

# Module One: What is WIC?

## Part 1: WIC Program Information

WIC stands for the Special Supplemental Nutrition Program for **W**omen, **I**nfants, and **C**hildren. The WIC Program is for eligible women, infants, and children regardless of race, color, national origin, sex, age or disability.

### The WIC Program provides:

- ✓ nutrition assessments
- ✓ healthy foods
- ✓ nutrition education, and
- ✓ health care and social service agency referrals



### The WIC program is for:

- Pregnant women
- Breastfeeding women who have had a baby in the last year.
- Non-Breastfeeding women who have had a baby in the last six months
- Infants
- Children to five years of age

## **Part 2: Why Was WIC Developed?**

### **WIC Mission Statement:**

To safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

### **Indiana WIC Goals**

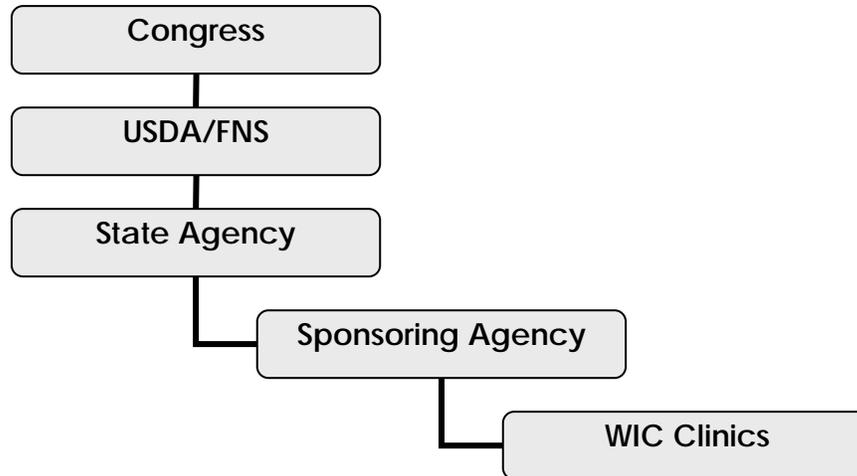
- To reach the women, infants, and children living on limited incomes who are at nutritional risk.
- Decrease infant mortality.
- Improve the nutritional status of women, infants, and young children.
- Provide nutrition education through individual and group counseling, and issue checks for specific foods selected to improve the nutrition status of the participating individuals.
- Promote, support, and increase the incidence and duration of breastfeeding.
- Provide healthcare and social service referrals for pregnant, breastfeeding and postpartum women, infants and young children.

### **Objectives for Each Local WIC Agency:**

- Increase the number of breastfed infants
- Decrease childhood anemia
- Decrease childhood obesity

## Part 3: Organizational Overview

Congress approves funding for the WIC program.



**How is WIC funded and administered?**

The Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) administers the WIC Program. WIC is not an entitlement program. Congress does not set aside funds to allow every eligible individual to participate in the program. Instead, WIC is a federal grant program for which Congress authorizes a specific amount of funding each year for program operations. FNS provides these funds to state agencies (state health departments or comparable entities). The agencies in turn disperse funds to operate local WIC programs.

USDA WIC Fact Sheet: <http://www.fns.usda.gov/wic/WIC-Fact-Sheet.pdf>

**In Indiana**, WIC funds are administered by the Indiana State Department of Health (ISDH)/State WIC Office, who in turn funds local agencies to operate WIC clinics. In order for Indiana to continue to receive federal funding for the WIC program, all Indiana WIC agencies and clinics must be in compliance with federal regulations as well as Indiana WIC policies and procedures. Indiana WIC must also comply with other rules and regulations based on the work performed at the clinics (hemoglobin testing). Therefore, Indiana WIC policies and procedures reflect those requirements as well.

Indiana WIC

50 agencies

152 clinics

139,000 participants monthly

The Indiana State WIC Staff is accountable to the USDA for overseeing the WIC program. The USDA conducts a tri-annual Management Evaluation of state performance. Listed are the areas that state staff is required to oversee for USDA in order to remain in good standing for continued funding.

### **Nutrition and Clinic Services Management**

Bi-annual reviews are conducted by state staff at each WIC agency and are called Comprehensive Reviews. Nutrition and clinic consultants assure the integrity of the Indiana WIC program by auditing clinic performance in areas such as certification, food package issuance, and check issuance and as well over all clinic operations.

### **Financial Management**

State financial management staff reviews all agency budgets and approves expenditures. Financial reviews are conducted every 2 years.

