

WIC program usage reviewed in new interim report

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Women and children who participate in the WIC program have low or inadequate intakes of several key nutrients that could be addressed with changes to the program's food packages, says a new report from the National Academies of Sciences, Engineering, and Medicine. The report is the first in a two-phase study that reviews the current food packages in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. This interim report presents a series of findings and conclusions and establishes a set of criteria and a framework that will guide the second phase of the study in which changes to the WIC food packages will be considered.

Recommendations for the food packages will be presented in the study's final report, which will build upon the 2006 Institute of Medicine report *WIC Food Packages: A Time for Change*.

A program of the U.S. Department of Agriculture's Food and Nutrition Service, WIC provides nutrition education and health and social service referrals for low-income infants; children up to age 5; and women who are pregnant, breast-feeding, or postpartum. The food "packages" allow these participants to obtain foods designed to meet specific nutrient shortfalls in their diets. Foods provided through WIC must align with the current Dietary Guidelines for Americans, which are revised every five years. Today, the program serves more than a quarter of the pregnant women and half of the infants in the U.S. at an annual cost of about \$6.2 billion.

The committee that carried out the study and wrote the report found that

5 percent or more of women WIC participants ages 19 to 50 have inadequate intakes of calcium, copper, iron, magnesium, zinc, vitamin A, vitamin D, vitamin E, vitamin C, thiamin, riboflavin, niacin, vitamin B6, folate, and protein. These inadequacies may be linked to the intake of food groups that fall below recommendations. In particular, intakes of vegetables, whole grains, and seafood were the lowest across age subgroups for children between 2 and 5 years old and for women. In addition, although the WIC [food packages](#) aim to reduce added salt, saturated fat, and added sugars, intakes of these nutrients were excessive across subgroups of WIC participating women and children, as is the case for the general U.S. population.

Participation in WIC has declined since 2010, which may be the result of several national economic and demographic changes, including a short-term decline in U.S. birth rate, changes in the U.S. economy, the 2013 federal government shutdown, and changes in the maximum benefit levels for other food assistance programs.

The WIC food packages appear to be broadly and culturally suitable, although there are some racial and ethnic differences in satisfaction with specific items. In addition, WIC food packages provide adequate options for participants with most major food allergies, celiac disease, and food intolerances, but inclusion of substitutions for eggs and fish may be warranted, the committee said.

Breast-feeding promotion and support appear to play a role in improving breast-feeding initiation and duration and infants breast-feeding exclusively among WIC participants. Recommended changes to the food package implemented in 2009 to improve support for breast-feeding women were associated with only limited positive changes in breast-feeding behavior. There may be additional possibilities for aligning the food packages with support for breast-feeding women, the report says.

The committee also proposed criteria to guide decisions about what food could be included in the WIC food packages. Those recommended changes will be presented in the final report due to come out 12 months after the release of the next set of Dietary Guidelines for Americans. The criteria—only slightly modified from those applied in the 2006 IOM report—are:

1. The package contributes to reduction of the prevalence of inadequate nutrient intakes and of excessive nutrient intakes.
2. The package contributes to an overall dietary pattern that is consistent with the Dietary Guidelines for Americans for individuals 2 years of age and older.
3. The package contributes to an overall diet that is consistent with established dietary recommendations for infants and children less than 2 years of age, including encouragement of and support for breastfeeding.
4. The foods in the package are available in forms and amounts suitable for low-income persons who may have limited transportation options, storage, and cooking facilities.
5. The foods in the package are readily acceptable, commonly consumed, widely available, take into account cultural food preferences, and provide incentives for families to participate in the WIC program.
6. The foods will be proposed giving consideration to the impact of changes in the package on vendors and WIC agencies.

More information: [www.nap.edu/catalog/21832/revi ... or-revisions-interim](http://www.nap.edu/catalog/21832/revi...or-revisions-interim)

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