



U.S. DEPARTMENT OF AGRICULTURE

WIC Infant and Toddler Feeding Practices Study-2: Fifth Year Report

Executive Summary

June 2022

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At Westat, Janice Machado currently leads the project. Christine Borger is Principal Investigator and Deputy Director for Analysis, and Bibi Gollapudi is Deputy Project Director. Brenda Sun, a

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Human subjects' protections for the study are overseen by 17 institutional review boards (IRBs), including: Westat; State Department of Health IRBs in CA, CT, FL, GA, LA, MD, MI, NY, OH, OK, PA, SC, TN, and TX; and local IRBs at Arrowhead Regional Medical Center in San Bernardino, CA, and Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, CA. We appreciate the effort these IRBs have made in overseeing human subjects' protections. We also appreciate the cooperation of all participating State Departments of Health in providing WIC administrative data for the study. Use of these data does not imply that the IRBs, State Departments of Health, or WIC State Agencies and sites agree or disagree with any presentations, analyses, interpretations, or conclusions in this report.

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Executive Summary

Overview of Study Goals and Methods

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was established to safeguard the health of low-income pregnant women, infants, and children who are at nutritional risk. The program was established by Congress as a pilot in 1972 and made permanent in 1974.¹ Administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA), the program provides supplemental foods, nutrition education including breastfeeding promotion and support, and healthcare referrals for low-income pregnant, breastfeeding and nonbreastfeeding postpartum women, infants, and children up to age 5 years.

The WIC Infant and Toddlers Feeding Practices Study-2 (WIC ITFPS-2) is a longitudinal study designed to examine the feeding practices employed by caregivers² and the dietary intakes and nutrition-related outcomes of children who enrolled in WIC around the time of birth. By capturing data on caregivers and their children over the first 9 years of each child's life, the study informs a series of research questions regarding feeding practices, the association between WIC services and those practices, and the health- and nutrition-related outcomes of children currently or previously receiving WIC benefits.

Caregivers were recruited as they enrolled in selected eligible WIC clinics³ during the summer or fall of 2013. To be eligible for the study, caregivers had to be at least 16 years old, enrolling themselves or their child who was less than 2.5 months old for the first time for the pregnancy or child,⁴ and speak either English or Spanish. Study participants were recruited in person from 80 sampled WIC sites across 27 states and territories nationwide.

¹ U.S. Department of Agriculture, Food and Nutrition Service. (2013). *About WIC: WIC's Mission*. Available at: <http://www.fns.usda.gov/wic/about-wic-wics-mission>. Retrieved on: June 6, 2020.

² Over 98 percent of respondents are biological mothers. Throughout the report the terms “mother” and “caregiver” are used interchangeably.

³ Sites were excluded for operational and design reasons, including geographic location (American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands) and small sites that were expected, on average, to enroll less than 30 new pregnant women/newborns per month.

⁴ Caregivers could have other children receiving WIC benefits.

The primary source of data for this study comes from interviews with caregivers. Over the course of this study, multiple interviews are conducted by telephone in English or Spanish. For those who enroll prenatally, the prenatal interview is their first interview. For those who enroll postnatally, their first interview is either the 1- or 3-month interview, depending on the age of the study child at enrollment. Subsequent interviews are conducted when the study child is 5, 7, 9, 11, 13, 15, 18, 24, 32, 36, 42, 48, 54, and 60 months old.⁵

Because one of the study's objectives is to assess children's nutritional status, the USDA Automated Multiple Pass Method (AMPM) is used to collect children's dietary intake data at interview months 1-13, 15, 18, 24, 36, 48, and 60. Caregivers of all study children are asked to complete one 24-hour recall at the aforementioned interviews. In addition, from the 13-month interview onward, a 10 percent subsample are asked to complete a second day of recall in order to produce adjustment factors necessary for calculating usual dietary intake among the population. Dietary intake data reflect the foods, beverages, and dietary supplements that children consumed.

The focus of the *Fifth Year Report* is on nutrition, health, feeding practices, and WIC experience during the study child's fifth year of life. The primary data sources include the 54- and 60-month interviews,⁶ as well as data on the child's weight and height as measured by healthcare providers or at WIC clinics around the time of the child's fifth birthday. Data from previous years of the study are often presented to provide context or show trends.

Analyses in this report are primarily based on the 3,775 caregivers⁷ who completed at least their first postnatal interview (i.e., either the 1- or 3-month interview depending on the age of the child at enrollment in the study). However, some analyses utilize a subset of the data to address subgroups of interest or longitudinal questions. Regardless of the sample used, the data are weighted to represent the national population of study-eligible WIC participants in 2013 during the recruitment period. Study findings represent the characteristics, views, behaviors, and experiences of this

⁵ In addition, the study is conducting data collection in children's sixth and ninth years of life. Forthcoming reports will summarize data from interviews around the child's sixth and ninth birthdays.

⁶ Data for the 54-month interview were collected between October 2017 and February 2019. Data for the 60-month interview were collected between April 2018 and August 2019.

