

## Wic: An Overview

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### BRIEF REPORT

The Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides healthcare and nutrition to low-income pregnant women, breastfeeding mothers, and children under the age of five. (For more information, see child feeding programmes.) Their objective is to collaborate with other services that are critical to the well-being of children and families. A family income of less than 185 percent of the federal poverty threshold is required to be eligible. Most states enable automatic income eligibility, which means that a person or family receiving certain benefits, such as SNAP, Medicaid, or Temporary Assistance for Needy Families, may automatically fulfil the income eligibility standards. WIC currently serves 53% of all babies born in the United States. On September 26, 1972, section 17 of the Child Nutrition Act of 1966 was amended. Senator Hubert Humphrey (D) of Minnesota introduced legislation that established the Special Supplemental Food Program for Women, Infants, and Children (WIC) as a two-year experimental programme.

Children up to the age of four were eligible, but non-breastfeeding postpartum women were not. WIC was active in 45 states by the end of 1974. WIC was created as a permanent programme on October 7, 1975. (P.L. 94-105). Non-breastfeeding women (up to six months postpartum) and children under the age of five are now eligible. All participants, however, must be considered to be at risk of malnutrition and have insufficient income (however, what constituted inadequate income was not defined). P.L. 95-627, signed into law in 1978, defined nutrition risk and established income eligibility guidelines that were connected to the income guidelines for reduced-price school meals. Another adjustment to the income standard occurred in 1989, when Public Law 101-147 established similar income criteria for Food Stamp, Medicaid, and AFDC recipients, decreasing the WIC income criterion and simplifying the application process. WIC began promoting and supporting nursing mothers in the late 1980s, and Congress ordered that \$8 million be set aside for that purpose in 1989. In 1999, the WIC programme began assigning individual nutrition risk priority levels and standardised nutrition risk criteria for programme eligibility.

Then, in 2004, the Breastfeeding Peer Counselor Initiative was established, in which women who had previously breastfed became

counsellors for women who were beginning to do so. Five years later, in 2009, the USDA released a revised food package that included foods that adhered to the Dietary Guidelines for Americans as well as dietary requirements for children under the age of five. Furthermore, moms who exclusively breastfeed obtain a greater variety of nutritious foods. Nutrition education covers a wide range of issues, such as healthy eating, infant feeding, and nursing. In addition, WIC members over the age of 12 months are screened for anaemia. Nutrition education is offered by a Registered Dietitian, a person with a bachelor's degree in nutrition or a related discipline, or another authorised professional authority, depending on the state.

Although participation in nutrition education is not essential for WIC consumers, WIC providers are expected to emphasise the long-term advantages of it. WIC recipients are often given a monthly check or voucher, or more recently, an EBT card. In 2006, the USDA issued new standards requiring foods to be more cost-competitive. Many "WIC Only Stores" have closed as a result of this. Previously, these retailers charged the maximum allowed under the programme, up to 16 percent more for the same food as regular stores. The WIC programme, on the other hand, is one of the most cost-effective government programmes available. A study of birth outcomes found benefit-to-cost ratios of \$1.77 to \$3.13 in Medicaid savings for every dollar spent on WIC. The WIC check/voucher is a specifically constructed check that can be read and printed at retail point-of-sale machines. The receiver's name and recipient number are printed on the face of the check, along with a start and end date, and a list of acceptable things to be purchased with the check/voucher, as well as the amount and/or maximum weight of the items specified.

WIC recipients have the option of selecting only part or all of the items on the check. The check also includes a section for the cashier to enter the sale total and a section for the recipient to sign the check/voucher when it is used. MICR is used on the checks for further security and processing ease. Alternatively, many states (including Texas and Nevada) have abandoned the use of paper checks and vouchers. The switch of the WIC programme to EBT cards has greatly streamlined the procedure and improved care for the children and moms who currently get WIC benefits. The cards are comparable to credit/debit cards for consumers, except they can only be used to buy WIC-approved items. Juice (single strength), milk, breakfast cereal, cheese, eggs, fruits and vegetables, whole

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wheat bread, whole grain goods such as brown rice and tortillas, fish (canned) (for Exclusively Breastfed Mothers), legumes (dry/canned), and peanut butter are among the foods given by WIC. For children and women with various metabolic or other disorders, the programme also distributes tofu, soy milk, and medical foods. The food kits give participants a number of options. Tortillas, brown rice, soy-based beverages, canned salmon, and a wide variety of fruits and vegetables allow State agencies to prescribe culturally acceptable meal packages with greater flexibility. WIC provides coverage for organic fruits, vegetables, legumes, and grains, but not for organic milk, cheese, juice, peanut butter, or eggs.

Some organic versions of WIC-eligible goods (such as milk, eggs, and cheese) match the nutritional requirements outlined in WIC

regulations and are thus permitted. WIC State agencies, on the other hand, are in charge of deciding which brands and types of foods to include on their State WIC food lists. Organic foods may be allowed on some state food lists, however this varies by state. A number of factors, including cost, product availability within a state, and WIC participant approval, may impact the selection. Many state programmes advise parents to bring their child's immunisation records to the WIC certification and health screening procedure. For some state programmes, screening and referral will take place during client check-in, food instrument delivery, or the certification referral process. They also inform parents on their child's immunisation status and provide educational materials about the various vaccinations.