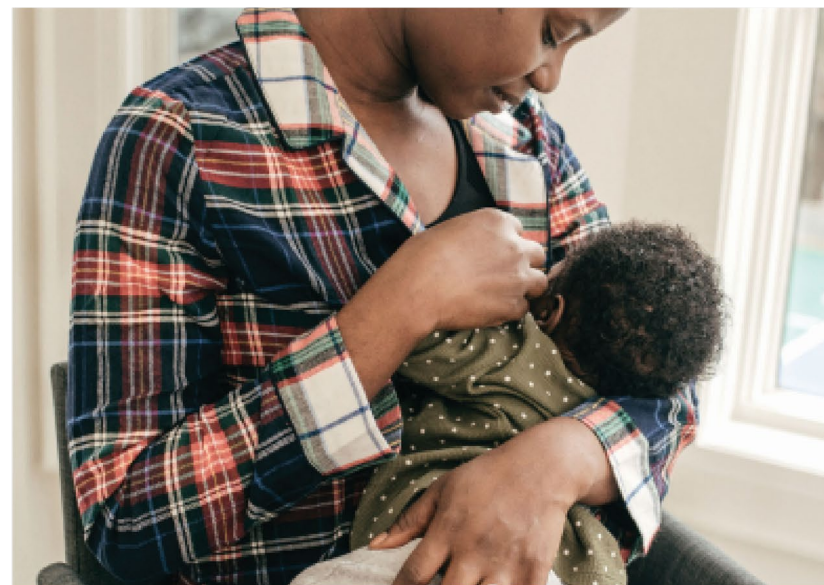




United States Department of Agriculture

WIC Participant and Program Characteristics 2022 Final Report



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WIC Participant and Program Characteristics 2022

Final Report



February 2024

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Abbreviations and Acronyms

ACS	American Community Survey
BMI	body mass index
CDC	Centers for Disease Control and Prevention
CPS-ASEC	Current Population Survey—Annual Social and Economic Supplement
DGA	Dietary Guidelines for Americans
EBT	electronic benefit transfer
FDPIR	Food Distribution Program on Indian Reservations
FFCRA	Family First Coronavirus Response Act
FNS	Food and Nutrition Service
FY	fiscal year
HHS	U.S. Department of Health and Human Services
IOM	Institute of Medicine
ITO	Indian Tribal Organization
LAD	Local Agency Directory
MDS	Minimum Data Set
MIS	management information system
NCHS	National Center for Health Statistics
NHANES	National Health and Nutrition Examination Survey
NHLBI	National Heart, Lung, and Blood Institute
NIS	National Immunization Survey
OMB	Office of Management and Budget
PC	participant and program characteristics
RISC	Risk Identification and Selection Collaborative
SDS	Supplemental Data Set

SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
USDA	U.S. Department of Agriculture
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Executive Summary

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered by the U.S. Department of Agriculture's Food and Nutrition Service (FNS).¹ WIC benefits include nutritious supplemental foods; nutrition education and counseling, including breastfeeding promotion and support; and referrals to healthcare, social services, and other community providers for pregnant, breastfeeding, and postpartum women^{2, 3} and infants and children up to age 5 who have been determined to be at nutritional risk and income-eligible for the program. WIC delivers benefits to participants through food instruments primarily via electronic benefit transfer cards. Participants may redeem these benefits from authorized retail vendors.

WIC was launched as a pilot program in 1972 and permanently established in 1974 by an amendment to the Child Nutrition Act of 1966 (Pub. L. No. 89–642, as amended in 2010 through Pub. L. No. 111–296). A total of 6.8 million women, infants, and children were certified to receive benefits in WIC in April 2022. For fiscal year 2022, Congress appropriated \$6 billion for the program (H.R. 2471, No. 2021). Since 1988, FNS has produced biennial reports on WIC participant and program characteristics (WIC PC) for use in program monitoring and managing WIC information needs, such as estimating budgets, submitting civil rights reports,⁴ identifying research needs, and reviewing current and proposed WIC policies and procedures. Federal regulations require that the biennial reports include information on participants' income and nutritional risk characteristics, breastfeeding initiation rates and duration estimates, and migrant farmworker characteristics.⁵

WIC provides services through 89 State agencies: the 50 States; the District of Columbia; 5 U.S. territories (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands); and 33 Indian Tribal Organizations (see table 1.1). These 89 State agencies operated 1,792 local agencies nationwide in April 2022.

A. WIC PC Data and Reporting

This publication is the 18th report in the WIC PC study series. Similar to all WIC PC reports issued since 1992, the 2022 report (WIC PC 2022) is based on participant data State agencies submitted to FNS. Each of these reports has presented information on a census of WIC participants conducted in the sample month of April of the reference year.⁶

For each WIC PC report, WIC participants are defined as individuals who were certified to receive WIC benefits in April of the reference year, including individuals who did not claim a food instrument in April.⁷ In contrast, for administrative purposes, FNS measures monthly WIC participation based on the

¹ See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

² Current WIC regulations allow food packages to be prescribed to women up to 6 months postpartum who are not breastfeeding or minimally breastfeeding (women who receive infant formula from WIC for her infant in quantities that exceed those allowed for partially breastfed infants); these women are included in the definition of postpartum women in this report. See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

³ In this report, the term *women* describes pregnant, breastfeeding, and postpartum individuals.

⁴ Federally required reports on the race and ethnicity of WIC participants

⁵ Federal regulations define a migrant farmworker as an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who has established a temporary abode for the purposes of such employment.

⁶ Because of State agency management information system constraints, three State agencies provided data for a reference month other than April 2022: The District of Columbia provided data for July 2022, and Santo Domingo Pueblo (NM) and Pueblo of San Felipe (NM) provided data for February 2022.

⁷ In accordance with Federal regulations, this definition includes fully breastfed infants who were certified to receive benefits but were not prescribed a food package and partially breastfeeding women more than 6 months postpartum who were not prescribed a food package but whose infants were prescribed a food package.

number of certified individuals who claimed their food instruments each month. As a result of the differences in the definition of participation for WIC PC reports versus FNS administrative data, participation as measured for WIC PC 2022 was 8.1 percent greater than participation as measured for program reports based on FNS administrative data for April 2022.⁸

The current system for reporting WIC PC data is based on the automated transfer of a set of 20 data elements, known as the Minimum Data Set (MDS), by State agencies to FNS (table 2.1). The data elements represent information State and local WIC staff collect to confirm applicant eligibility for WIC benefits and issue food instruments. In 1992, FNS developed the MDS in collaboration with the Information Committee of the National WIC Association and the Centers for Disease Control and Prevention (CDC).

For WIC PC data reporting, all 89 State agencies are asked to submit the MDS data on a census of participants. The State agency-maintained information systems that served as the data sources for WIC PC 2022 did not always contain complete information on every WIC participant; this was also the case for prior WIC PC reports.

Effects of State Agency Waivers on WIC PC Reporting

Beginning in March 2020, in response to the COVID-19 pandemic, FNS approved waivers for all requesting State agencies, allowing them to safely certify participants (physical presence waiver) and distribute benefits (remote benefits issuance waiver) without participants being physically present for appointments in the WIC clinic. The physical presence waiver also allowed State agencies to defer the collection of anthropometric and hematological test data needed to determine certain nutritional risks. Many State agencies still had physical presence waivers in place during April 2022. As a result, State agencies either did not collect some MDS data elements or collected the data using practices that differed from standard operating procedures (e.g., old data from previous certifications, self-reported data). It was also unclear whether dates of entry corresponded to dates of measurement or hematological test. Therefore, ***findings on anthropometric and hematological data are not reported for WIC PC 2022*** (see chapters 6 and 7 for additional details).

B. Participant Characteristics in 2022

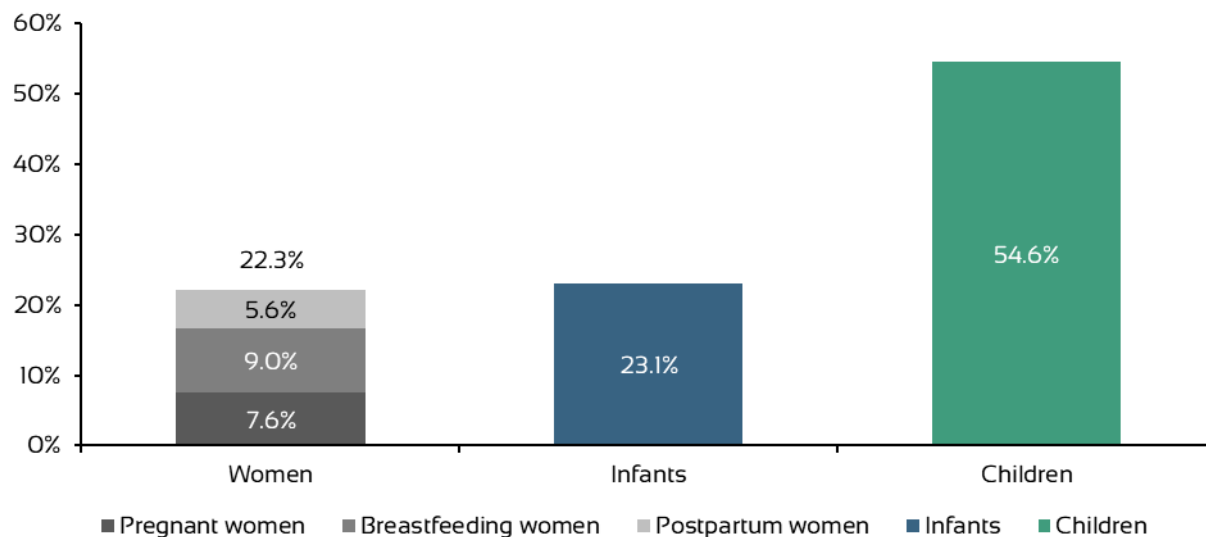
This report describes findings in seven main topic areas: enrollment and demographic characteristics (see chapter 3), participation in other Federal benefit programs and income (see chapter 4), assigned nutritional risks (see chapter 5), anthropometric status (see chapter 6), anemia status (see chapter 7), breastfeeding initiation and duration (see chapter 8), and comparisons of participants with the overall U.S. population (see chapter 9).

1. Enrollment and Demographic Characteristics

A total of 6,800,619 women, infants, and children participated in WIC in April 2022. More than half (54.6 percent) of participants in 2022 were children (i.e., 1 to 4 years old, see figure ES.1).