⁷ The main analytic sample for this report is slightly smaller than some previous reports (3,775 vs. 3,777) due to the deletion of fraudulent cases.

population. This Executive Summary highlights findings from each chapter in order of their presentation in the report.

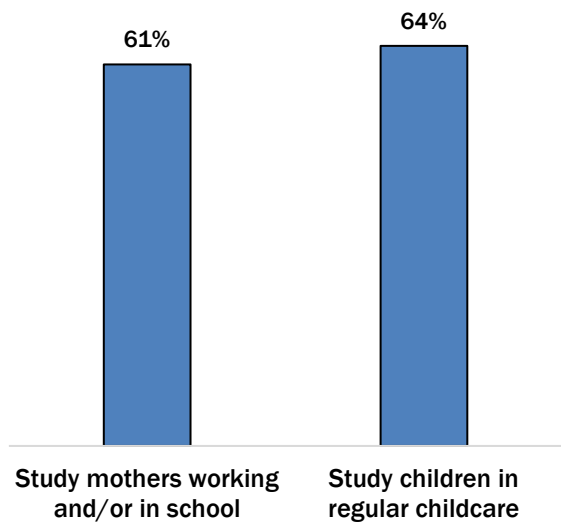
Personal and Household Characteristics of WIC ITFPS-2 Families

By the time study children are 54 months old, 61 percent of study mothers have work and/or school commitments (Figure 1). More than half (56%) of study mothers are working for pay, either full- or part-time. Thirteen percent of study mothers attend school, and more than half of these mothers also work.

Nearly two-thirds of study children (64%) are in regular childcare at age 54 months (Figure 1). Among those children, the most common type of arrangement is a preschool other than Head Start. Between the 42- and 54-month interviews, there is a notable shift toward more use of formal childcare settings (center-based, family daycare homes, preschool, and Head Start) and away from informal care by family or friends.

Among the 64 percent of study families using regular childcare, over half (52%) of study mothers indicate that the childcare provider supplies most of the food while their children are in care. This finding highlights the important role that nonfamilial sources play in determining study children’s dietary intake.

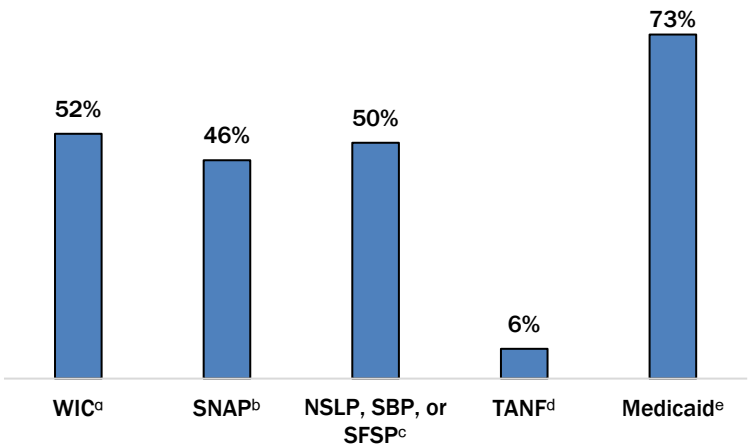
Figure 1. Percentage of study mothers working and/or going to school and percentage of study children in regular childcare at 54 months^a



^a Unweighted *n*=2,563; weighted *n*=441,244.

Study families report participating in a variety of Federal nutrition programs, as well as Temporary Assistance for Needy Families (TANF) and Medicaid. At the 54-month interview, more than half

Figure 2. Percentage of study families reporting select sources of support at 54 months



- ^a WIC unweighted $n=2,562$; weighted $n=440,974$.
- ^b Supplemental Nutrition Assistance Program (SNAP) unweighted $n=2,545$; weighted $n=437,658$.
- ^c National School Lunch Program (NSLP), School Breakfast Program (SBP), or Summer Food Service Program (SFSP) unweighted $n=2,545$; weighted $n=437,658$.
- ^d Temporary Assistance for Needy Families (TANF) unweighted $n=2,545$; weighted $n=437,658$.
- ^e Medicaid unweighted $n=2,558$; weighted $n=440,306$.

