Items were requested of States depending on the capability of State data systems to provide such data. SDS items address such things as source of health care, education, number in household on WIC, and birth weight.

**Findings**

As of April 2004, 8,586,484 women, infants and children were enrolled in the WIC Program, an increase of 7 percent over enrollment from April 2002. Participants entered on automated WIC certification systems include individuals who did not claim or use food instruments. Fewer participants, approximately 92 percent of WIC enrollees, actually picked up their vouchers for April 2004 and were counted according to WIC regulations as participants for WIC administrative funding purposes.

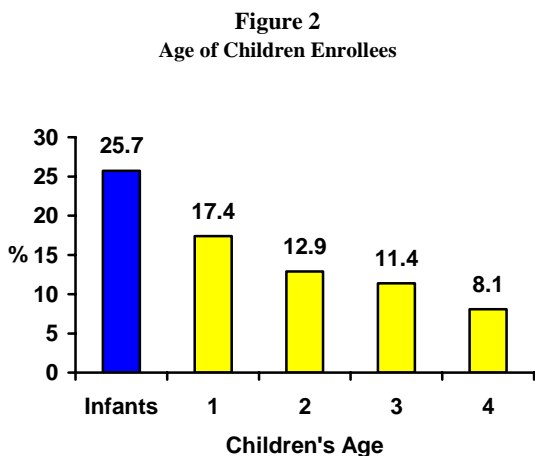
Among the eight million plus WIC enrollees, approximately half (49.8 percent) are children. Infants account for 25.7 percent and women are 24.5 percent of those enrolled in WIC (Figure 1).

**Figure 1  
WIC Enrollees**

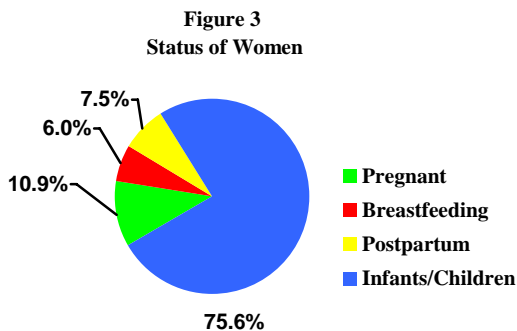


The PC2004 and PC2002 distributions are nearly identical and have remained essentially unchanged since 2000.

Among the 49.8% of WIC enrollees who were children, the percent enrolled in WIC declined with age (Figure 2).



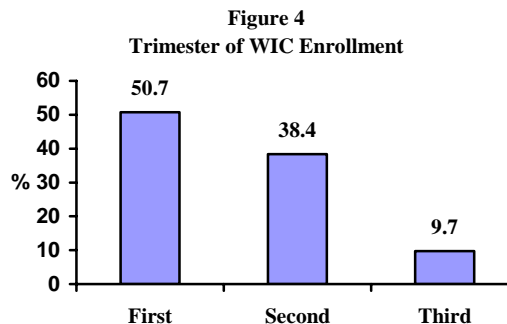
Women, as a percent of all respondents, were further divided into pregnant (10.9%), breastfeeding (6.0%), and postpartum (7.5%), as a percent of all participants (Figure 3).



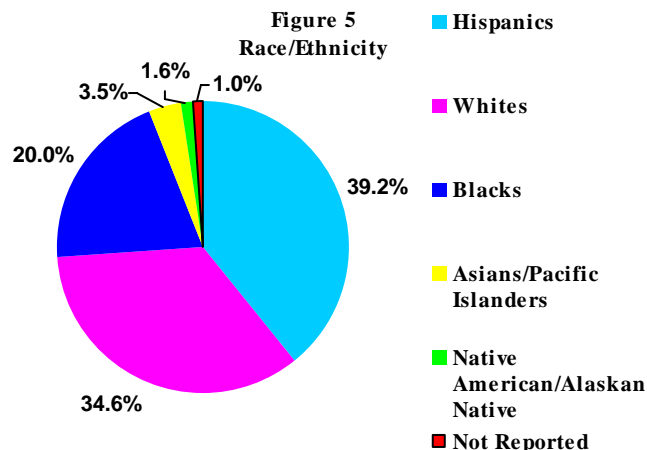
The percentage of breastfeeding women has risen steadily from 3.6 percent in 1992 to 6.0 percent in 2004.