⁸ WIC State agencies report monthly participation to FNS via form FNS-798. These data are publicly available here: Food and Nutrition Service. (n.d.). *WIC data tables*. U.S. Department of Agriculture. <https://www.fns.usda.gov/pd/wic-program>

Figure ES.1. Distribution of WIC Participants by Participant Category



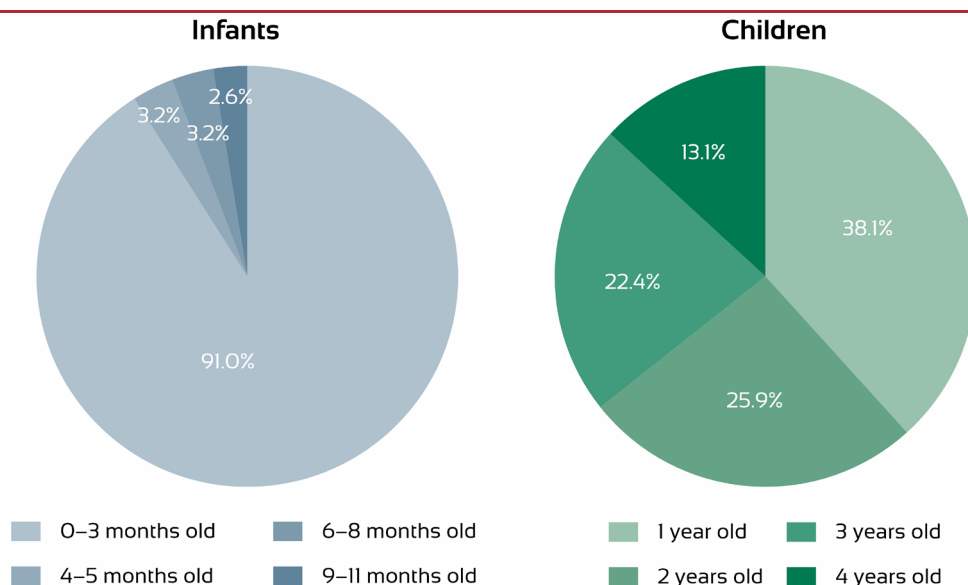
Note: The data for this figure are also presented in tables 3.1 and appendix table A.1.
Source: USDA, Food and Nutrition Service, WIC PC 2022

Infants accounted for 23.1 percent of participants, and women accounted for 22.3 percent. Since 1992, the proportion of WIC participants who are infants has decreased, whereas the proportion who are children has increased. In 2022, pregnant women made up 7.6 percent of participants overall, breastfeeding women made up 9.0 percent, and postpartum women 5.6 percent. In 2012, the proportion of breastfeeding women was higher than that of postpartum women for the first time in the history of WIC; this trend continued through 2022. This shift toward higher rates of breastfeeding among women participating in WIC is consistent with increasing rates of breastfeeding initiation for infants participating in WIC.

Age at certification

Most infants (91.0 percent) were initially certified for WIC benefits during their first 3 months of life (see figure ES.2). Among children, younger children made up a higher proportion of child WIC participants; at the time of most recent certification, 38.1 percent of children were 1 year old, whereas 13.1 percent were 4 years old. The proportion of children aged 1 has increased since 2012, whereas the proportion aged 4 has decreased.

Figure ES.2. Distribution of Infants and Children Participating in WIC by Age at Certification



Note: Less than 0.1 percent of infants and children were missing reporting for age. The data for this figure are also presented in tables 3.2b–c and appendix tables A.3 and A.4.

Source: USDA, Food and Nutrition Service, WIC PC 2022

A majority of women (83.4 percent) were aged 18 to 34 in April 2022; 2.0 percent of women were 17 or younger. The proportion of women aged 35 and older was 14.5 percent in 2022, a substantial increase from the 5.2 percent of women in this age category in 1992.

Trimester at certification

In 2022, almost half of pregnant women (48.3 percent) participating in WIC were certified in the program during the first trimester of pregnancy, 40.2 percent were certified during the second trimester, and 11.4 percent were certified during the third trimester. The proportion of pregnant WIC participants who were certified during the first trimester has decreased steadily from a high of 56.9 percent in 2012.

Risk priority

If a local agency were to reach its maximum caseload—which FNS determines based on the agency’s funding level and predicted case turnover—it would use a ranking system, in accordance with the State agency’s policy, with seven federally defined risk priority levels⁹ to prioritize eligible applicants according to their relative levels of nutritional risk (see text box). In April 2022, no State agency was required to use risk priority levels to determine which applicants would receive benefits.

Risk Priorities		
Risk Priority	Type	Participant Categories
I	Medically based	Pregnant women, breastfeeding women, and infants
II		Infants up to 6 months old
III		Children
IV	Dietary based	Pregnant women, breastfeeding women, and infants
V		Children
VI		Postpartum women
VII	Other	All categories

This information is also presented in table 3.4.

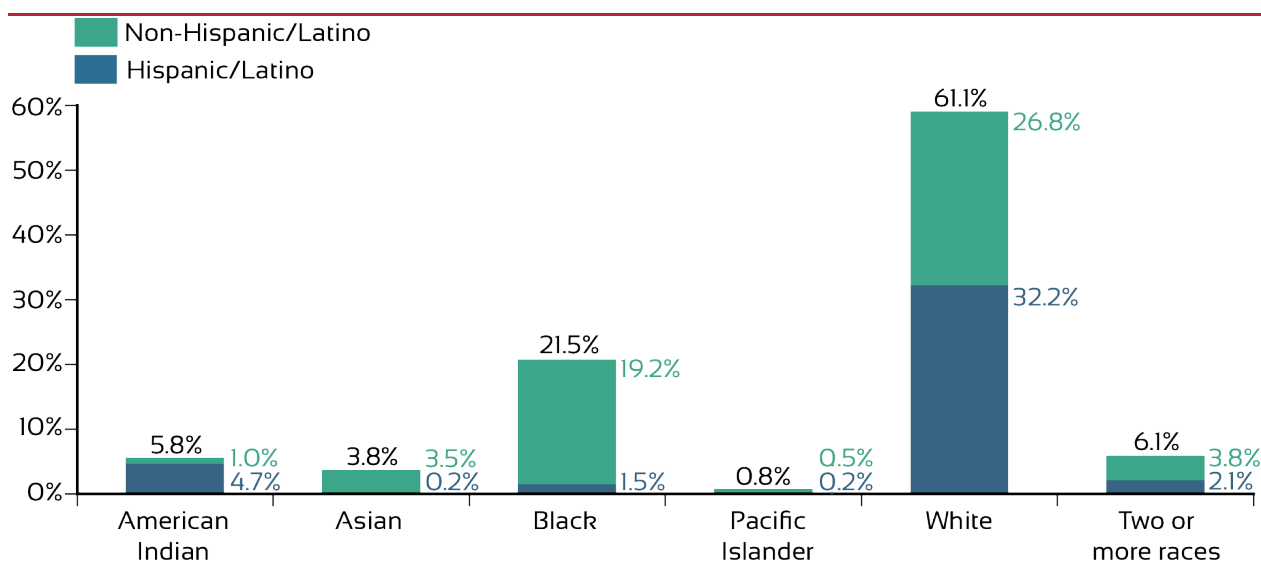
⁹ See 7 C.F.R. 246.7(e)(4) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

The majority of pregnant and breastfeeding women (73.5 and 76.7 percent) were assigned Priority Level I; almost two-thirds of postpartum women (64.7 percent) were assigned Priority Level VI. Sixty percent of infants (59.6 percent) were assigned Priority Level I, and two-thirds of children (65.7 percent) were assigned Priority Level V.

Race and ethnicity

More than 60 percent of participants (61.1 percent) were reported as White in 2022, 21.5 percent as Black, 5.8 percent as American Indian, 3.8 percent as Asian, and 0.8 percent as Pacific Islander (see figure ES.3).¹⁰ Two or more races were reported for 6.1 percent of participants, and 43.1 percent of participants were reported as Hispanic/Latino.

Figure ES.3. Distribution of WIC Participants by Race and Ethnicity



Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding. The data for this figure are also presented in table 3.6 and appendix tables A.8 and A.9.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Migrant farmworker status

Federal regulations define a migrant farmworker as an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who has established a temporary abode for the purposes of such employment (The Migrant and Seasonal Agricultural Worker Protection Act, 1983). In total, 17,685 WIC participants were identified as migrant farmworkers in 2022. Migrant farmworker participants made up less than half of 1 percent of the Nation's total WIC population. More than 70 percent (71.5 percent) of these participants were located in California or Florida.

2. Participation in Other Federal Benefit Programs and Household Income

WIC's authorizing legislation allows applicants to meet income eligibility requirements through participation in qualifying means-tested Federal benefit programs such as Temporary Assistance for

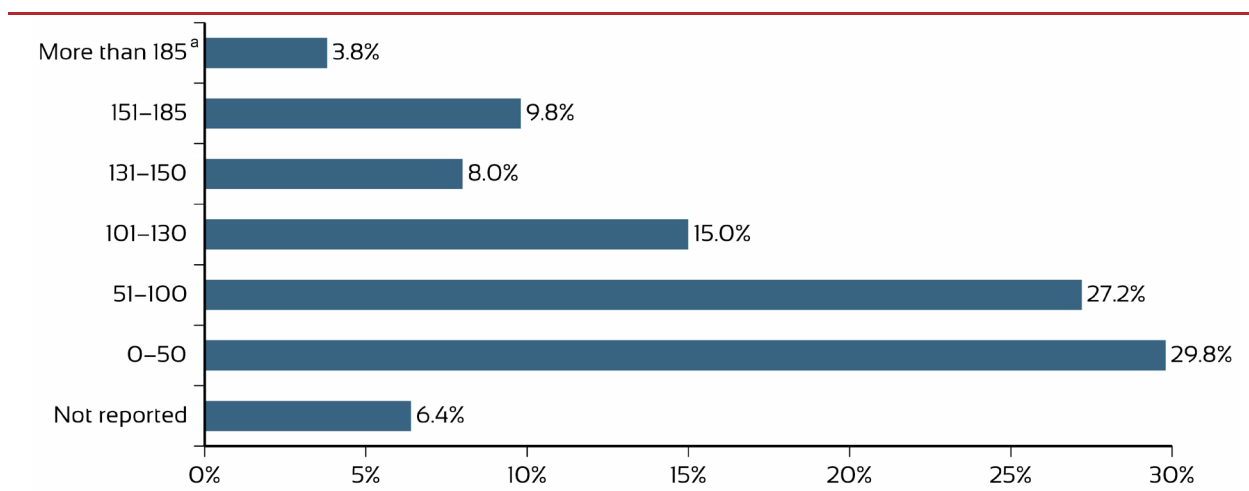
¹⁰ Reporting categories based on the Office of Management and Budget (OMB, 1997) definitions and reporting requirements were first used in the PC2006 report. Some of the reporting category names were modified for 2018 to help streamline table and figure text in the report (see table 2.3 for additional details). The shortened category names are used across this report.

Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Medicaid; this authorization is known as adjunctive eligibility. A majority of WIC participants (80.4 percent) reported receiving benefits from at least one of these three Federal public assistance programs in 2022: 2.8 percent received TANF benefits, 25.8 percent received SNAP benefits, and 78.3 percent received Medicaid benefits.¹¹ More than 20 percent (21.3 percent) of participants received both Medicaid and SNAP benefits, and only 2.5 percent of participants reported receiving benefits from all three programs.