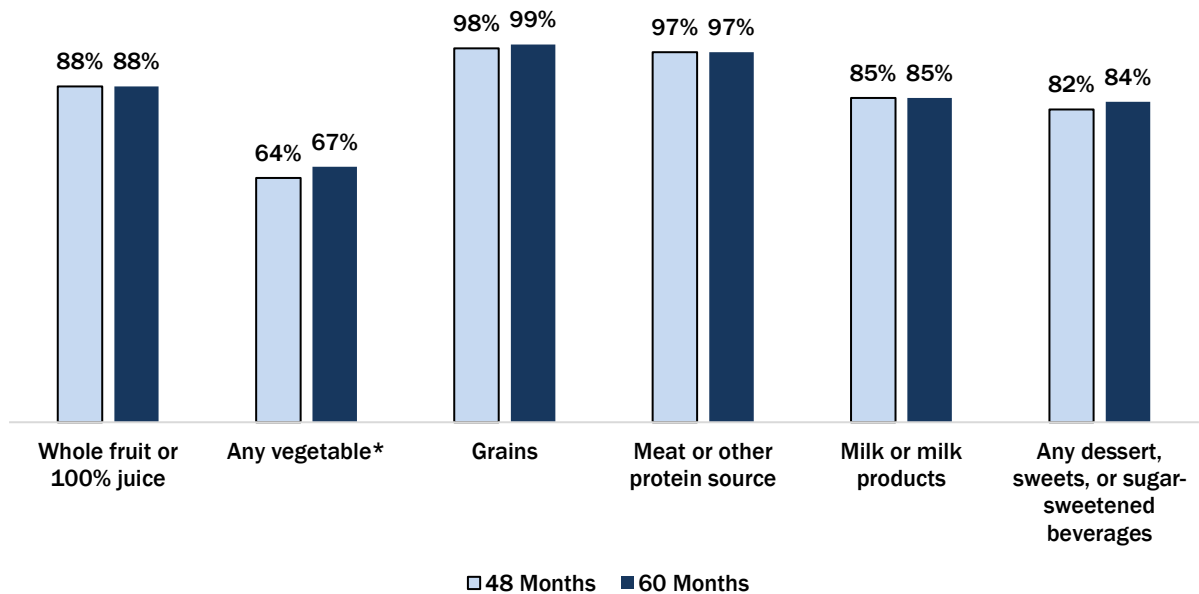
(52%) of study participants report receiving WIC benefits (Figure 2). Just under half (46%) of WIC ITFPS-2 families participate in the Supplemental Nutrition Assistance Program (SNAP) at 54 months, and half (50%) have a child who participates in the National School Lunch Program (NSLP), School Breakfast Program (SBP), or the Summer Food Service Program (SFSP). About 6 percent of study families report receiving TANF. Nearly three-quarters (73%) of study mothers report that someone in the household received Medicaid.

Examination of the larger food environment of study participants revealed that about one-fifth (19%) of study families live in food deserts, low-income areas with limited supermarket access. Based on bivariate analyses, living in a food desert is not associated with study mothers' perceptions of access to fresh fruits and vegetables, and nearly 90 percent of study mothers agree that fresh fruits and vegetables are easy to purchase and plentiful in their communities. Nonetheless, the primary barrier to purchasing fresh fruits and vegetables is cost, with nearly one-third (30%) of study mothers agreeing that fresh fruits and vegetables cost too much.

Food Intake and Diet Quality

The study’s findings on food consumption demonstrate that the majority of WIC ITFPS-2 study children are eating fruits, vegetables, dairy products, and meats and proteins on a given day. The pattern of food consumed by study children at 60 months is similar to the pattern at 48 months (Figure 3). Longitudinal examination shows that consumption of any vegetables (including raw, cooked, and 100% juice) rose significantly from 64 percent of children consuming them on a given day at 48 months to 67 percent consuming them at 60 months. However, more detailed examination of the amount of vegetables eaten indicates that mean and median vegetable consumption by study children is below the recommendation range for 5-year-olds according to the 2015-2020 Dietary Guidelines for Americans (DGA) (not shown in Figure 3).

Figure 3. Percentage of study children consuming select foods on a given day at 48 and 60 months^a



^a Findings are based on a single dietary recall. Unweighted $n=2,496$; weighted $n=436,443$.

* Percentages within the designated category are significantly different at $p\leq0.05$.

Bivariate analyses indicate that participation in WIC at 48 months⁸ is associated with children’s food consumption at 60 months. On a given day, the percentage of 60-month-old children consuming

⁸ The 48-month WIC participation variable is used for subgroup analyses to allow lagged influences of context on behaviors to emerge in the data.

any fruit including 100 percent fruit juice, whole grains, and low-fat milk was higher among children who received WIC benefits at age 48 months than among those who did not receive WIC benefits at 48 months. Moreover, on a given day, the percentage of 60-month-old children consuming desserts, candy, or sugar-sweetened beverages (SSBs) was lower among children who received WIC benefits at age 48 months than among those who did not receive WIC benefits at 48 months.

