

Women and Children Receiving WIC

DEFINITION

Women and children receiving WIC is the percentage of eligible women, infants and children served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

SIGNIFICANCE

The Special Supplemental Nutrition Program for Women, Infants and Children is a preventive program providing nutritious food, nutrition education, and improved access to health care.¹ This federally-funded program serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the poverty level. In addition, any individual who participates in the Food Stamp program, RIte Care, Medicaid, cash assistance through the Family Independence Program, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically income eligible. Participants must have a specified nutritional risk, such as anemia, history of poor pregnancy outcomes or inadequate dietary patterns.^{2,3}

WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.⁴ Rhode Island

received \$14.2 million dollars in federal funding during fiscal year 2003 and served an average of 24,506 people per month.^{5,6}

WIC participants purchase a monthly food package – an individually prescribed combination of targeted foods to improve the nutritional quality of their diets – at local retailers with checks or coupons.⁷ WIC participants also receive nutrition education and health care referrals through the program.⁸ WIC promotes breastfeeding as the optimal method of infant feeding and program eligibility for breastfeeding mothers is extended for up to one year.⁹ Between 1993 and 2003, the percentage of WIC infants who were breastfed more than doubled, increasing from 6.4% to 16.2%.¹⁰

The WIC Farmer's Market Nutrition Program improves participants' intake of fresh fruits and vegetables by providing coupons for purchasing produce at local farmer's markets. In Rhode Island in 2003, 62 farmer's markets provided fresh fruits and vegetables to 19,294 recipients.¹¹

WIC participation improves birth outcomes, increases the nutrient intake of preschoolers, increases breastfeeding rates and immunization coverage, improves cognitive development, and increases the likelihood of having a regular medical care provider.¹²



Overweight Children and Childhood Obesity

- ◆ An estimated one in ten children in the WIC program is overweight, an increase of 20% since 1983. The increase of overweight and obesity among WIC participants may be related to the overall increase in the general population and the higher prevalence of overweight among low-income and minority groups that are served by the program.¹³
- ◆ Because the goal of the WIC program is to improve nutrition and promote healthy eating, overweight is one of the nutritional risk criteria used to determine eligibility. Participation in WIC provides a unique opportunity for overweight children and their families to improve their health, as WIC foods are more nutritious than typical foods in low-income children's diets. Additionally WIC provides educational counseling to promote healthy food choices and age-appropriate physical activity. Its health referral component increases access to medical intervention for overweight.¹⁴



Coordination with Primary Care Providers

- ◆ WIC and primary health care programs share the common goal of improving maternal and child health outcomes. The benefits of improved coordination and service integration between the two include increased access to services, increased client satisfaction, increased staff satisfaction, cost savings, and improved clinical outcomes.¹⁵
- ◆ An effective strategy for improving coordination and service integration is collocation - housing WIC programs in or near medical service facilities. In Rhode Island, all WIC programs are collocated at health care sites.^{16,17}

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Table 13. Women, Infants and Children Receiving WIC, Rhode Island, August 2003

CITY/TOWN	ESTIMATED* NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	211	42	20%
Bristol	403	198	49%
Burrillville	427	229	54%
Central Falls	1,642	1,577	96%
Charlestown	105	80	76%
Coventry	592	309	52%
Cranston	1,753	1,007	57%
Cumberland	554	268	48%
East Greenwich	241	55	23%
East Providence	1,205	823	68%
Exeter	13	46	100%*
Foster	10	32	100%*
Glocester	293	35	12%
Hopkinton	33	93	100%*
Jamestown	96	22	23%
Johnston	598	333	56%
Lincoln	360	174	48%
Little Compton	63	8	13%
Middletown	694	287	41%
Narragansett	71	86	100%*
New Shoreham	39	0	0%
Newport	1,332	602	45%
North Kingstown	370	245	66%
North Providence	262	416	100%*
North Smithfield	59	58	98%
Pawtucket	3,198	2,995	94%
Portsmouth	249	113	45%
Providence	11,280	9,770	87%
Richmond	24	85	100%*
Scituate	75	72	96%
Smithfield	174	91	52%
South Kingstown	402	223	55%
Tiverton	260	151	58%
Warren	156	103	66%
Warwick	1,613	908	56%
West Greenwich	38	21	55%
West Warwick	777	689	89%
Westerly	648	358	55%
Woonsocket	2,566	1,869	73%
Unknown Residence	NA	33	NA
Core Cities	20,795	17,502	84%
Remainder of State	12,091	6,971	58%
Rhode Island	32,886	24,506	75%

*Estimated Number Eligible is based on the 1990 Census and does not reflect recent increases in eligible population.

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, August 2003.

Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

The denominator is the number of pregnant and post-partum women, infants and children under age 5 who live in families with an income less than 185% of the poverty level according to the 1990 Census of Population as estimated by the United States Department of Agriculture. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of women and children who became income eligible after 1990.

References for Indicator

- ¹ American Academy of Pediatrics (November 2001). WIC Program in *Pediatrics*. Vol. 108, No. 5.
- ^{2A} *Federal Food Programs: Special Supplemental Nutrition Program for Women, Infants, and Children*. (2002). Washington, DC: Food Research and Action Center.
- ^{3,7} *Frequently Asked Questions (Factsheet)*. (2002). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.
- ⁵ *Summary of FY2003 Food and NSA Grant Levels*. (2003). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.
- ^{6,10,11,17} Rhode Island Department of Health, Division of Family Health, WIC Program, December 1993 and fiscal year 2003.
- ⁸ *About WIC*. (2002). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.
- ⁹ *WIC at a Glance*. (Fact Sheet). (2002). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.
- ¹² *How WIC Helps*. (August 2001). Washington, DC: United States Department of Agriculture, Food and Nutrition Service.
- ^{13,14} Oliveira, V. et al. (2002). *The WIC Program: Background, Trends and Issues*. Washington, DC: United States Department of Agriculture, Economic Research Service.
- ^{15,16} *Coordination Strategies Handbook: A Guide for WIC and Primary Care Professionals*. (2000). Washington, DC: Health Systems Research, Inc. for the United States Department of Agriculture, Food and Nutrition Service.