The average annualized income of households participating in WIC during 2022 was \$23,340. Across participant categories, household income was highest for children (\$24,331) and lowest for postpartum women (\$20,579).

WIC State agencies must set income eligibility restrictions of between 100 and 185 percent of the Federal Poverty Guidelines established by the U.S. Department of Health and Human Services (HHS);¹² all State agencies set this threshold at 185 percent of the Federal Poverty Guidelines in April 2022. These income guidelines for poverty vary based on household size and residency,¹³ but in most areas served by WIC, the poverty guideline for a household of four was \$26,500 per year (HHS, 2021a). Based on this guideline, an income of \$49,025 per year for a household of four would represent 185 percent of the Federal Poverty Guidelines. In April 2022, the mean household size for participants was 4.1 individuals. In 2022, a majority of participants (89.8 percent) reported income equal to or less than 185 percent of the Federal Poverty Guidelines: 57.0 percent reported income at or below the guidelines, and 29.8 percent reported income equal to or less than 50 percent of the guidelines (see figure ES.4).^{14, 15}

Figure ES.4. WIC Participants Reported Household Income as a Percentage of the Federal Poverty Guidelines



Note: The data for this figure are also presented in table 4.6 and appendix table A.15. "Not reported" refers to missing income data (see chapter 2 for additional details).

^a Participants may be adjunctively eligible for WIC through Medicaid. In some State agencies, the income threshold for Medicaid is greater than 185 percent of the Federal Poverty Guidelines.

Source: USDA, Food and Nutrition Service, WIC PC 2022

¹¹ These findings likely underestimate participation in these programs. See chapter 2 for additional details on study considerations.

¹² The Federal Poverty Guidelines established in January 2021 were used by WIC to establish eligibility from July 2021 through June 2022, so these guidelines covered most of the period for which WIC participants active in April 2022 were certified.

¹³ The Federal Poverty Guidelines are the same for the 48 contiguous States, the District of Columbia, and the 5 U.S. territories served by WIC; they are different for Alaska and Hawaii.

¹⁴ Participants may be adjunctively eligible for WIC through Medicaid. In some State agencies, the income threshold for Medicaid is greater than 185 percent of the Federal Poverty Guidelines.

¹⁵ Income data were missing for an additional 6.4 percent of participants.

3. Assigned Nutritional Risks

For WIC PC 2022, State agencies could report up to 10 nutritional risk criteria for each participant. The majority of participants, 60.2 percent, were assigned one nutritional risk; 24.0 percent were assigned two nutritional risks; and 15.6 percent were assigned three or more nutritional risks.

4. Anthropometric and Anemia Status

During “typical” WIC operations (i.e., prior to the COVID-19 pandemic), a participant’s weight and height (or length) are measured and recorded during the eligibility determination process and used to determine anthropometric nutritional risks. In WIC PC 2022, many State agencies still had physical presence and remote issuance waivers in place, allowing them to defer collection of anthropometric and hematological data from WIC participants, resulting in unreliable or missing data. Therefore, findings on anthropometric and hematological data are not reported for 2022.

5. Breastfeeding Initiation and Duration

The 2022 estimated rate of breastfeeding initiation was based on data from 84 State agencies.¹⁶ Across these agencies 70.0 percent of 6- to 13-month-old infants and children were reported to have initiated breastfeeding.

Breastfeeding rates at 3 and 6 months were calculated using data for 9- to 13-month-old infants and children¹⁷ from 81 State agencies.¹⁸ Among these infants and children, 32.7 percent were breastfeeding at 3 months, and 22.5 percent were breastfeeding at 6 months. Approximately 15 percent of 12- to 13-month-old children were breastfeeding at 12 months. This estimate was calculated using data from 79 State agencies.¹⁹

6. Comparison of the WIC Population With the Overall U.S. Population

Nationally representative surveys provided data on the overall U.S. population for comparison with the WIC population for several key measures:

- ▶ **Race and ethnicity.** Compared with the overall U.S. population, WIC participants were more likely to be identified as Black, American Indian, or Hispanic/Latino and less likely to be identified as White or Asian. (U.S. Census Bureau, n.d.-a).
- ▶ **Women’s age at childbirth.** Compared with the overall U.S. population, women participating in WIC were more likely to give birth between the ages of 15 and 24 and less likely to give birth between the ages of 30 to 39 (Osterman et al., 2023).

¹⁶ National breastfeeding initiation rates include data for State agencies that reported breastfeeding initiation data for at least 75.0 percent of all infants and children aged 6–13 months. Data were excluded for the following State agencies: the District of Columbia, Inter-Tribal Council of Nevada, Puerto Rico, South Dakota, and Wyoming.

¹⁷ Because breastfeeding status updates are typically provided retrospectively, breastfeeding duration estimates are restricted 9- to 13-month-old infants and children to minimize the amount of missing data on breastfeeding status at 6 months.

¹⁸ National breastfeeding rates at ages 3 and 6 months include data for State agencies that reported breastfeeding duration data for at least 75.0 percent of all 9- to 13-month-old infants and children. Data were excluded for the following State agencies: the District of Columbia, Inter-Tribal Council of Nevada, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, South Dakota, and Wyoming.

¹⁹ National breastfeeding rates at 12 months included data for State agencies that reported breastfeeding duration data for at least 75.0 percent of all 12- to 13-month-old children. Data were excluded for the following State agencies: the District of Columbia, Indian Township (ME), Inter-Tribal Council of Nevada, Michigan, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, Santo Domingo (NM), and Wyoming.

- ▶ **Income.** Compared with the overall U.S. population, nearly five times as many WIC participants experienced poverty (U.S. Census Bureau, n.d.-b).
- ▶ **Breastfeeding.** Compared with the overall U.S. population, breastfeeding initiation rates were lower among infant WIC participants. Fewer than half as many infant WIC participants as infants in the overall U.S. population were breastfed at 6 months (CDC, n.d.).

C. Food Package Data

Among the MDS elements, State agencies were required to provide data on food packages and food prescriptions. These data are described in the WIC Participant and Program Characteristics Food 2022 Packages and Costs Report.

D. WIC PC 2022 Data Products

In conjunction with the biennial WIC PC reports and the companion WIC PC food package reports, FNS produces several data products to enable further research on WIC. A national sample data set is available for use by researchers upon request.²⁰ FNS and other organizations—such as CDC and the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine—use WIC PC data in their research efforts related to WIC participants and women and children with lower incomes in general.

²⁰ Data are available on the USDA Ag Data Commons website at data.nal.usda.gov by searching “WIC participant and program characteristics.”

Chapter 1. Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS).²¹ WIC provides benefits such as nutritious supplemental foods; nutrition education and counseling, including breastfeeding promotion and support; and referrals to healthcare, social services, and other community providers for pregnant, breastfeeding, and postpartum²² women²³ and infants and children up to age 5 who have been determined to be at nutritional risk and income-eligible for the program. By intervening during the prenatal period, WIC seeks to improve fetal development and reduce the incidence of low birth weight, short gestation, and maternal anemia. WIC benefits help maintain and improve the health and development of infants and children who are at nutritional risk. For breastfeeding and postpartum women, WIC seeks to improve dietary intake and promote breastfeeding as the best source of infant nutrition. WIC was established in 1972 by an amendment to the Child Nutrition Act of 1966 (Pub. L. No. 89–642, as amended) to counteract the negative effects of poverty on prenatal and pediatric health. A total of 6.8 million women, infants, and children participated in WIC in April 2022. For fiscal year (FY) 2022, Congress appropriated \$6 billion for WIC (H.R. 2471, 2021).

Since 1988, FNS has produced biennial reports on WIC participant and program characteristics (WIC PC). FNS uses this regularly updated information to monitor the program and manage WIC information needs, such as estimating budgets, submitting civil rights reports,²⁴ identifying research needs, and reviewing current and proposed WIC policies and procedures. Federal regulations require that the biennial reports include information on participants' income and nutritional risk characteristics, breastfeeding initiation rates and duration estimates, and migrant farmworker characteristics.²⁵

For each WIC PC report since 1992, WIC participants are defined as individuals who were certified to receive WIC benefits in April of the reference year, including individuals who did not claim a food instrument that month. The reference period for WIC PC 2022 is April 2022.²⁶ In accordance with WIC guidelines, this definition includes fully breastfed infants who were certified for WIC benefits but were not prescribed a food package during the first 6 months after birth.

A. Program Operations

WIC provides services through 89 State agencies: the 50 States; the District of Columbia; 5 U.S. territories (American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands); and 33 Indian Tribal Organizations (ITOs). There were 89 State agencies and 1,792 local agencies nationwide in April 2022. Participants receive services at local agencies or clinics.²⁷ Table 1.1 presents information on the number of local agencies operated by State agencies. Eight State

²¹ See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

²² Current WIC regulations allow food packages to be prescribed to women up to 6 months postpartum who are not breastfeeding or minimally breastfeeding; these women are included in the definition of postpartum women in this report. See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

²³ In this report, the term *women* describes pregnant, breastfeeding, and postpartum individuals.

²⁴ Federally required reports on the race and ethnicity of WIC participants

²⁵ Federal regulations define a migrant farmworker as an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who has established a temporary abode for the purposes of such employment.

²⁶ Because of State agency management information system constraints, three State agencies provided data for a reference month other than April 2022: The District of Columbia provided data for July 2022, and Santo Domingo Pueblo (NM) and Pueblo of San Felipe (NM) provided data for February 2022.

²⁷ Some State agencies prefer to use the term "service site" rather than "clinic." For brevity and consistency, the term "clinic" is used throughout this report.

agencies served about half of all participants (51.4 percent).²⁸ Two State agencies—California and Texas—provided services to one-quarter of all participants (25.9 percent).

At the Federal level, FNS—through its seven administrative Regional Offices—provides grants to State agencies to support nutrition services and program administration, sets nutritional risk eligibility standards, issues regulations and monitors compliance with these regulations, offers technical assistance, and conducts studies of program operation and performance. State agencies allocate funds to local agencies, monitor compliance with Federal and State agency regulations, and supply technical assistance to local agency staff.