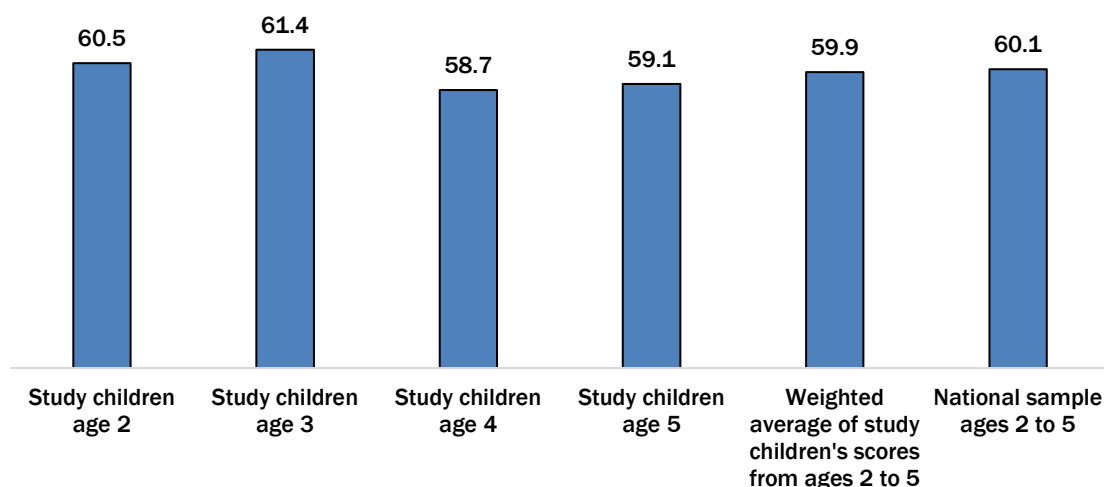
Findings from the 54-month interview indicate that study families who continue with WIC into the study child's fifth year are consuming foods from the WIC food package. Among those children receiving WIC benefits at 54 months, caregivers report that 95 percent or more of study children are consuming whole fruits (99%), 100 percent juice (97%), milk (97%), breakfast cereals (97%), and eggs (95%) from the WIC food package. Caregivers report that 94 percent of study children receiving WIC at 54 months are consuming vegetables and whole grain breads or other whole grains; 92 percent of study children receiving WIC benefits at 54 months are consuming cheese; and nearly three-quarters (76%) are consuming peanut butter.

Based on usual intake, about half (53%) of study children meet the 2015-2020 DGA⁹ recommendation for added sugars (i.e., that less than 10 percent of calories come from added sugars). Multivariable analysis indicates that those who participated in WIC but not SNAP when the study child was 54 months old are more likely to meet the added sugars recommendation on a given day at 60 months than those who did not participate in either WIC or SNAP when the child was 54 months old. The analysis also indicates that the timing of the introduction of SSBs and the number of daily snacking occasions are associated with the likelihood of meeting the DGA recommendation for added sugars at 60 months. Compared to no introduction to SSBs in the child's first 2 years of life, introduction of SSBs in the first year reduces the likelihood of meeting the DGA recommendation for added sugars. Additionally, children who eat more daily snacks are less likely to meet the DGA recommendation for added sugars. Nonetheless, like their peers nationally, the diet quality of WIC ITFPS-2 children has room for improvement. On a scale ranging between 0 and 100,

⁹ The 2015-2020 DGA recommendations were used as a point of comparison because they were the current DGA recommendations when this report was written.

the total average Healthy Eating Index-2015 (HEI-2015) score for study children at age 5 is 59.1 (Figure 4), similar to 60.1 for U.S. children ages 2 to 5 years from all income brackets.¹⁰

Figure 4. Average total Healthy Eating Index-2015 (HEI-2015) scores^a for study children^b and a nationally representative sample^c



^a HEI-2015 scores are based on estimates of usual intake; however, for the *Fifth Year Report*, the methodology for calculating scores was updated to reflect additional guidance from the National Cancer Institute.

^b Age 2 unweighted $n=2,199$; weighted $n=371,245$. Age 3 unweighted $n=2,586$; weighted $n=438,319$. Age 4 unweighted $n=2,562$; weighted $n=439,736$. Age 5 unweighted $n=2,496$; weighted $n=436,443$.

^c Data from Thompson et al. (2019) were collected via three National Health and Nutrition Examination Survey (NHANES) cycles: 2009-2010, 2011-2012, and 2013-2014.

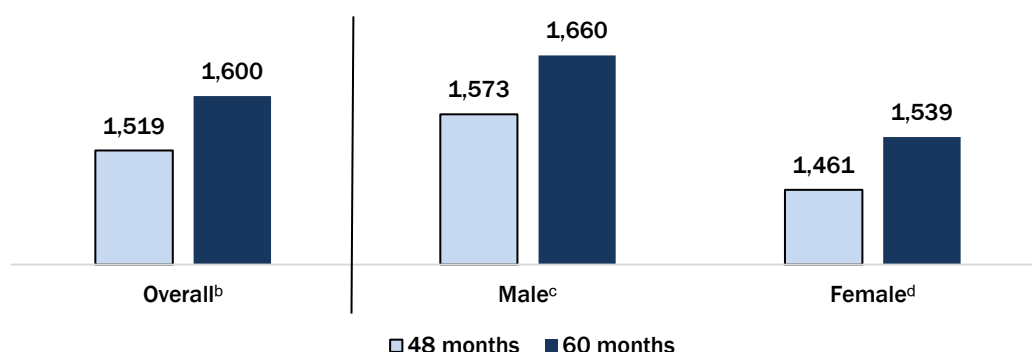
Energy and Nutrient Intake

At 60 months, median usual energy intake of study children is 1,600 kcal/day, with median intakes for male children equaling 1,660 kcal/day and median intake of female children equaling 1,539 kcal/day. The change in median energy intakes, between 48 and 60 months, for both male and female children is significant (Figure 5). For context, the DGA-recommended level for energy intake is 1,200-1,600 kcal/day and 1,200-1,400 kcal/day for 4-year-old males and females, respectively, and

¹⁰ Thomson, J.L., Tussing-Humphreys, L.M., Goodman, M.H., and Landry, A.S. (2019) Diet quality in a nationally representative sample of American children by sociodemographic characteristics. *The American Journal of Clinical Nutrition*, 109(1), 127-138. <https://doi.org/10.1093/ajcn/nqy284>.