### **Vendor Management**

State vendor management staff review and approve vendor applications. Vendor staff monitors WIC vendors by completing compliance buys and bi-annual vendor reviews. Vendor staff manages vendor compliance and enforcement of vendor sanctions.

## Part 4: How Does WIC Help?

WIC improves the health of nutritionally at-risk women, infants and children. The results of studies conducted by FNS and other non-government entities prove that WIC is one of the Nation's most successful and cost-effective nutrition intervention programs.

### Source:

<http://www.fns.usda.gov/wic/aboutwic/howwichehelps.htm#summary>

### How are WIC babies and children healthier?

They are less likely to

- Be born prematurely
- Be of low birth-weight
- Experience anemia

### Studies

"WIC dramatically lowers infant mortality, by approximately one-quarter to two-thirds, among the Medicaid beneficiaries. USDA has estimated that 113,000 children and young adults are alive today who would have died without WIC intervention." (Henchy, 2005, p. 4)

"University of California and Rand Corporation researchers recently confirmed once again what USDA and other studies have shown that WIC participation is associated with improved birth outcomes: WIC reduces the probability that an infant is low birth weight by 29 % and very low birth weight by more than half." (Henchy, 2005, p.5)

"The Children's Sentinel Nutrition Assessment Program has recently confirmed once again that WIC benefits are associated with improved infant health and growth: protecting against infant underweight and under nutrition. Researchers estimate that each year WIC plays a key role in preventing underweight among at least 75,000 infants less than one year of age." (Henchy, 2005, p. 5)

Henchy, Geri (2005). *WIC in the States: Thirty-one years of building a healthier America*. Food and Research Action Center, electronic version:  
[http://www.frac.org/WIC/2004\\_Report/Summary\\_Report.pdf](http://www.frac.org/WIC/2004_Report/Summary_Report.pdf)

## **WIC Babies and Children are more likely to:**

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- **Receive regular medical care and up to date immunizations**

A regular schedule of immunizations is recommended for children from birth to 2 years of age, which coincides with the period in which many low-income children participate in WIC. Studies have found significantly improved rates of childhood immunization and participants have a regular source of medical care associated with WIC participation.

- **Experience improved cognitive development**

Cognitive development influences school achievement and behavior.

Participation in the WIC Program has been shown to:

- Improve vocabulary scores for children of mothers who participated in WIC at the prenatal stage; and
- Significantly improve numeric memory for children enrolled in WIC after the first year of life.

- **Have improved diets**

According to the USDA WIC website:

- Higher intake of vitamins and minerals
- Decline in the rate of iron deficiency anemia from 7.8 percent in 1975 to 2.9 percent in 1985 which the Centers for Disease Control and Prevention attributed to both a general improvement in iron nutrition and participation in WIC and other public nutrition programs.

Source: [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

## **How are WIC women healthier?**

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- Reduced anemia
- Increased number receiving prenatal care
- Enhanced nutritional quality of diets
- Improved weight gain in pregnant women

Source: Food Research and Action Center, <http://www.frac.org>

## WIC Saves Money

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Healthier women, infants, and children lead to a savings in overall health care costs. “The General Accounting Office (GAO) concluded that **providing WIC benefits is extraordinarily cost-effective**, generating major savings in federal state, local and private health care and special education costs. By preventing low birth weight, WIC reduces the cost of hospitalization, medical treatment, and special education and Supplemental Security Income payments for disabled children. GAO estimated that an initial 1990 investment of \$296 million in prenatal WIC funding would save \$1.036 billion over the following 18 years.”  
(Source: Food Research and Action Center, <http://www.frac.org>)

## Part 5: What Does WIC Provide?

### Nutrition Assessment and Education

- A nutritional assessment includes height and weight measurements, blood work, obtaining information from participants on their diet and health histories, prioritizing nutritional/medical concerns and identifying risk factors.
- Nutrition education involves nutrition counseling; and the establishment of a care plan incorporating health related outcomes, and individual and group activities/lessons. This occurs during the certification appointment.
- Quarterly nutrition contacts must be made available to all participants and to the parents/guardians/caretakers of infant and child participants. The certification contact counts as the first quarter nutrition contact during a certification period. It is one of the 2 required nutrition contacts. (There are two required contacts that occur during a 6 month certification period.)

### WIC Foods

**WIC foods are intended to supplement participants' food intake. Each of the WIC foods are rich in one or more of the following nutrients: protein, calcium, iron, vitamin A, and vitamin C.**

**These tend to be low in the diets of the population WIC serves.**

The WIC program food package includes:

- Milk, cheese, eggs, juice, cereal, dried beans or peas, peanut butter, and iron-fortified formula
- WIC supports mothers who are exclusively breastfeeding with an enhanced food package that includes tuna and carrots and additional quantities of other foods.
- For a complete listing of approved foods, please see the Indiana WIC Approved Foods brochure.