Table 1.1. Distribution of WIC Participants and Local Agencies by State Agency

State Agency		Participants		Local Agencies	
		Number	Percent	Number	Percent
Total		6,800,619	100.0	1,792	100.0
States and DC	Alabama	112,648	1.7	8	0.4
	Alaska	14,040	0.2	13	0.7
	Arizona	143,734	2.1	21	1.2
	Arkansas	62,416	0.9	1	< 0.1
	California	965,041	14.2	84	4.7
	Colorado	83,683	1.2	37	2.1
	Connecticut	51,292	0.8	11	0.6
	Delaware	19,276	0.3	2	0.1
	District of Columbia	13,049	0.2	4	0.2
	Florida	458,155	6.7	44	2.5
	Georgia	216,795	3.2	19	1.1
	Hawaii	27,427	0.4	15	0.8
	Idaho	30,457	0.4	9	0.5
	Illinois	186,519	2.7	95	5.3
	Indiana	173,398	2.5	36	2.0
	Iowa	59,777	0.9	20	1.1
	Kansas	51,201	0.8	65	3.6
	Kentucky	107,402	1.6	63	3.5
	Louisiana	101,491	1.5	77	4.3
	Maine	18,095	0.3	8	0.4
	Maryland	121,026	1.8	18	1.0
	Massachusetts	118,876	1.7	31	1.7
	Michigan	205,127	3.0	47	2.6
	Minnesota	106,077	1.6	86	4.8
	Mississippi	70,432	1.0	22	1.2
	Missouri	89,451	1.3	117	6.5
	Montana	13,541	0.2	30	1.7
	Nebraska	38,608	0.6	13	0.7
	Nevada	55,991	0.8	15	0.8
	New Hampshire	14,467	0.2	4	0.2
	New Jersey	160,824	2.4	16	0.9
	New Mexico	36,966	0.5	3	0.2

²⁸ California, Florida, Georgia, Michigan, New York, North Carolina, Ohio, and Texas

	State Agency	Participants		Local Agencies	
		Number	Percent	Number	Percent
States and DC (continued)	New York	404,026	5.9	89	5.0
	North Carolina	260,588	3.8	85	4.7
	North Dakota	10,497	0.2	20	1.1
	Ohio	194,226	2.9	74	4.1
	Oklahoma	78,649	1.2	12	0.7
	Oregon	76,198	1.1	32	1.8
	Pennsylvania	177,804	2.6	24	1.3
	Rhode Island	18,050	0.3	12	0.7
	South Carolina	89,472	1.3	6	0.3
	South Dakota	13,690	0.2	59	3.3
	Tennessee	138,560	2.0	13	0.7
	Texas	798,145	11.7	65	3.6
	Utah	40,953	0.6	13	0.7
	Vermont	11,309	0.2	12	0.7
	Virginia	133,915	2.0	35	2.0
	Washington	134,482	2.0	55	3.1
	West Virginia	36,999	0.5	8	0.4
	Wisconsin	90,733	1.3	68	3.8
	Wyoming	7,331	0.1	19	1.1
U.S. Territories	American Samoa	4,233	< 0.1	1	< 0.1
	Guam	6,309	< 0.1	1	< 0.1
	Commonwealth of the Northern Mariana Islands	2,919	< 0.1	1	< 0.1
	Puerto Rico	94,428	1.4	8	0.4
	U.S. Virgin Islands	2,648	< 0.1	2	0.1
Indian Tribal Organizations	Acoma, Canoncito, Laguna (NM)	324	< 0.1	1	< 0.1
	Cherokee Nation (OK)	5,883	< 0.1	1	< 0.1
	Cheyenne River Sioux Tribe (SD)	475	< 0.1	1	< 0.1
	Chickasaw Nation (OK)	3,965	< 0.1	1	< 0.1
	Choctaw Nation (OK)	5,579	< 0.1	1	< 0.1
	Citizen Potawatomi Nation (OK)	1,531	< 0.1	1	< 0.1
	Eastern Band of Cherokee Indians (NC)	613	< 0.1	1	< 0.1
	Eastern Shoshone Tribe (WY)	81	< 0.1	1	< 0.1
	Eight Northern Indian Pueblos Council (NM)	194	< 0.1	1	< 0.1
	Five Sandoval Indian Pueblos (NM)	139	< 0.1	1	< 0.1
	Indian Township Passamaquoddy Reservation (ME)	38	< 0.1	1	< 0.1
	Inter Tribal Council of Arizona	6,851	0.1	12	0.7
	Inter-Tribal Council of Nevada	676	< 0.1	1	< 0.1
	Inter-Tribal Council of Oklahoma	594	< 0.1	1	< 0.1
	Mississippi Band of Choctaw Indians	774	< 0.1	1	< 0.1
	Muscogee Creek Nation (OK)	2,405	< 0.1	1	< 0.1
	Navajo Nation (AZ)	4,813	< 0.1	1	< 0.1
	Northern Arapaho Tribe (WY)	180	< 0.1	1	< 0.1
	Omaha Nation (NE)	190	< 0.1	1	< 0.1
	Osage Nation (OK)	4,133	< 0.1	1	< 0.1
	Otoe-Missouria Tribe (OK)	279	< 0.1	1	< 0.1

State Agency		Participants		Local Agencies	
		Number	Percent	Number	Percent
Indian Tribal Organizations (continued)	Pleasant Point Passamaquoddy Reservation (ME)	34	< 0.1	1	< 0.1
	Pueblo of Isleta (NM)	1,032	< 0.1	1	< 0.1
	Pueblo of San Felipe (NM)	170	< 0.1	1	< 0.1
	Pueblo of Zuni (NM)	456	< 0.1	1	< 0.1
	Rosebud Sioux Tribe (SD)	870	< 0.1	1	< 0.1
	Santee Sioux Nation (NE)	37	< 0.1	1	< 0.1
	Santo Domingo Pueblo (NM)	98	< 0.1	1	< 0.1
	Standing Rock Sioux Tribe (ND)	247	< 0.1	1	< 0.1
	Three Affiliated Tribes (ND)	123	< 0.1	1	< 0.1
	Ute Mountain Ute Tribe (CO)	123	< 0.1	1	< 0.1
	Wichita, Caddo, Delaware (OK)	4,176	< 0.1	1	< 0.1
	Winnebago Tribe (NE)	90	< 0.1	1	< 0.1

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

B. Effects of the COVID-19 Pandemic on WIC Operations

In March 2020, Congress passed the Families First Coronavirus Response Act (FFCRA). The legislation, as amended by the Continuing Appropriations Act 2021 and Other Extensions Act (Pub. L. No. 116–159), provided FNS the authority to grant programmatic waivers to WIC State agencies to facilitate social distancing and provide flexibility to requirements that could not be met during the pandemic (FNS, 2020a).

Under the legislation, FNS was authorized to grant waivers to State agencies to conduct certification and recertification appointments without participants' physical presence at a WIC clinic and defer the anthropometric (i.e., height, length, weight) and hematological test requirements necessary to determine certain nutritional risks.²⁹ FNS also received authority to waive select administrative requirements, such as allowing certain food package substitutions, waiving medical documentation for existing participants, or allowing remote benefit issuance.³⁰ FNS granted 16 types of WIC waivers (detailed information on State-by-State implementation of the waivers can be found on the USDA FNS website³¹). In September 2021, FNS extended certain waivers until 90 days past the end of the public health emergency.³² As of April 2022, the public health emergency was ongoing.

For WIC PC 2022, State agencies provided most data elements with the same high quality as in previous years, except anthropometric and hematological measurement data. Anthropometric and hematological measurement data were largely unreliable because of large amounts of missing data and varied practices State agencies used to collect and report these data (e.g., old data from previous certifications or self-reported data). It was also unclear whether dates of entry corresponded to dates of measurement. **Therefore, findings on anthropometric and hematological data are not reported for WIC PC 2022** (see chapters 2, 6, and 7 for additional details).

²⁹ See Families First Coronavirus Response Act, Pub. L. No. 116–127, 13 Stat. 178 (2020). <https://www.govinfo.gov/app/details/PLAW-116publ127>

³⁰ See Families First Coronavirus Response Act, Pub. L. 116–127, No. 13 Stat. 178 (2020). <https://www.govinfo.gov/app/details/PLAW-116publ127>

³¹ WIC: COVID-19 waivers by State, <https://www.fns.usda.gov/disaster/pandemic/covid-19/wic-waivers-flexibilities>, and WIC COVID-19 waivers, <https://www.fns.usda.gov/disaster-assistance/wic-covid-19-waivers>

³² See WIC Policy Memorandum #2021-10 (2021), <https://www.fns.usda.gov/wic/policy-memorandum-2021-10>

C. Participant Benefits

WIC seeks to improve the health of program participants by providing supplemental nutritious food; nutrition education and counseling, including breastfeeding promotion and support; and referrals to healthcare and other social services.

1. Food Packages

State agencies issue a prescribed set of supplemental foods to participants, who purchase the foods from authorized retail vendors. The WIC food packages provide supplemental foods designed to meet the special supplemental nutritional needs of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children up age 5 who are at nutritional risk. Infant food packages reflect the developmental needs of infants and the infant feeding practice guidelines of the American Academy of Pediatrics.³³ Other food packages align with the recommendations provided in the Dietary Guidelines for Americans (DGA; U.S. Department of Health and Human Services [HHS] & USDA, 2015).³⁴ Federal regulations specify different food packages for different categories of participants.

FNS implemented final regulations³⁵ for WIC food packages in March 2014, completing the first comprehensive revisions to the WIC food packages since 1980. At the time of WIC PC 2022 data collection, food packages for women and children included milk and milk substitutes (cheese, soy-based beverages, tofu, and yogurt); eggs; legumes (dry beans, canned beans, and peanut butter); whole-wheat bread, whole-grain bread, and whole-grain options (brown rice, oatmeal, soft corn and whole-wheat tortillas, bulgur, barley, and whole-wheat pasta); hot and cold breakfast cereals; 100 percent juice; and a cash-value benefit to be used for the purchase of fruits and vegetables. Food packages for fully breastfeeding women (up to 1 year postpartum) also prescribed canned fish. Food packages for infants provided cereal and infant fruits and vegetables; fully formula-fed and partially breastfed infants also received formula, while fully breastfed infants also received infant meats as appropriate. Non-contract-brand infant formulas³⁶ and WIC-eligible nutritionals were allowed for participants with qualifying conditions.³⁷

In November 2022, FNS proposed revisions to the WIC food packages to better align them with the current DGA and reflect recommendations made by the National Academies of Sciences, Engineering, and Medicine. Revisions include an increase in the cash-value benefit; reduced amounts of juice and milk; further flexibility for milk, milk substitutions, the cash-value benefit, juice substitution, and infant formula; a new, enhanced food package for partially (mostly) breastfeeding participants; additional criteria for whole-grain and expanded whole-grain options; canned fish added to more food packages; and legumes and peanut butter as a substitution for eggs (FNS, 2022b).

³³ See Special Supplemental Nutrition Program for Women, Infants, and Children: Revisions in the WIC Food Packages (2014) and National Academies of Science, Engineering, and Medicine (2017) for additional details.

³⁴ These guidelines, developed jointly and updated every 5 years by HHS and USDA, provide recommendations on how to attain and maintain a healthy weight, reduce risks of chronic disease, and promote overall health.

³⁵ See Special Supplemental Nutrition Program for Women, Infants, and Children: Revisions in the WIC Food Packages (2014).

³⁶ Since 1987, to reduce costs, State agencies have negotiated rebates provided by manufacturers of WIC-eligible foods; since 1989, State agencies have been Federally required to obtain manufacturer rebates on infant formula (Oliveira et al., 2004).

³⁷ The 2022 food package data will be described in a separate report.

WIC issues food benefits to participants through food instruments in the form of vouchers, checks, or electronic benefit transfer (EBT) cards. Seventy-nine State agencies delivered benefits statewide through EBT as of April 2022 (FNS, 2022a).