1,200-1,600 kcal/day for both sexes at age 5.¹¹ At age 60 months, median energy intake by WIC ITFPS-2 children (1,600 kcal/day) equals the upper limit of the DGA recommendation.

Figure 5. Study children’s median energy intake by gender at 48 and 60 months^a



^a The sample underlying these estimates is reported in Table 4-1. The National Cancer Institute method employed generated a distribution of 500 pseudo-individual intakes around each observation, so weighted and unweighted n’s do not accurately reflect the number of observations used in these estimates.

^{b,c,d} Percentages at 48 and 60 months are significantly different at $p \leq 0.05$. The method used to estimate usual intake was revised for this report, so energy estimates at 48 months differ from those previously reported.

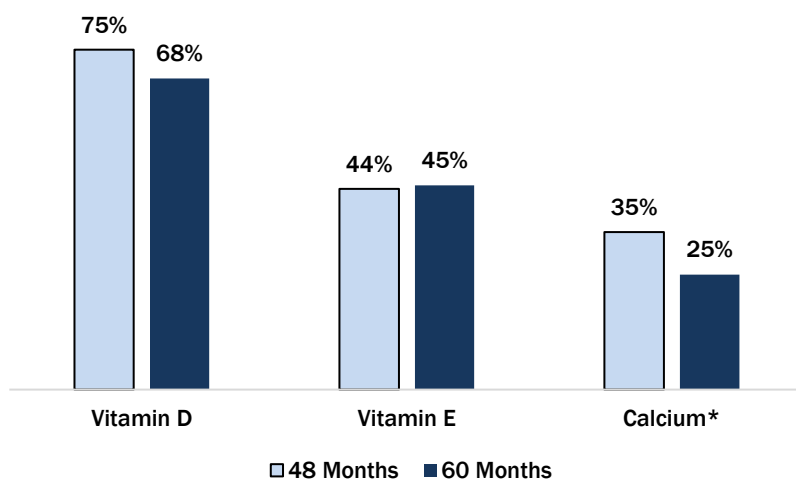
As noted in the 2015-2020 DGA, underconsumed micronutrients and micronutrients of public health concern include: calcium, magnesium, potassium, choline, iron, and vitamins C, E, D, and A.¹² With the exception of vitamins E and D and calcium, study children at 60 months have low estimates of inadequate intake based on the Estimated Average Requirement (EAR)¹³ at 60 months. The prevalence of inadequate intakes for vitamin D is 68 percent at 60 months (Figure 6). The prevalence of inadequate intakes for vitamin E is 45 percent at 60 months. The estimated prevalence of inadequate calcium intake is 25 percent at 60 months, down from 35 percent at 48 months. For some underconsumed nutrients and nutrients of public health concern (i.e., calcium, magnesium,

¹¹ The DGA-recommended energy intakes are presented as ranges because the absolute amount is dependent on children’s physical activity levels.

¹² U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Washington, DC: Author. Available at: <http://health.gov/dietaryguidelines/2015/guidelines>.

¹³ Dietary Reference Intakes (DRIs) for phosphorous, magnesium, and fluoride (1997); DRIs for thiamin, riboflavin, niacin, vitamin B6, folate, vitamin B12, pantothenic acid, biotin, and choline (1998); DRIs for vitamin C, vitamin E, selenium, and carotenoids (2000); DRIs for vitamin A, vitamin K, arsenic, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium, and zinc (2001); DRIs for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein, and amino acids (2002/2005); DRIs for calcium and vitamin D (2011); and DRIs for sodium and potassium (2019). Available at: <http://nationalacademies.org/HMD/Activities/Nutrition/SummaryDRIs/DRI-Tables.aspx>. Retrieved on: May 1, 2019.

Figure 6. Percentage of inadequate intakes^a of vitamins D and E and calcium at 48 and 60 months^b



^a Intakes are based on usual intake.

^b At 48 months, unweighted $n=2,562$; weighted $n=439,736$. At 60 months, unweighted $n=2,496$; weighted $n=436,443$.

* Percentages within the designated category are significantly different at $p \leq 0.05$.

choline, iron, and vitamin C), median intakes for WIC ITFPS-2 children at 60 months are higher than those from a nationally representative sample of low-income 4- to 8-year-old children and all U.S. children ages 4 to 8 years old.¹⁴

Sodium intake of WIC ITFPS-2 children continues to be above recommendations, with nearly all study children (97.6%) exceeding the

recently established Chronic Disease Risk Reduction (CDRR) intake level. Nevertheless, multivariable regression analysis of sodium intake on a given day at 60 months indicates that participation in WIC may be protective, as children who participate in WIC—with or without SNAP participation—had lower intakes of sodium than children who participate in neither WIC nor SNAP at 54 months.