In 2004, more pregnant WIC participants enrolled in the program during their first than second trimesters, with 50.7 percent in the first trimester and 38.4 in the second. Only 9.7 percent enrolled in the third trimester, down from approximately 12 percent reported in 1998. These percentages show sustained increases in WIC coverage of pregnant women in their early stages of pregnancy (Figure 4). Between 1992 and 2004, enrollment in the first trimester increased by almost 15 percentage points with

most of the increase occurring between 1992 and 1996.



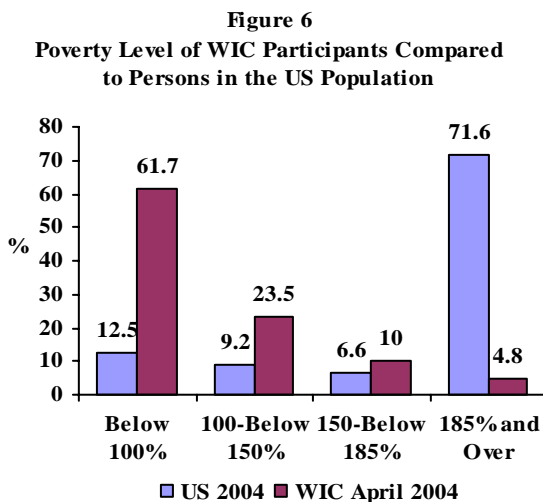
In the 2004 report, Hispanics make up the largest group of WIC participants (39.2 percent). Whites are the next largest group (34.6 percent), followed by Blacks (20.0 percent), Asian or Pacific Islanders (3.5 percent), and American Indian or Alaskan Natives (1.6 percent) (Figure 5).



Race/ethnicity data were reported for 99 percent of WIC participants. The ethnic composition of the WIC program has been changing steadily since 1992 with the percentage of Hispanic WIC participants rising, while the percentage of non-Hispanic participants has fallen.

The distribution of participants by poverty level remained substantially unchanged, with just over 60 percent of WIC enrollees having reported household income at or below the poverty line (Figure 6). This compares to 13 percent in the U.S. general population, and is substantially below the WIC income eligibility limit.

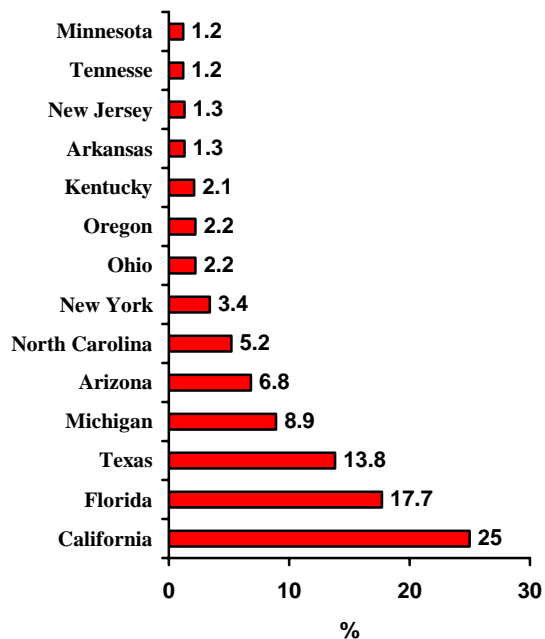
The percentage of WIC participants with incomes at or below 50 percent of poverty declined from 36 percent in 1994 to 27 percent in 2002 with an increase to 29 percent in 2004. Among WIC participants reporting some income, the average annualized family income in April 2004 was \$14,758, an increase of \$208 in nominal dollars (one percent) since PC2002. Adjusting for inflation, this is a *decrease* of \$455 (three percent) since PC2002.



In April 2004, there were 46,128 WIC participants identified on State WIC enrollment files as being from migrant farm-worker families. Migrant WIC participants make up less than one percent of the population receiving WIC services. More than half of these migrants were enrolled in the WIC Program in California, Florida, and Texas.

Fourteen States reported migrant farm workers accounting for at least 1 percent of their WIC participants (Figure 7).