2. Nutrition Education and Counseling

WIC food packages, together with nutrition education, are the primary means by which the program affects participants' dietary quality and habits. Nutrition education, including breastfeeding promotion and support, plays a crucial role in WIC as an essential benefit intended to achieve positive changes in participant knowledge, attitudes, and behaviors about infant feeding practices and food consumption. Federal regulations require State and local agencies to offer participants (or their parents or other caretakers) at least two nutrition education sessions during each 6-month certification period. Participants receive nutrition education and counseling through a variety of methods, including in-person and virtual one-on-one sessions and classes, on a variety of topics related to health and nutrition. State agencies promote breastfeeding as the best source of infant nutrition to pregnant women and new mothers and provide breastfeeding information and support through anticipatory guidance, counseling, and breastfeeding educational materials.

3. Access to Healthcare and Social Services

State and local agencies refer participants to other social and healthcare services. Through the provision of onsite and virtual health services or referrals to other social service agencies, WIC serves as a link between participants and healthcare providers or systems. Coordination between such programs and WIC increased after 1989 with the passage of the Child Nutrition and WIC Reauthorization Act (Pub. L. No. 101–147). This act requires local agencies to refer clients to a variety of social service programs that provide income support, child support, childcare services, and substance abuse counseling; it also established adjunctive and automatic income eligibility for WIC benefits.

D. Eligibility for WIC Benefits

Eligibility for receipt of WIC benefits is based on four factors:

1. **Categorical eligibility.** A participant must be a member of one of the following groups: women during pregnancy and up to the first 6 weeks after pregnancy; women up to 1 year postpartum if breastfeeding or up to 6 months postpartum if not breastfeeding; infants up to age 1 (the first birthday); and children up to age 5 (the fifth birthday).
2. **Residency.** An applicant must apply for and receive benefits from the State agency in the State or U.S. territory of residence. For example, a Kansas resident cannot be certified to receive WIC benefits in Nebraska. An individual applying for benefits through an ITO must meet the residency requirements established by that ITO.

3. **Income eligibility.** Participants must meet the income eligibility standards set by the State agency in the State or U.S. territory of residence. These agencies must set income restrictions of between 100 and 185 percent of the Federal Poverty Guidelines issued annually by HHS. These income guidelines for poverty are based on household size and residency (HHS, 2021a).³⁸ As of April 2022, the income eligibility threshold set by all State agencies was 185 percent of the Federal Poverty Guidelines. In most areas served by WIC in 2022, a household of four with an annual income of \$49,025 or less was income-eligible for WIC at the 185-percent threshold (FNS, 2021a).^{39, 40}

Applicants who participate in Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), or Medicaid are adjunctively eligible for WIC. An applicant who participates in other means-tested benefit programs with income eligibility thresholds at or below those for WIC can be considered automatically income-eligible for WIC if the applicant's State agency has approved those programs for eligibility determinations. Since the passage of the William F. Goodling Child Nutrition Reauthorization Act of 1998 (Pub. L. No. 105–336), applicants not certified under adjunctive or automatic eligibility provisions have been required to provide proof of household income.⁴¹

4. **Nutritional risk.** An applicant must be determined to be at nutritional risk based on a medical and/or nutritional assessment by a competent professional authority such as a physician, nutritionist, nurse, or other health professional or paraprofessional. To assess an applicant's level of nutritional risk, at a minimum, height (or length) and weight are recorded, and, with the exception of infants younger than 9 months, a hematological test is administered to screen for anemia.⁴² State and local agencies must use criteria that meet or exceed the national nutritional risk criteria first implemented in April 1999. FNS and the National WIC Association developed this set of approximately 100 detailed criteria with applicable thresholds for determining eligibility based on nutritional risk in response to recommendations issued by the Institute of Medicine⁴³ (IOM, 1996). FNS annually issues updated criteria for a small number of nutritional risks to ensure the national risk criteria remain consistent with the latest nutritional and medical science.

WIC must operate within annual funding levels established by appropriations law. The number of participants WIC is able to serve each year depends on the funding available and FNS's allocation of these funds to individual State agencies. Changes in the cost of food may also affect the number of participants WIC is able to serve. To help State and local agencies prioritize WIC applicants according to need, Federal regulations⁴⁴ define seven risk priority levels based on applicant categorical status and type of nutritional risk. The general purpose of the existing priority system is to give preference to participants with medically based nutritional risks over those with risks based only on inadequate diet. In 2022, WIC served all eligible individuals who sought benefits, regardless of assigned priority level.

³⁸ The Federal Poverty Guidelines are the same for the 48 contiguous States, the District of Columbia, and the 5 U.S. territories served by WIC; they are different for Alaska and Hawaii.

³⁹ The Federal Poverty Guidelines established in March 2021 were used by WIC to establish eligibility from July 2021 through June 2022, so these guidelines covered most of the period for which WIC participants active in April 2022 were certified.

⁴⁰ In April 2022, the WIC income eligibility threshold for a household of four based on annual household income was \$61,291 in Alaska and \$56,388 in Hawaii.

⁴¹ Although Federal regulations distinguish means-tested programs that qualify applicants for adjunctive income eligibility from programs that qualify applicants for automatic income eligibility, the two mechanisms work similarly with respect to income eligibility.

⁴² As a result of the implementation of the physical presence waiver beginning in March 2020, State agencies were granted the authority to defer anthropometric and hematological test requirements used to determine nutritional risk.

⁴³ Now the National Academies of Science, Engineering, and Medicine

⁴⁴ See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

Length of Certification

WIC participants' length of certification varies based on the participant category. To continue receiving benefits, pregnant women must recertify as breastfeeding or postpartum after the end of their pregnancy. Postpartum women are certified to receive benefits for 6 months. Infants and children must recertify after approximately 6 months unless local agency policy allows for yearlong certifications; most State agencies allow local agencies certify infants and children for 1 year. A State agency may establish shorter certification periods for high-risk cases.

Length of Certification	
Participation Category	Length of Certification
Pregnant woman	The duration of pregnancy and up to the last day of the month in which the infant becomes 6 weeks old
Breastfeeding woman	Approximately 6 months; the State agency may permit its local agencies to certify a breastfeeding woman up to the last day of the month in which her infant turns 1 year old or until the woman ceases breastfeeding, whichever occurs first
Postpartum woman	Up to the last day of the sixth month after the baby is born or the pregnancy ends
Infant and child	Approximately 6 months; the State agency may permit its local agencies to certify an infant or child for a period up to one year, provided the quality and accessibility of health care services are not diminished

Source: 7 C.F.R. 246.7 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985)

E. Organization of the Report

This report presents the results of the 2022 data collection efforts. The chapters, tables, and appendices are presented in the same order as the 2018 and 2020 reports for consistency. Chapters 3 through 8 include discussions of variation across State agencies. The study team focused on the 50 States and the District of Columbia for most of these discussions. As a result of the small number of participants in many ITOs and territories, a small change in the number of participants can translate to a large change in the percentage; seemingly large percentage differences are therefore not always indicative of meaningful changes in the WIC participant population in these agencies. The report notes where trends over time exist. Some tables present results by selected characteristics (e.g., participant category, race, ethnicity).

Appendix A provides historical data tables from 1992 through 2022, and appendix B provides 2022 State agency-level data tables corresponding to most tables included in the report. Appendix C presents tables of 2022 Supplemental Data Set (SDS) data (see chapter 2 for additional details about the SDS).

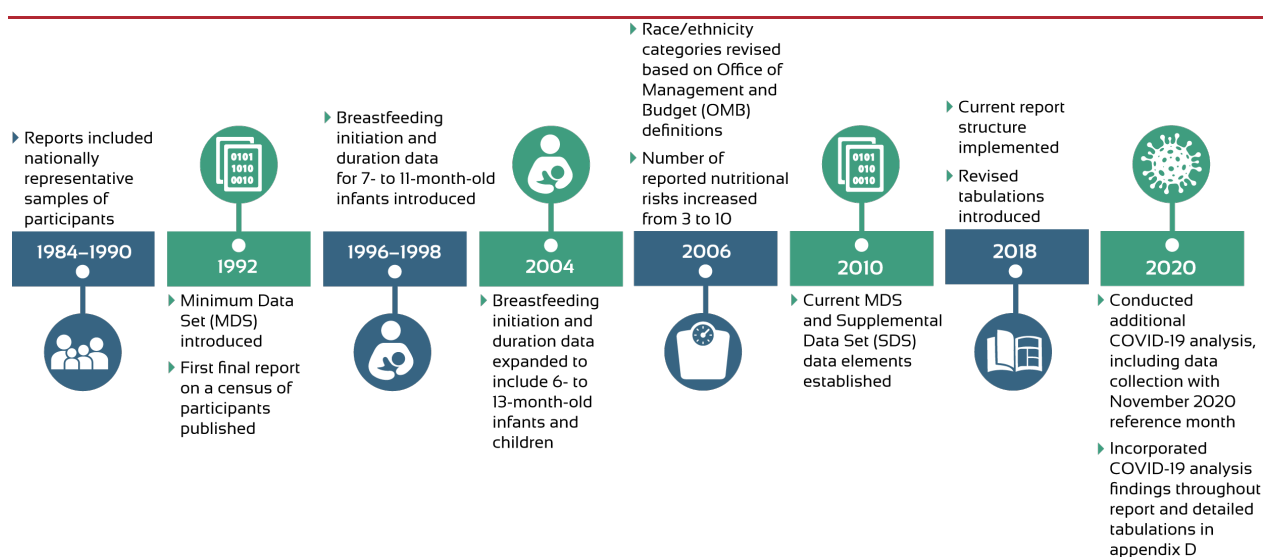
Chapter 2. Methodology

The WIC PC 2022 report provides the results of a census of WIC participants FNS conducts every 2 years to monitor WIC and manage its information needs. This chapter describes the previous WIC PC reports and provides an overview of the methods the study team used to collect and prepare WIC PC 2022 data for analysis and produce the report. Additional details on methods for reporting participation in other Federal benefit programs and income, nutritional risks, anthropometric status, anemia status, and breastfeeding data are provided in chapters 4 through 8.

A. Previous Reports on WIC Participant and Program Characteristics

The first several WIC PC reports used a nationally representative sample of participants; for example, WIC PC1984 used data from 28 State agencies, 204 local agencies, 356 clinics, and 6,444 participant records. A goal for WIC PC1990 and all subsequent studies of WIC participant characteristics has been to limit burden on State agencies to encourage them to continue biennial participation in the WIC reporting system. Therefore, WIC PC1990 served as a transitional study; it was based on the WIC PC1984 and WIC PC1988 research designs, but it minimized sample size to conserve research expenditures. For WIC PC1990, field researchers abstracted data from 2,343 participant records and surveyed all State agencies to obtain information on WIC program operations. Figure 2.1 illustrates key changes in the WIC PC report since 1984.