These findings on nutrient intakes underscore the importance of continuing to educate WIC participants on appropriate sources of vitamins D and E and calcium, including foods available in the WIC food package that are rich in these nutrients. While findings suggest that WIC participation is associated with lower sodium intake, additional reductions are needed to ensure children's intakes align with recommendations.

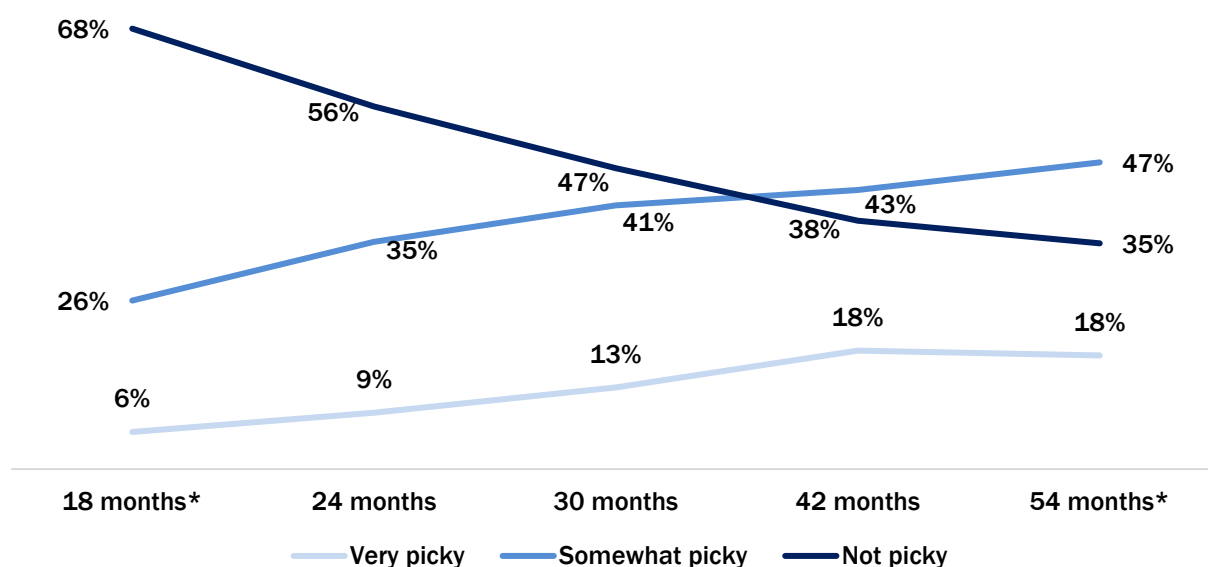
¹⁴ U.S. Department of Agriculture and Agricultural Research Service. (May 2019a). *Usual nutrient intake from food and beverages, among individuals under 131% of poverty level, What We Eat in America, NHANES 2013-2016* (Table F). Available at: https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/usual/Usual_Intake_Under_131_WWEIA_2013_2016.pdf.

Feeding Beliefs and Practices

Analysis of caregiver feeding beliefs and practices indicates that while many study mothers agree with feeding beliefs that emphasize control over child food consumption, more than 90 percent of study mothers report believing that children should occasionally be allowed to eat fast food, sugary foods, and savory snack foods. Moreover, WIC ITFPS-2 mothers frequently use feeding practices aimed at encouraging their children to try new healthy foods.

During the 54-month interview, caregivers are asked whether the study child is a very picky eater, a somewhat picky eater, or not a picky eater, as research associates picky eating with poor diet quality. At 54 months, approximately one-third of mothers report that their child is not a picky eater, while nearly half are somewhat picky eaters, and nearly one in five are very picky eaters. Leveraging the longitudinal nature of the study, analysis indicated that the reported percentages of very picky and somewhat picky eaters rise over time (Figure 7).

Figure 7. Percentage of study mothers who consider their child to be a very picky eater, a somewhat picky eater, or not a picky eater, by child age^{a,b}



^a These estimates use the longitudinal weight; therefore, they may differ slightly from point estimates using the cross-sectional weights.

^b For 18 months, unweighted $n=1,073$; weighted $n=440,509$. For 24 months, unweighted $n=1,071$; weighted $n=439,745$. For 30 months, unweighted $n=1,075$; weighted $n=441,298$. For 42 months, unweighted $n=1,075$; weighted $n=441,289$. For 54 months, unweighted $n=1,074$; weighted $n=441,097$.

* Percentages at 18 months and 54 months are significantly different at $p \leq 0.05$ for a given level of pickiness.

Research indicates that children's larger food environment is associated with dietary intakes. WIC ITFPS-2 explores frequency of meals eaten together as a family during the course of the week and frequency of having the television on during meals. Families are eating meals together regularly, with approximately two-thirds of families eating at least five meals together during the week. However, 10 percent of families eat together less than three times in a week. Bivariate analysis reveals that families of full-time working mothers eat together less frequently than families of nonworking mothers, and univariate regression analysis reveals a positive association between the number of times that the family eats together in a week and the child's diet quality. When examining the frequency of family meals across time, about 80 percent of families that eat at least five times a week together at 54 months have been doing so since the child was 15 months old, suggesting that families tend to implement this practice early in the child's life.

