In hard economic times, millions of low-income Latino families are making difficult choices about household spending. Often they must choose between paying for rent, utilities, and transportation and putting healthy food on the table. For many of these families with children, federal nutrition programs can improve access to healthy foods without shrinking money set aside for necessary expenses. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves millions of low-income Latino women and young children who are at nutritional risk by helping families purchase healthier foods that are critical to a child’s development.

THE WIC PROGRAM

WIC is a federal grant program administered by the Food and Nutrition Service of the U.S. Department of Agriculture (USDA) that is designed to provide nutrition assistance to pregnant women and young children. To be eligible, participants must be pregnant, postpartum, or breastfeeding women, infants, or children up to age five living at or below 185% of the federal poverty level. Participants must also be designated as “at nutritional risk” by a health care professional. WIC provides participating families with vouchers to purchase specific nutrient-rich foods as well as nutrition education and breastfeeding support.


The WIC program is an important resource for Latino families with children, who make up a large share of participants throughout the country.

• In 2012, about 9.7 million women, infants, and children participated in WIC and received an average of $45 per person per month in food vouchers.

• More than four million Latino women and children used WIC resources in 2012, accounting for 41.5% of all participants (see Figure 1). Of all WIC participants, Hispanics made up 37.7% of women, 37.3% of infants, and 44.9% of children.

• In 2012, over half (57%) of all Latino children under age five were enrolled in WIC. Almost three-fourths of Latino children (71.9 %) participating in WIC lived in poverty, with household incomes below $23,050 annually for a family of four in 2012, compared to less than two-thirds (62.4%) of non-Hispanic children participating in WIC.

WIC has been shown to increase household food security and provide children with a strong nutritional foundation.

• A study of WIC participants (about 30% were Hispanic) found that accessing WIC services reduced hunger and household food insecurity among pregnant women and children over time. Families who participated in WIC for longer periods enjoyed greater benefits.

• A study of mostly Latina WIC participants in Los Angeles found a significant increase in exclusive breastfeeding among infants that were three and six months old. The rates of exclusive breastfeeding more than doubled at three months (from 10.9% to 22.1%) and almost quadrupled at six months (from 3.0% to 11.7%) between 2005 and 2011.
Children participating in WIC are more likely to have better health and nutrition outcomes than children in families that are eligible but not enrolled.

- Children in WIC households are 24% more likely to be within normal developmental limits for their age and 16% more likely to be in good health than children who are eligible but not enrolled.8
- Hispanic children in families receiving WIC benefits were more likely to have a healthy height and weight compared to eligible Hispanic children not receiving WIC services.9
- Among WIC-eligible families with children age 12 months or younger, infants in nonparticipating families were more likely to be short or underweight for their age compared to infants in participating families.10

The WIC program has been shown to improve Latino children’s nutritional intake and health outcomes. It is an important resource for families who are living with or on the verge of food insecurity and hunger. This program reaches a large number of eligible Hispanic families and must remain strong to further improve outcomes for Latino children.

Endnotes

5 Ibid.
6 “It is the position of the American Dietetic Association that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life and breastfeeding with complementary foods from 6 months until at least 12 months of age is the ideal feeding pattern for infants. Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, and improving maternal morbidity, and helping to control health care costs.” For more information, see Delores C. S. James and Rachelle Lessen, “Position of the American Dietetic Association: Promoting and Supporting Breastfeeding,” Journal of the American Dietetic Association 109, no. 11 (2009): 1927–1942.
8 Karen Jeng et al., Feeding Our Future: Growing Up Healthy with WIC (Boston: Children’s Health Watch, 2009).