Figure 2.1. WIC PC Report Timeline



The methodology Westat Insight (formerly known as Insight Policy Research) used for the WIC PC 2022 report is based on the methodology originally developed in 1992 and revised in 2018 (Kline et al., 2020).⁴⁵ The WIC PC 1992 report differed substantially from earlier reports on WIC participation data collection because FNS began routinely collecting a set of data elements known as the Minimum Data Set (MDS) for a census of participants. FNS developed the MDS in collaboration with the Information Committee of the National WIC Association and the Centers for Disease Control and Prevention (CDC). In

⁴⁵ Insight implemented several changes in the WIC PC 2018 report, including procedures for handling missing data, presentation of breastfeeding data, calculation of age, and the methodology for cleaning income data.

addition to the MDS, State agencies are encouraged to submit the SDS when it is available. State agency staff collect data in the MDS and SDS to certify applicants for WIC benefits, guide nutrition education, and issue food instruments. Elements in the MDS and SDS have been consistent since 2010.

B. WIC PC 2022 Data Elements

State agencies are required to submit all MDS elements (see table 2.1) and encouraged to submit the SDS elements (see table 2.2) when they are available. For this report, 86 of the 89 State agencies⁴⁶ submitted some or all the 11 SDS data elements (see appendix table C.1).

Table 2.1. WIC MDS Elements

Element Number	Element Name	Element Description
1	State Agency ID	Unique number that permits linkage to State agency where participant was certified as eligible for WIC benefits; first 7 digits of 10-digit Local Agency Code maintained by FNS in WIC Local Agency Directory (WIC LAD)
2a	Local Agency ID	Unique number that permits linkage to local agency where participant was certified as eligible for WIC benefits; last 3 digits of 10-digit Local Agency Code maintained by FNS in WIC LAD
2b	Clinic ID	Unique number that permits linkage to the clinic where participant was certified; for State agencies that submitted clinic-level data for WIC LAD, clinic IDs appear in WIC LAD as three-digit codes under Administering Agency <i>For WIC PC 2022, State agencies were asked not to substitute Clinic ID for Local Agency ID (element 2a)</i>
3	Case ID	Unique record number assigned to each participant to maintain individual privacy at national level <i>For each participant, State agencies were asked to construct Case ID for their WIC PC 2022 data submissions; they were asked not to use case number of participant as listed in State agency-held files</i>
4	Date of Birth	Date of participant's birth
5	Race and Ethnicity	Requires classification of participants based on one ethnicity category (Hispanic/Latino or Non-Hispanic/Latino) and five racial categories: (1) American Indian or Alaska Native; (2) Asian; (3) Black or African American; (4) Native Hawaiian or Other Pacific Islander; and (5) White ^a
6a	Certification Category	One of five possible categories under which person is certified as eligible for WIC benefits: (1) pregnant woman, (2) breastfeeding woman, (3) postpartum woman, (4) infant (up to first birthday), and (5) child (12 months up to fifth birthday)
6b–c	Expected Date of Delivery or Number of Weeks Gestation	For pregnant women, projected date of delivery or number of weeks since last menstrual period as determined at WIC certification
7	Date of Certification	Date participant was declared eligible for most recent WIC certification as of April 2022
8	Sex	For infants and children, male or female
9	Risk Priority Code	Participant's priority level for WIC certification at time of most recent WIC certification as of April 2022

⁴⁶ California, Kentucky, and Oregon did not submit any SDS elements.

Element Number	Element Name	Element Description
10a–c	Participation in SNAP, TANF, Medicaid	Participant’s reported participation in each of these programs at time of most recent WIC certification as of April 2022
11	Migrant Status	Participant’s migrant status according to definition of migrant farmworker in Federal regulations ^b
12	Number in Family or Economic Unit	Number of individuals in family or economic unit upon which WIC income eligibility was based State agencies may report self-declared number in family or economic unit for participant whose income was not required as part of WIC certification process; these participants consist of— ▪ Adjunctively income-eligible participants (eligible because of TANF, SNAP, or Medicaid participation) ▪ Participants deemed income-eligible under optional procedures available to State agency in 7 C.F.R. 246.7^b; these optional procedures are means-tested programs identified by State agency to determine automatic WIC income eligibility, income eligibility of pregnant women, and income eligibility of American Indian and migrant farmworker applicants
13a–c	Family or Economic Unit Income	▪ For individuals whose income was determined during certification process, income amount determined to qualify participant for WIC at time of most recent WIC certification as of April 2022 – Income expressed in nonannual measures (weekly, monthly, etc.) is converted to annual amounts ▪ <i>(For descriptive purposes only)</i> For participants whose income was not required to be determined as part of WIC certification process, self-reported income at time of certification; these participants include adjunctively income-eligible participants and those individuals deemed eligible under optional procedures available to State agency in section 7 C.F.R. 246.7^b – State agencies should not use zero to indicate income values that are missing or not available; zero should indicate only an actual value of zero <i>Because a large proportion of WIC participants are adjunctively income-eligible, their income information is essential to describe income among the overall WIC population. State agencies are required to provide income information on those adjunctively eligible for WIC according to Federal regulations.^b</i>
14a–j	Nutritional Risks Present at Certification	Highest priority nutritional risks assigned for most recent WIC certification as of April 2022, up to maximum of 10; uniform coding is required in submissions from all State agencies according to WIC Policy Memorandum 2011-5
15a–b	Hemoglobin or Hematocrit	Value for measure of hemoglobin or hematocrit to assess anemia status that applies for most current WIC certification period as of April 2022
15c	Date of Hemoglobin or Hematocrit Test	Date hemoglobin or hematocrit measure was collected and reported; State agencies must submit these data for all participants reporting hematologic measure
16a–b	Weight	Participant’s weight measured to nearest one-quarter pound; State agencies may report weight in grams if weight is not measured in pounds and quarter pounds

Element Number	Element Name	Element Description
17a–b	Height	Participant’s height (or length) measured to nearest one-eighth inch; State agencies may report height in centimeters if height is not measured in inches and eighth inches
18	Date of Height and Weight Measure	Date of height and weight measures used during most recent WIC certification period as of April 2022
19a	Currently Breastfed	For infants and children aged 6 through 13 months in April 2022, whether participant was being breastfed at that time
19b	Ever Breastfed	For infants and children aged 6 through 13 months in April 2022, whether participant ever breastfed
19c	Length of Time Breastfed	For infants and children aged 6 through 13 months in April 2022, number of weeks participant breastfed
19d	Date Breastfeeding Data Collected	For infants and children aged 6 through 13 months in April 2022, date on which breastfeeding status was reported
20a–n	Food Codes	State agencies can provide food data in item-quantity format or food package format; State agencies were asked to provide food package codes or item codes and quantities for all foods prescribed for participant in April 2022
20o	Food Package Type	Code representing WIC food package number (I through VII), participant type, breastfeeding status, and (for infants and children only) age associated with reported food code(s) for that participant

MDS = Minimum Data Set; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

^a Reporting categories based on the Office of Management and Budget (OMB, 1997) definitions and reporting requirements were first used in the WIC PC 2006 report. Some of the reporting category names were modified beginning in 2018 to help streamline the table and figure text in the report (see table 2.3 for additional details). The updated category names are used across this report.

^b See 7 C.F.R. 246.7(d)(2)(vi–viii) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 2.2. WIC SDS Elements

Element Number	Element Name	Element Description
21	Date of First WIC Certification	Date participant was first certified for WIC; for pregnant, breastfeeding, and postpartum women, this applies to current/most recent pregnancy and not to prior pregnancies
22	Education Level	For pregnant, breastfeeding, and postpartum women, highest grade or year of school completed; for infants and children, highest grade or year of school completed by mother or primary caretaker
23	Number in Household in WIC	Number of people in participant’s household receiving WIC benefits
24	Date Previous Pregnancy Ended	For pregnant women, date participant’s previous pregnancy ended
25	Total Number of Pregnancies	For pregnant women, total number of times participant has been pregnant, including current pregnancy; all live births; and any pregnancies resulting in miscarriage, abortion, or stillbirth
26	Total Number of Live Births	For pregnant women, total number of babies born alive to participant, including babies who may have died shortly after birth
27a–b	Prepregnancy Weight	For pregnant women, participant’s weight immediately prior to pregnancy; weight may be reported in pounds and ounces or in grams
28a–b	Weight Gain During Pregnancy	For breastfeeding and postpartum women, participant’s weight gain during pregnancy immediately at or prior to delivery; weight gain during pregnancy may be reported in pounds and quarter pounds or in grams
29a–b	Birth Weight	For infants and children, participant’s weight at birth measured in pounds and ounces or in grams

Element Number	Element Name	Element Description
30a–b	Birth Length	For infants and children, participant's length at birth; birth length may be reported in inches and eighth inches or in centimeters
31	Participation in the Food Distribution Program on Indian Reservations (FDPIR)	Participant's reported participation in FDPIR at time of most recent WIC certification as of April 2022

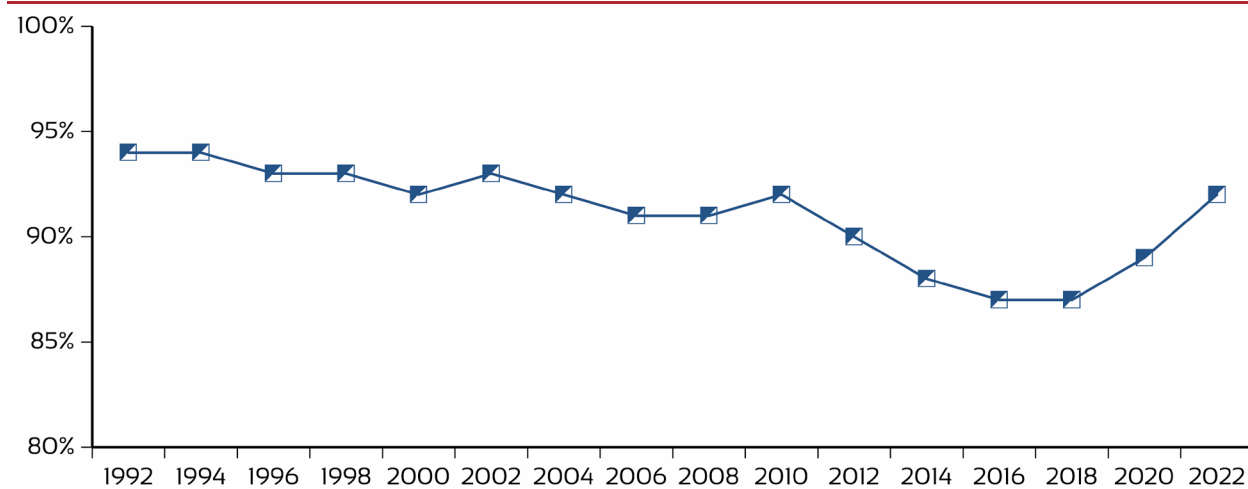
SDS = Supplemental Data Set

Source: USDA, Food and Nutrition Service, WIC PC 2022

C. WIC PC 2022 Study Universe

For 2022, as was done for previous reports, the study team requested MDS data on a census of individuals certified to receive WIC in April of the study year (2022) from each State agency.⁴⁷ The census included those who did not claim a food instrument and those who were not prescribed a food package, as was the case with certain partially breastfeeding women and fully breastfed infants. Therefore, measures of participation using WIC PC data differ from measures using FNS administrative data, which are based on the number of certified individuals who claimed their food instruments from State agencies. A comparison of FNS administrative data (6,251,178 food instruments claimed) and WIC PC data (6,800,619 participants) from April 2022 found 91.9 percent of WIC participants claimed their monthly benefits. Although the percentage of WIC participants recorded as claiming their monthly benefits steadily decreased between 2010 and 2016, it has increased between 2018 and 2022 (see figure 2.2).