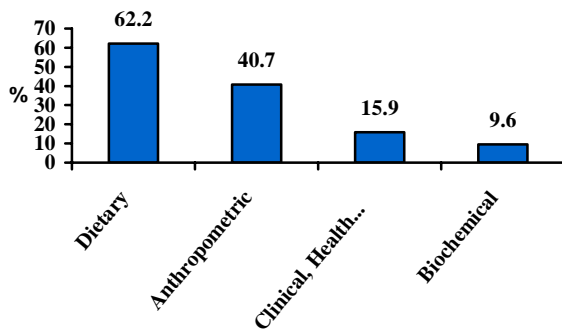
**Figure 7**  
Distribution of Migrant Farm-work WIC Participants by State



Migrant children enrollees in WIC tend to be older than the general WIC population.

For PC2004, States could report up to three nutritional risks for each participant. For women, high weight-for-height and "other dietary" risks were the predominant risks reported. Children showed anthropometric risks and dietary risks as their most frequently reported risks. Almost 80 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. Over all WIC participants, dietary risks were the most prevalent risk reported at certification, followed by anthropometric; clinical, health and medical; and biochemical (Figure 8).

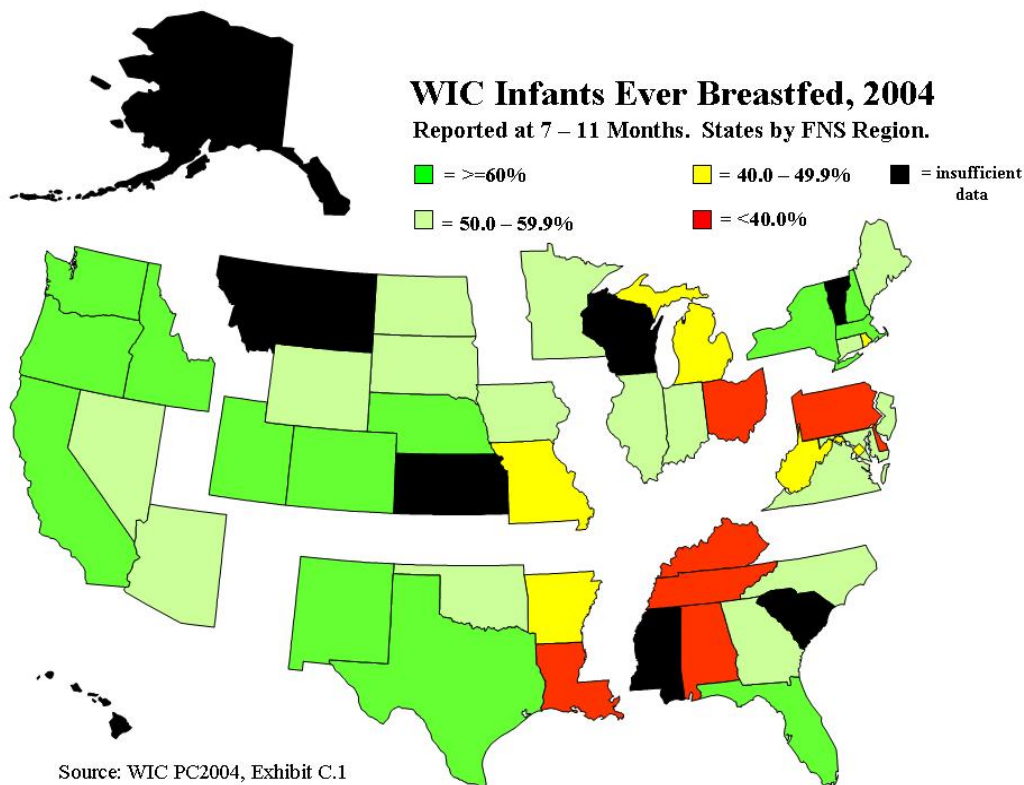
**Figure 8**  
WIC Participants with Specific Nutritional Risks at Certification



Finally, this WIC Participant and Program Characteristics report series provides the breastfeeding measures for tracking progress towards the FNS Strategic Plan 2000 – 2005 target. The Strategic Plan target is to reach 50% by 2003-2004. In 2003-2004, 56.6 percent of WIC mothers initiated breast-feeding, up from 48.3 percent in 2002-2003. The map below presents a breakout, by States, of WIC 7 to 11 month-old infants ever breastfed.

Download full report at:

<http://www.fns.usda.gov/oane/>



<sup>1</sup>U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, *WIC Participant and Program Characteristics 2004, WIC-04-PC*, by Susan Bartlett, Ellen Bobronnikov, Nicole Pacheco, et al. Project Officer, Fred Lesnett. Alexandria, VA: 2006.

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