About half (51%) of study mothers report that the television is on during most or some mealtimes. The frequency of television watching during meals is negatively associated with the study child's diet quality, as measured by HEI-2015 total scores. Less than two-thirds (62%) of families who rarely or never have the television on during meals when the child is 54 months old rarely or never had the television on when the child was 15 months old, indicating that for many families the practice of turning off the television during meals is adopted as the child grows older.

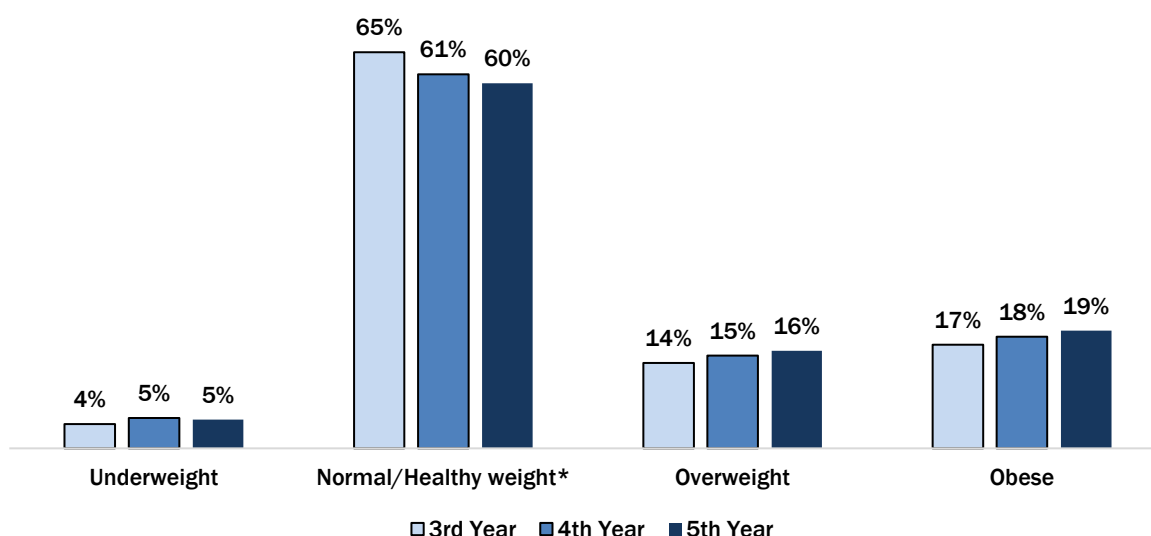
Weight and Growth

In addition to weight, WIC ITFPS-2 included measures of children's physical and sedentary activities and sleep, all of which can influence children's growth. Caregivers were asked to report on the time the child spends on different activities, including playing outdoors, sleeping at night, and watching television or playing video games. Around age 5 years, the typical study child plays outdoors about 2 hours per day and meets sleep recommendations for his or her age group. About 80 percent of study children spend more than 7 hours per week watching television or playing video games.

The analysis of children's growth uses sex- and age-adjusted measures of body mass index (BMI) percentiles. Around age 5 years, 60 percent of study children have a normal/healthy BMI. About one-third (35%) have a BMI above the normal/healthy range, with 16 percent in the overweight range, and 19 percent in the obese range (Figure 8). Between ages 3 and 5 years, there is a significant

change from 65 percent to 60 percent in the percentage of study children with healthy BMI-for-age percentiles.

Figure 8. Percentage of study children by body mass index (BMI)-for-age categories around ages 3, 4, and 5 years^{a,b}



^a Percentages may not sum to 100 due to rounding.

^b Unweighted $n=1,825$; weighted $n=441,932$.

* Pairwise t-tests indicate that 65 percent is significantly different from 61 percent at $p \leq 0.05$; and 65 percent is significantly different from 60 percent at $p \leq 0.05$.

Univariate regression analyses indicate significant associations between four feeding practices explored in this study and absolute BMI. These include breastfeeding duration, trying to get the child to eat even if he/she does not seem hungry, carefully controlling how much the child eats, and being very careful not to feed the child too much. The first two practices were inversely associated with absolute BMI, and the latter two were positively associated based on univariate regression results. However, caution is warranted in interpretation of the latter three findings because these feeding practices may have been adopted in response to the child's weight. Bivariate chi-square analysis also revealed a few sociodemographic factors associated with child's weight status categories (i.e., the distribution of underweight, healthy weight, overweight, and obese study children). However, multivariate work is needed to understand whether feeding practices and sociodemographic characteristics are independently associated with either absolute BMI or weight status categories when other factors that influence these outcomes are considered.

WIC Participation and Program Experience

WIC ITFPS-2 collects information on study participants regardless of whether they continue to participate in WIC. Based on longitudinal analysis, about half (51%) of study participants stay with WIC into the child's fifth year; however, many have taken a break from WIC at some point during the course of the study.¹⁵ Attrition is just under 10 percent in each of the first 2 years of the child's life and about 8 percent in each of the 3 subsequent years. About 14 percent of study participants have patterns of WIC participation that are best described as intermittent, meaning they receive WIC benefits sporadically throughout the first 60 months of life.