Figure 2.2. Percentage of WIC Participants Who Claimed Their Monthly Benefits: 1992–2022



Source: FNS, n.d.

D. Data Collection, Processing, and Analysis

The WIC PC 2022 data collection and processing phase consisted of (1) receipt of data and documentation from State agencies, (2) diagnostic tests, (3) data cleaning, and (4) data analysis. At each

⁴⁷ Because of State agency management information system constraints, the District of Columbia provided data for July 2022, and Pueblo of San Felipe (NM) and Santo Domingo (NM) provided data for February 2022 rather than April 2022.

stage, several project team members reviewed the data for quality assurance and the consistent treatment of data across State agencies. Descriptions of these four stages follow:

1. **Receipt of documentation and data from State agencies.** State agencies submitted a single data file and three pieces of supporting documentation to Westat Insight via a secure file transfer protocol site:
 - a. **Transmittal worksheet.** All State agencies provided additional information about the data, including the format of race and ethnicity data, State agency procedures for the collection of breastfeeding data, and other details necessary for data processing.
 - b. **Food package documentation.** All State agencies submitted documentation on the foods, items, and quantities of the contents of all the food packages issued in that State agency.
 - c. **Nutritional risk worksheet.** State agencies that used their own nutritional risk codes submitted a crosswalk between State agency codes and Federal codes.
2. **Diagnostic review.** The study team analysts conducted diagnostic reviews of the data to confirm all variables were within valid ranges and internally consistent, frequency distributions did not differ substantially from 2020 data, and no systematic errors were present. Westat Insight resolved any issues noted through discussions with State agencies.
3. **Data cleaning.** The following types of data cleaning occurred:
 - a. **State-specific cleaning** included recoding data State agencies submitted in nonstandard formats and resolving systematic errors discovered during the diagnostic phase.
 - b. **Universal cleaning** included consistency edits and setting outliers to missing.
 - c. **Creation of analytic variables** included the use of software programs from CDC to calculate anthropometric percentiles for infants and children based on height and weight measurements.⁴⁸
4. **Data analysis and development of final files.** After the analysts completed all cleaning procedures and final data checks, the study team considered the data finalized. The study team used the final data files to develop report tabulations, maps, and figures.

During previous WIC PC data collections, some State agencies were unable to submit a full census of WIC participants or submitted data with duplicated records, so those agencies' data files were weighted to best represent a full census. For WIC PC 2022, Westat Insight did not use any observation weights. When State agencies submitted data with duplicate identifiers, the study team retained a single observation for each identifier. If one observation had a certification date closer to the reference date (but not after the reference date), that observation was retained. If observations with the same identifier had the same certification date, the observation with less missing data was retained.

E. Study Considerations/Limitations

Findings in this report are based on participant WIC PC 2022 data received from the State agency's management information system (MIS). Data that did not meet cleaning criteria were set to missing. The findings are descriptive and do not allow for causal claims. Some findings from the WIC PC 2022 data should be interpreted with caution; most data quality challenges resulted from inconsistent variable

⁴⁸ Analysts used the January 2017 versions of the World Health Organization (WHO, 2006) and CDC (2016b) SAS programs.

definitions and limitations within State agency MIS or from State agency responses to the COVID-19 pandemic. This section details these challenges.

1. Effects of the COVID-19 Pandemic on WIC PC 2022 Data Collection

In response to the COVID-19 pandemic, FNS approved State-requested waivers of the physical presence requirement for all State agencies in March 2020. This waiver allowed State agencies to safely certify participants without their physical presence at appointments in the WIC clinic. This same waiver also allowed State agencies to defer the collection of anthropometric and hematological test data needed to determine nutritional risk. As a result, State agencies either did not collect these data or collected the data using practices that differed from standard operating procedures (e.g., old data from previous certifications, self-reported data).

While many of the other waivers did not affect WIC PC 2022 data collection, State agency implementation of the physical presence waiver resulted in a greater proportion of missing and unreliable anthropometric and hematological data for participants than in previous reports. Therefore, this report does not contain any findings on these measures (see chapters 6 and 7).

2. Race and Ethnicity

For WIC PC 2006, the guidelines for reporting race were revised to be consistent with the updated OMB (1997) definitions. The new guidelines require WIC participants to indicate both ethnicity (Hispanic/Latino or non-Hispanic/Latino) and race, choosing from five racial categories. The proportion of participants for whom a race of American Indian was reported increased substantially around the time of the introduction of the revised OMB race and ethnicity reporting in 2006, likely as a result of the new guidelines and requirements.

Beginning in WIC PC 2018, to help streamline table and figure text, the study team modified some reporting category names for race and ethnicity that have been in use since 2006, based on Office of Management and Budget (OMB) definitions for race and ethnicity (OMB, 1997; see table 2.3). For example, “Black or African American” was modified to “Black.”

Table 2.3. WIC Race and Ethnicity Definitions

OMB Reporting Category	OMB Definition	WIC PC 2022 Reporting Category
American Indian or Alaska Native	A person having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos)	American Indian
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam	Asian
Black or African American	A person having origins in any of the Black racial classification groups of Africa	Black
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	Pacific Islander
White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East	White

OMB Reporting Category	OMB Definition	WIC PC 2022 Reporting Category
Two or more races	A person with two or more races reported	Two or more races
Hispanic/Latino	A person having origin, culture, or descent from Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture regardless of race	Hispanic/Latino
Non-Hispanic/Latino	A person who does not have origin, culture, or descent from Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture regardless of race	Non-Hispanic/Latino

OMB = Office of Management and Budget

If a participant did not indicate race during the application process, at the time of this data collection, WIC staff were required to do so based on observation. Some WIC staff record a race of American Indian for participants who report Hispanic/Latino ethnicity when race must be designated based on observation. The proportion of Hispanic/Latino WIC participants who were also identified as American Indian varied widely across State agencies, ranging from 0 percent in the Commonwealth of the Northern Mariana Islands and U.S. Virgin Islands to 100 percent in many of the Indian Tribal Organizations. Among the U.S. States, the lowest was Delaware at less than 0.1 percent, and the highest was Colorado at 27.3 percent. Caution should be used in the analysis of the race and ethnicity of WIC participants, particularly for American Indian participants.

3. Participation in Other Federal Benefit Programs

Individuals who can document participation in TANF, SNAP, or Medicaid are adjunctively eligible for WIC. Participation in these programs is often underreported for the WIC population for several reasons. First, staff at WIC clinics or local agencies may refer participants to other programs; therefore, participant enrollment in other programs subsequent to WIC certification may not be captured in the estimates presented in this report. Second, some State agencies reported an applicant's participation in a program only when the applicant verified enrollment (i.e., the agency did not accept a client's self-report of participation in these programs). Third, some State agency systems prompt users to collect information for only one program, so WIC staff were unlikely to enter information on other programs. For these reasons, caution should be used in analyzing data on participation in other Federal benefit programs by WIC participants.

4. Breastfeeding Initiation and Duration Rates

For data to be included in national calculations of breastfeeding initiation and duration, State agencies must provide sufficient data for at least 75 percent of infants and children in the appropriate age range (see chapter 8 for additional details). To be included in State agency-level calculations, State agencies must provide the data for at least 85 percent of infants and children in the appropriate age range. For initiation, rates were calculated for 6- to 13-month-old infants and children; for duration, rates at 3 and 6 months were calculated for 9- to 13-month-old infants and children, and rates at 12 months were calculated for 12- to 13-month-old children.⁴⁹

For breastfeeding initiation rates in 2022, data for 84 State agencies were included for national estimates, and data for 83 State agencies were included for State agency-level estimates. For

⁴⁹ Breastfeeding status is typically updated in WIC MIS at the time of a certification appointment or benefit issuance. Many State agencies issue 3 months of benefits at one time. To minimize missing data on breastfeeding status at 6 months, the study team restricted the analysis of breastfeeding at 6 months to infants and children 9–13 months old. Because most children have a certification appointment around their first birthday, fewer issues arise with missing data for breastfeeding status at 12 months for 12- to 13-month-old children.

breastfeeding duration rates at 3 and 6 months, the national estimates included data for 81 State agencies. For breastfeeding duration rates at 12 months, the national estimates included data for 79 State agencies. For breastfeeding duration rates at 3 and 6 months, the State agency-level estimates included data for 80 State agencies, and for breastfeeding duration rates at 12 months, the estimates included data for 76 State agencies.

5. Old Data

State agencies submit the most recent data available for their caseloads as of April of the reference year. Often, these data were collected at the time of certification, which may be up to 12 months prior to the reference month. In some cases, data might predate the most recent certification date if new data were not collected at that time; this is particularly common for anthropometric data, hematological data, and breastfeeding data. For this reason, analyses of these measures incorporate the participants' age at the time of data collection.

6. SDS Variables

Table 2.4 shows the five most frequently reported SDS elements. California, the largest State agency (with 14.2 percent of WIC participants), did not report any SDS data in 2022.

Table 2.4. Five Most Frequently Reported WIC SDS Elements

Data Element	State Agencies That Reported Data	Percent of Participants
Prepregnancy weight	84	59.1 percent of pregnant women
Birth weight	83	66.7 percent of infants and children
Date of first WIC certification	82	71.6 percent of all participants
Weight gain during pregnancy	81	52.5 percent of breastfeeding and postpartum women
Number in household on WIC	81	69.8 percent of all participants

SDS = Supplemental Data Set

7. Small Cell Sizes

To protect the identities of participants whose data appear in this report, all tables that show results by State agency (appendices B and C) suppress small cell sizes ($n \leq 5$). To prevent the suppressed information from being derived from other information, if the table includes row totals, the study team also suppressed the next smallest value. Suppressed cells are noted with an asterisk.

Chapter 3. WIC Participation and Demographic Characteristics

For WIC PC reports, WIC participants are individuals who were certified to receive WIC benefits in April of reference year, including those who did not claim a food instrument. Demographic information provided or calculated from WIC PC data include participant category, age, trimester at certification (for pregnant women), risk priority, race, ethnicity, and migrant farmworker status. Table 3.1 provides an overview of the distribution of participants by demographic characteristics.

