

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

The WIC program provides a combination of food, nutrition counseling, and access to health services to low-income women, infants, and children who are at nutritional risk. WIC seeks to improve fetal development and reduce the incidence of low birthweight, short gestation, and anemia through intervention during the prenatal period. Participants receive food supplements, nutrition education, and access to health care services to maintain and improve their health and development.

Generally, most States provide WIC vouchers that can be used at authorized retail food stores for specific foods that are rich sources of nutrients. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter or dried beans or peas. Special therapeutic infant formulas are provided when prescribed by a physician for a specified medical condition.

The WIC program, which originated under the Child and Nutrition Act of 1966, was established as a pilot program in 1972 and made permanent in 1974. It is available in each State, the District of Columbia, 32 Indian Tribal Organizations, Puerto Rico, the Virgin Islands, American Samoa, and Guam.

Benefits

In FY 1996, a verage monthly participation in the WIC program was 7.2 million individuals (1.6 million women, 1.8 million infants, and 3.7 million children). The average monthly benefit was about \$31.24 for food per person. Approximately 45% of the infants born in the United States participate in the program.

Eligibility

Pregnant and postpartum women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at “nutritional risk” by a health professional.

Income.—The applicant’s income must fall below 185% of the Federal poverty guidelines (\$28,860 for a family of four in 1997). While most States use the maximum guidelines, they may set lower income limit standards. A person who participates in certain other benefit programs such as the Food Stamp program or Medicaid automatically meets the income eligibility requirement.

Nutritional Risk.—Two major types of nutritional risk are recognized for WIC eligibility: (1) Medically based risks (designated as high priority) such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes and (2) diet-based risks such as inadequate dietary pattern. Nutritional risk is determined by a health professional such as a physician,

nutritionist, or nurse, and is based on Federal guidelines. This health screening is free to program applicants.

Financing and Administration

WIC is a Federal grant program that provides each State with a set amount of money to serve its most needy WIC population. Local public or nonprofit private health or welfare agencies, which operate the program, apply to their respective States or jurisdictions to qualify for funds. Individual participants apply to one of the approximately 10,000 local clinics that provide WIC services.

In FY 1996, Federal program costs were \$3.69 billion. (This amount includes the cost for the WIC Farmers Market Nutrition Program. This program, which was established in 1992, provides WIC participants additional coupons to purchase locally grown fresh fruits and vegetables at farmers markets.)

National School Lunch Program

The National School Lunch program is a federally assisted meal program, which operates in public and private schools and residential child care institutions, provides nutritionally balanced, low-cost or free lunches to children.

The National School Lunch Act of 1946 created the modern school lunch program. By the end of its first year, about 7.1 million children were participating in the program. Since the program began, more than 180 billion lunches have been served.

Benefits

More than 94,000 schools and residential child care institutions participate in the National School Lunch program. In FY 1996, more than 25 million children each day got their lunch through the program.

Most of the support USDA provides to schools comes in the form of cash reimbursements for meals served. Schools in the lunch program get cash subsidies and donated commodities from USDA for each meal they serve. The reimbursement is highest for meals served to students who qualify to receive their meals free, and the lowest reimbursement is for students who pay full price. The current cash reimbursement rates are: Free meals, \$1.8375; reduced-price meals, \$1.4375; and full-price meals, \$0.1775.

Schools can charge no more than 40 cents for a reduced-price lunch. USDA sets no limit on the amount they can charge for full-price meals. Higher reimbursement rates are in effect for Alaska and Hawaii.

In addition to cash reimbursements, schools receive commodity foods, called "entitlement" foods, at an annually adjusted per meal rate (15 cents in 1997) for each meal they serve. Schools can also receive "bonus" commodities when they are available from surplus stocks purchased by USDA under price support programs. About 17% of the total dollar value of food for