



**National WIC Association**  
Your child has you. And you have WIC.



## WIC: Solid Returns on Investment While Reducing the Deficit

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—ensuring the health of our children.

### NWA'S MISSION

Providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

**For more information about how WIC provides a solid return on investment and helps reduce the deficit, see our fact sheet: [WIC for a Healthier, Stronger America.](#)<sup>1</sup>**

### WIC Provides Solid Returns on Investment

#### PREVENTIVE PUBLIC HEALTH NUTRITION SERVICES FOR AN AT-RISK POPULATION

WIC is a supplemental public health program that provides nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low and moderate-income women and children with, or at risk of developing, nutrition-related health problems.

#### A SHORT-TERM INTERVENTION

Only pregnant, breastfeeding and postpartum women, infants, and children up to age five are eligible for the Program, which limits the overall duration of participation in the program. On average, a woman participates for thirteen months.

#### HEALTHY OUTCOMES

Participation in WIC improves nutrition, resulting in overall healthier pregnancies, healthier birth outcomes, and better growth and development of young children. WIC helps to ensure infants' and children's normal physical growth and has been shown to improve cognitive development, reduce levels of anemia, improve access to regular health care/social services, improve diets and household health behaviors, reduce the risk of child abuse or neglect, and improve breastfeeding rates of WIC mothers over the years through increased breastfeeding support and counseling. WIC children arrive at school with a healthy foundation ready to learn.

#### FAR-REACHING

WIC serves over 8 million mothers and young children per month<sup>2</sup>, including 53% of all infants<sup>3</sup> and approximately one out of five pregnant women in the U.S., in all 50 states and 40 U.S. territories and tribal organizations in both rural and urban communities.

#### EFFICIENT MANAGEMENT

Program management costs average 6.4%, nationally.<sup>4</sup>

#### BRINGS MONEY TO LOCAL COMMUNITIES AND IS ENTREPRENEURIAL

In fiscal year 2013, \$6.3 billion of WIC food

benefits were spent in local communities across the country,<sup>5</sup> but only \$4.4 billion of those dollars were provided by the government.<sup>6</sup> WIC cost containment initiatives save federal tax dollars, e.g. the infant formula manufacturers' rebate program generated \$1.88 billion dollars.<sup>7</sup>

#### IMPROVED ACCESS TO HEALTHY FOOD FOR THE COMMUNITY

Science-based healthy WIC food packages not only improve access to healthy food for the Program's target population, but also increase the demand for healthy food items in local food retail outlets. Stocking WIC food items on grocery shelves also provides access to those healthy foods for others in the community. For many consumers, eating the WIC way assures healthy eating habits.

#### IMPORTANT TO ACHIEVING NATIONAL GOALS

WIC plays an important role in achieving national goals to end childhood hunger by 2020, prevent maternal and childhood overweight and obesity, make healthy food accessible, and improve breastfeeding rates.

WIC CAN HELP REDUCE THE DEFICIT WIC reduces the number of pre-term births and low birth-weight babies. Pre-term births cost the U.S. over \$26 billion a year, with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.<sup>8</sup>

For very low birth-weight babies, a shift of one pound at birth saves approximately \$28,000 in first year medical costs.<sup>9</sup>

It has also been estimated that \$13 billion per year would be saved if 90% of US infants were breastfed exclusively for six months.<sup>10</sup>

Between 1998 and 2012 breastfeeding rates among WIC participants rose from 42% to 67%.<sup>11</sup> Participation in the WIC breastfeeding peer counseling program is associated with an increased rate of breastfeeding initiation.<sup>12</sup> Funding for WIC Breastfeeding Peer Counselors has helped to improve breastfeeding duration rates.<sup>13</sup>

## References

1. National WIC Association (2015) WIC For a Stronger, Healthier America! Online: [https://s3.amazonaws.com/aws.upl/nwica.org/wi280-2015healthier\\_am\\_r02.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/wi280-2015healthier_am_r02.pdf)
2. United States Department of Agriculture, Food and Nutrition Service (2015) WIC Program Data. Accessed online 06/12/2015: <http://www.fns.usda.gov/pd/wic-program>
3. Ibid.
4. United States Department of Agriculture, Food and Nutrition Service (2013) WIC Combined Federal and State WIC NSA Outlays and In-Kind Reports for Fiscal Year 2013 (FNS-978A).
5. Ibid.
6. Ibid.
7. Ibid.
8. Institute of Medicine of the national Academies (2006) Preterm Birth: Causes, Consequences and Prevention. The National Academies Press. Washington D.C.
9. Rogowski, J. (1998) Cost-effectiveness of care for very low birth weight infants. *Pediatrics*. 102, 35-42.
10. Bartick, M., Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125(5), e1048-e1056.
11. United States Department of Agriculture, Food and Nutrition Service. (2013) Study of WIC Participant and Program Characteristics 2012 Final Report. US Department of Agriculture, Office of Analysis and Evaluation. Alexandria, VA.
12. Gross, S.M., Resnick, A.K., Cross-Barnet, C., Nanda, J.P., Augustyn, M., Paige, D.M. (2009). The differential impact of WIC Peer Counseling programs on breastfeeding initiation across the state of Maryland. *J Hum Lact*, 25(4), 435-43.
13. Yun, S., et al. (2010). Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counseling Program. *Public Health Nutr*, 13(2), 229-37. 15