How is the food package determined?

- Targeted nutrients (e.g. calcium, iron, protein, etc.)
- Participant categories
- Risk factors
- Participant preferences within guidelines

**Food prescriptions/packages:** Foods that appear on the WIC check are determined by a CPA.

- CPAs work with participants to design an individualized food prescription that is based on the participant's category, food intolerances/allergies, special needs, and to a certain extent, dietary preferences.
- All food prescription changes must be approved by a CPA.

## Referrals

Required referrals at each certification:

- Provide written information for referrals to the Medicaid program.
- Provide written information on local resources for drug and other harmful substance abuse counseling and treatment.

Other referrals for public assistance programs (e.g. TANF, Food Stamps) and/or other social services can be made as needed. Such referrals should be documented in the data system at each certification.

Clinics must maintain a local referral list for participants.

Referrals for social services can be made by clerks or CPAs. Medical referrals should only be made by CPAs.

If an applicant is ineligible for WIC due to insufficient funding, he/ she should be provided with a written handout listing alternate food assistance sources (e.g. food pantries, Food Stamps, public meal sites, etc.).

## Part 6: WIC Eligibility

There are four guidelines used to screen applicants for WIC eligibility. These guidelines are:

**1. Category:**

- \* Pregnant women
- \* Breastfeeding women
- \* Non-breastfeeding, Postpartum women
- \* Infants
- \* Children

**2. Residence:** The applicant must live in the state or territory served by the WIC program. For example: An applicant must live in Indiana to be eligible for WIC in Indiana.

**3. Income:** An applicant must meet income guidelines: Must be at or below 185% of the poverty line as defined by the United States Congress.

**4. Nutritional risk:** The applicant must have a medical/nutritional risk that can be improved by WIC nutrition services.

### THE WIC PRIORITY SYSTEM

#### Priority Groups

There are specific risk factors for the broad categories of women, infants, and children which are divided into "priorities." The priority groups are pre-determined by USDA Federal Regulations. The priority groups rank from highest risk (**Priority 1**) to lowest risk (**Priority 6**). Prioritizing participants' needs is required because funding is limited.

**The WIC priority system is needed to assist staff with knowing which participants should be served first if there are budget cuts, if more people apply for WIC than there is available funding or if there is a need for a waiting list. Participants must be informed of the priority system and in what priority they are classified at certification appointments.** When it is necessary to place limitations on WIC program based on priority group, Indiana WIC must get prior approval for implementation and in turn the agencies must have Indiana State WIC approval.

The following table summarizes participant categories and risk factors by priority group.

### Priority Groups

Priority I	Prenatal and breastfeeding women, and infants determined to be at nutritional risk because of a nutritionally related medical condition
Priority II	Infants (up to 6 months of age) whose mothers who were on WIC while pregnant or could have been on WIC while pregnant.
Priority III	Children and non-breastfeeding adolescents with a nutritionally related medical condition
Priority IV	Pregnant, breastfeeding women, and infants, at nutritional risk due to inadequate diet, migrant status, homelessness, and abuse.
Priority V	Children and non-breastfeeding post partum adolescents with conditions that affect nutritional risk due an inadequate dietary pattern, homelessness, migrant status, abuse and dietary issues.
Priority VI	Non-breastfeeding postpartum adults with a nutritionally related medical condition and conditions that affect nutritional risk due to inadequate dietary patterns, homelessness, migrant status and abuse.

## Part 7: Who Delivers WIC Services?

Clinic staff are hired and employed by the sponsoring agency. All WIC staff members work as a team towards improving the health of WIC participants. Roles among staff may vary from clinic to clinic.

**The key local agency staff persons and their main responsibilities for the WIC Program are:**

- **Clinic Assistant/Clerk** - Schedules appointments, determines income and participant category, verifies residency, identification verification; issues WIC checks and enters data into the WIC computer system.
- **Competent Professional Authority (CPA)**- Conducts nutrition assessments, determines nutritional risk factors, provides nutrition counseling and second nutrition education contacts, and prescribes the food packages based on the participants' needs.
- **Breastfeeding Coordinator** - Performs duties that encourage and support breastfeeding, coordinates breastfeeding activities, and provides in-service education to clinic staff and outreach to the community.
- **Peer Counselors** - Provides support and guidance to breastfeeding WIC moms; refers medical issues to Breastfeeding Coordinator.
- **WIC Coordinator** - Is responsible for the operation of the WIC clinic, supervises staff and serves as the liaison between the state WIC office and the local agency.