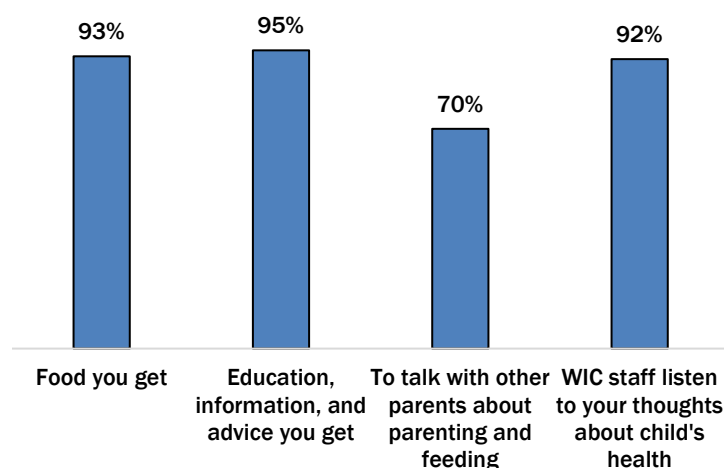
Those who stay with WIC into the study child's fifth year do so for a variety of reasons (Figure 9). Over 90 percent of caregivers who remain with WIC cite reasons including the food they receive, the education and information they receive, and that WIC staff listen to their thoughts about their child's health.

Multivariable regression analysis of patterns of WIC program participation over time reveals that consistency of participation with WIC into the study child's fifth year (i.e., the 54-month interview) is associated with diet quality as measured by the HEI-

2015 total scores. After accounting for sociodemographic factors, early life feeding practices, and participation in SNAP, children who drop out of WIC around ages 2 or 3 have lower diet quality scores than those who participate consistently into the child's fifth year.

The finding of improved diet quality with consistent WIC participation into the child's fifth year highlights the role of both the nutrition education and the nutritious supplemental food package that

Figure 9. Among those participating in WIC at 54 months, reasons why participants stay with WIC^a

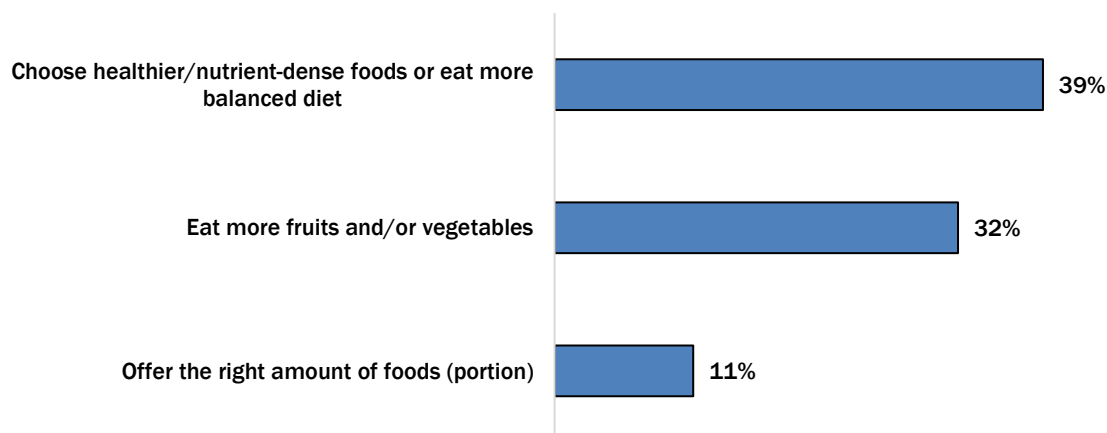


^a Unweighted $n=1,251$ and weighted $n=228,288$.

¹⁵ Borger, C., Zimmerman, T., Vericker, T., DeMatteis, J., Gollapudi, B., Whaley, S., Ritchie, L., Au, L., Sallack, L., and May, L. (2020). *WIC infant and toddler feeding practices study 2: Fourth year report*. Alexandria, VA: Food and Nutrition Service, U.S. Department of Agriculture.

WIC provides. Ninety-two percent of those who participated with WIC when the study child was 54 months old indicated that both benefits (i.e., supplemental foods and nutrition education) are equally important, and 82 percent reported making a change in their feeding practices because of something they learned at WIC. Extending this analysis to all caregivers, not just those who participated with WIC when the study child was 54 months old, 73 percent indicated that they made a change in how they feed themselves or their families because of something they learned at WIC. Among those making a change, the most frequently cited change was choosing healthier/nutrient-dense foods or eating a more balanced diet (Figure 10). Such changes could bolster children’s diet quality scores; thus, when taken together, these findings support WIC’s important role in helping low-income children achieve optimal dietary intake.

Figure 10. Among all caregivers reporting at 54 months that they made a change^a in their feeding practices due to something they learned at WIC, the percentage by the most important change made^b



^a Changes made may precede the 54-month interview. These findings reflect upcoded responses from the “other, specify” response option; consequently, the categories listed in this figure do not directly align with survey item WC22.

^b Unweighted $n=1,798$; weighted $n=319,410$.