

NATIONAL COUNCIL OF LA RAZA



Nutrition Assistance for Latino Mothers and Children Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Over the past few decades, the U.S. has made strides in improving its infant mortality rates - an important health index around the world often used to indicate a country's level of health or development and its ability to avoid preventable deaths of infants. The number of children who die under the age of one has decreased significantly by 34% from 10.2 per 1,000 births in 1990 to 6.7 per 1,000 births in 2005.¹ Many of these improvements can be attributed to the United States' commitment to improve access to nutrition and preventive health care for women, infants, and children. Specifically, in 1974, Congress enacted the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which has now earned the reputation of being one of the most successful federally-funded nutrition programs in the United States.

WIC targets low-income, nutritionally at-risk pregnant and postpartum women, infants, and children up to five years of age. The program is a federal grant provided to states in order to make food and nutrition educational benefits and referral services available to these populations. It is highly accessible for Latino families, available for all mothers and children who are at risk and demonstrate need.

WIC is an especially critical program for Latinos, as they represent a significant number of children under five (21%) and have the fastest-growing population in the United States.² Since 1992, the ethnic composition of the WIC program has changed steadily, showing an increase in the percentage of Hispanic participants. Hispanics made up the largest group of the 7.9 million participants in 2004, at 39.2%, followed by non-Hispanic Whites at 34.6% and non-Hispanic Blacks at 20%.³ WIC has minimal administrative barriers, and outreach and enrollment is often carried out by community-based organizations that are well-established in the communities that they are assisting. The rising participation in and support for programs by Latinos demonstrates the continued need for Latino mothers and children to be able to continue to readily access the nutrition benefits provided by WIC.

In 2003, Latinos showed the same infant mortality rate as non-Hispanic Whites at 5.7 per 1,000 births; however, they show significantly higher rates for the top two leading causes of death among infants - congenital malformations and low-birth weights - both of which are by and large considered preventable with the proper prenatal care.⁴ Unfortunately, prenatal care is often either late or completely absent in pregnancies for Latina mothers. Significantly more non-Hispanic White mothers received care in the first trimester than their Hispanic counterparts (89.1% and 77.3% respectively). Additionally, Hispanics have higher percentages (5.3% of births) of mothers receiving late or no prenatal care compared to their non-Hispanic White counterparts (2.1% of births).⁵ NCLR believes that WIC plays an important role in mitigating these dangerous factors, providing nutritional supplements, education, and care so that mothers can take care of themselves and their children during critical periods of growth and development.

WIC IMPROVES HEALTH OUTCOMES

The WIC program has demonstrated tremendous success by providing nutritious foods tailored for medically at-risk women and children and connecting them with health prevention and treatment resources. Without the benefits of the WIC program, those at risk have an increased likelihood of experiencing major negative health effects, which include poor pre-pregnancy nutrition, poor birth outcomes, poor diet, and poor cognitive and growth development.



WIC plays a crucial role in improving birth outcomes, helping women and children sustain nutritious diets, and minimizing health care costs due to pregnancy-related complications and nutrition-related illness. The USDA found that Food and Nutrition Services (FNS) have improved⁶:

- ❑ **Birth outcomes.** Women who receive WIC experience longer pregnancies and fewer premature births, most likely due to greater ability to access prenatal care and nutrition. Further, pregnant women receiving WIC experience fewer infant deaths.
- ❑ **Savings in health care costs.** For instance, for every dollar spent on prenatal WIC, between \$1.77 and \$3.13 of Medicaid savings are achieved during just the first 60 days after birth.⁷
- ❑ **Diet and diet-related outcomes.** Beneficiaries of WIC have more nutritious diets. In fact, both mothers and preschoolers are more likely to have healthier and more nutritious eating habits and increased intake of vitamins without increased caloric intake, as well as decreases in the rate of iron deficiency.
- ❑ **Infant feeding practices.** WIC participants show higher likelihood and rates of breastfeeding - the recommended and optimal method of infant feeding.
- ❑ **Cognitive development in children.** Studies have shown that children who use WIC have higher vocabulary scores and greater ability to remember numbers.
- ❑ **Level of nutrition before pregnancy.** Good nutrition before pregnancy is an important determinant of birth outcome. Those with WIC have shown higher average birth weights, higher hemoglobin levels which diminish the risk of anemia, and lower risk of maternal obesity.
- ❑ **Growth rates.** Infants and children on WIC have been seen to have healthier growth rates, staying in the range of height and weight that indicate normal growth patterns.

THE FUTURE OF WIC

While WIC continues to enable improved health outcomes for America's children, this program has been vulnerable to budgetary cuts that would reduce its ability to reach many at-risk families. Included in the President's fiscal year (FY) 2007 budget proposals are cuts that would profoundly diminish the administrative dollars for the WIC program, deeply affecting its ability to reach all those eligible and in need of assistance. For instance, one of the many activities that would be reduced by the FY 2007 funding reductions would be effective outreach and enrollment activities, such as after-hour visits for enrollment or delivery of food packages, an important service for working families. Federal investments are important to keep such programs so as to ensure that every family with needs can have access to the program.

Given the success of the program, it is important that we do not hinder its progress by reducing funding support, but the program can be expanded in ways that ensure that all eligible mothers and children have the ability to enroll in the program and maximize their use of program benefits.

REFERENCES

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2. U.S. Census Bureau, Current Population Survey, "Population by Sex, Age, Hispanic Origin, and Race: 2004," Table 1.1. Percentage of Latino child population under five as part of total population calculated by the National Council of La Raza (NCLR).
3. U.S. Department of Agriculture (USDA), Food and Nutrition Service, *WIC Participation and Program Characteristics 2004: Summary*, March 2006.
4. Congenital malformations are defects present in a baby at birth, caused either by genetic factors or prenatal conditions that are not genetic. They can involve a variety of different organs including the brain, heart, lungs, liver, bones, and intestinal tract. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Infant Mortality Statistics from the 2003 Period Linked Birth/Infant Death Data Set," *National Vital Statistics Reports* 54(16), Table 2, May 3, 2006.
5. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Births: Preliminary Data for 2004." *National Vital Statistics Reports*, Vol. 54(8) Table D, December 29, 2005.
6. USDA, Food and Nutrition Service, How WIC Helps, Available at: <http://www.fns.usda.gov/wic/aboutwic/howwichelps.htm>
7. USDA, Food and Nutrition Service, *The WIC Program: Background, Trends, and Issues*, September 2002.