Table 3.1. Distribution of WIC Participants by Demographic Characteristics

Characteristic			Number	Percent
Total Participants			6,800,619	100.0
Participant Category	Pregnant women		518,815	7.6
	Breastfeeding women		614,745	9.0
	Postpartum women		382,795	5.6
	Total women		1,516,355	22.3
	Infants		1,568,439	23.1
	Children		3,715,825	54.6
Age at Certification	Women	Younger than 15	1,491	< 0.1
		15–17 years	29,813	2.0
		18–34 years	1,264,963	83.4
		35 years or older	219,832	14.5
		Age not reported	256	< 0.1
	Infants	0–3 months	1,427,460	91.0
		4–5 months	49,458	3.2
		6–8 months	49,735	3.2
		9–11 months	40,906	2.6
		Age not reported	880	< 0.1
	Children	1 year	1,417,038	38.1
		2 years	961,125	25.9
		3 years	831,510	22.4
		4 years	485,355	13.1
		Age not reported	20,797	0.6
Trimester at Certification	First trimester		250,796	48.3
	Second trimester		208,452	40.2
	Third trimester		59,048	11.4
	Trimester not reported		519	0.1
Risk Priority	Priority I		1,830,417	26.9
	Priority II		378,765	5.6
	Priority III		1,322,463	19.4
	Priority IV		547,267	8.0
	Priority V		2,451,325	36.0
	Priority VI		251,765	3.7
	Priority VII		7,269	0.1
	Priority not reported		11,348	0.2

	Characteristic	Number	Percent
Race	American Indian	396,002	5.8
	Asian	257,363	3.8
	Black	1,460,439	21.5
	Pacific Islander	53,436	0.8
	White	4,153,709	61.1
	Two or more races	417,954	6.1
	Race not reported	61,716	0.9
Ethnicity	Hispanic/Latino	2,927,831	43.1
	Non-Hispanic/Latino	3,870,846	56.9
	Ethnicity not reported	1,942	< 0.1
Migrant Status	Migrant farmworker	17,685	0.3
	Not migrant farmworker	6,780,747	99.7
	Migrant status not reported	2,187	< 0.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.

Less than 0.1 percent of all participants reported as infants were greater than 11 months old at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the “9–11 months” row for the purposes of this table.

Three percent of all participants reported as children were less than 12 months old at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the “1 year” row for the purposes of this table.

Less than 0.1 percent of all participants reported as children were older than 4 years at certification. They were included in the “4 years” row for the purposes of this table.

Source: USDA, Food and Nutrition Service, WIC PC 2022

A. WIC Participation

For approximately the last two decades, Congress has funded WIC at the level needed for the program to serve all eligible women, infants, and children. Therefore, changes in participation during this timeframe reflect changes in participant eligibility and participation rates among the eligible population, not changes in available funding. About 6.8 million women, infants, and children were certified to receive WIC benefits in April 2022.

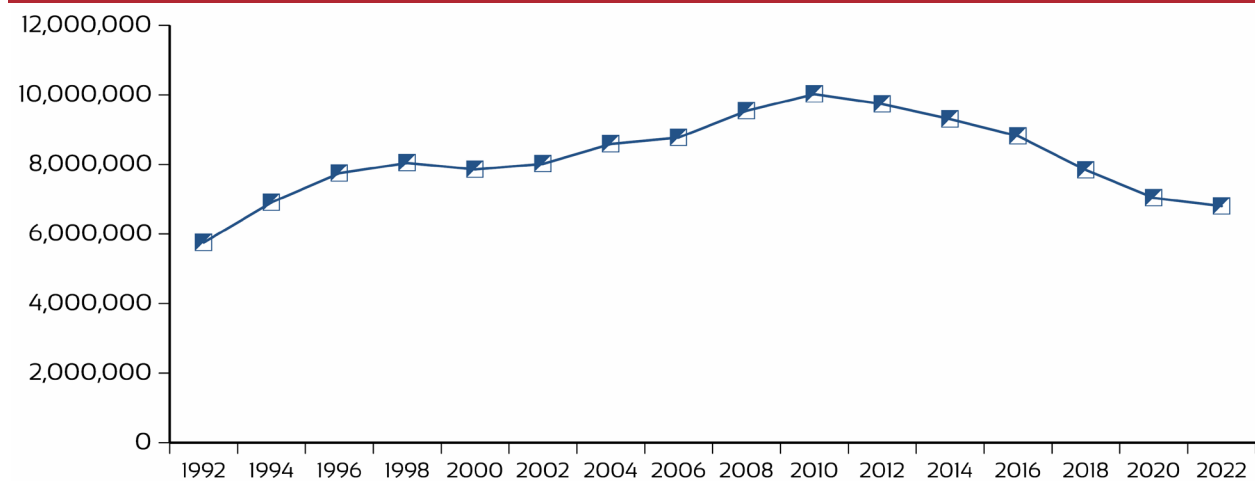
The number of participants increased from 1992 through 2010 (see figure 3.1 and appendix table A.1) and has decreased since then with a slowing in the rate of decrease between 2020 and 2022.

Participation declined by 32.1 percent from 2010 to 2022. Improved economic conditions, falling birth rates, barriers related to transportation, stigma, and eligibility confusion have been cited as reasons for continued declining participation prior to the COVID-19 pandemic (Oliveira, 2017). The onset of the pandemic in March 2020 created unique barriers and facilitators to WIC participation. Not all WIC clinics were able to hold in-person appointments for participants.⁵⁰ Although the implementation of physical presence waivers and expansion of remote benefit access in most State agencies helped address accessibility issues during the pandemic,⁵¹ participants continued to cite the risk of viral transmission and technical challenges as reasons for discontinuing WIC benefits through 2021 (Melnick et al., 2022).

⁵⁰ In March 2021, 22 percent of local agencies offered in-person certification appointments. See Wroblewska, K., Steigelman, C., & Hansen, D. (2023). *The use and impact of Federal waivers during the COVID-19 pandemic: Summary findings from surveys of WIC State and local agencies*. U.S. Department of Agriculture, Food and Nutrition Service. <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-ffcr-waiver-report.pdf>

⁵¹ In March 2021, 98.6 percent of local agencies offered remote certification. See Wroblewska, K., Steigelman, C., & Hansen, D. (2023). *The use and impact of Federal waivers during the COVID-19 pandemic: Summary findings from surveys of WIC State and local agencies*. U.S. Department of Agriculture, Food and Nutrition Service. <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-ffcr-waiver-report.pdf>

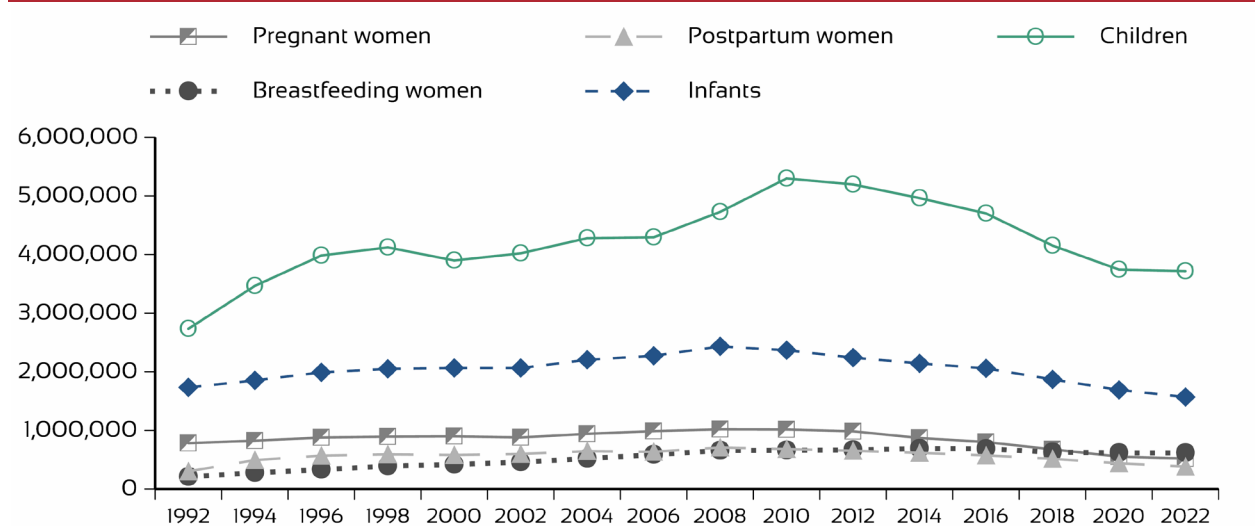
Figure 3.1. Number of WIC Participants: 1992–2022



Source: USDA, Food and Nutrition Service, WIC PC 2022

Women accounted for 22.3 percent of the total WIC population in 2022, infants for 23.1 percent, and children for 54.6 percent (see table 3.1). Following the same trend as the overall WIC population, the number of participants in each participant category declined from 2020 to 2022 (see figure 3.2 and appendix table A.1). The greatest decrease was among postpartum women (12.6 percent), and the smallest decrease was among breastfeeding women (0.2 percent). Participation among pregnant women, infants, and children declined by 6.0, 7.2, and 0.7 percent.

Figure 3.2. Number of WIC Participants by Participant Category: 1992–2022



Source: USDA, Food and Nutrition Service, WIC PC 2022

Continuing a trend that began in 2012, the proportion of breastfeeding women remained greater than the proportion of postpartum women in 2022 (9.0 and 5.6 percent; see figure 3.2 and appendix table A.1). However, among the 50 States and the District of Columbia, the proportion of postpartum women was greater than the proportion of breastfeeding women in 12 State agencies (see appendix tables B.1a and B.1b). This difference was greatest in Alabama and Arkansas, where the proportion of postpartum women was more than 6.5 percentage points greater than the proportion of breastfeeding women.

B. Age at Certification

For all women, infants, and children participating in WIC, age is calculated as of their reported date of certification.

1. Women

Overall, 83.4 percent of women were between the ages of 18 and 34 at the time of WIC certification in 2022; more than three-quarters of women in each race, ethnicity, or participant category were in this age group (see table 3.2a). A greater percentage of breastfeeding women than pregnant or postpartum women were 35 or older (16.7 versus 13.2 and 12.7 percent). Compared with participants in other race categories, Asian women represented the greatest percentage of women aged 35 or older (22.7 percent), followed by Pacific Islander and American Indian women (16.9 percent each).

At least 78 percent of women across the 50 States and the District of Columbia were between the ages of 18 and 34 at the time of certification in 2022 (see appendix table B.2). Since 1992, over 80 percent of women overall have been between the ages of 18 and 34 at the time of certification (see appendix table A.2). By contrast, the percentage of women aged 17 or younger at certification has decreased by 8.6 percentage points since 1992 (from 10.6 percent in 1992 to 2.0 percent in 2022), and the percentage of women aged 35 or older at certification increased by 9.3 percentage points during the same time (from 5.2 percent in 1992 to 14.5 percent in 2022).

Table 3.2a. Distribution of Women Participating in WIC by Age at Certification

Characteristic		Younger Than 15	15–17 Years	18–34 Years	35 Years or Older	Age Not Reported	Total Women Participants
Number of Women Participants	Total Women Participants	1,491	29,813	1,264,963	219,832	256	1,516,355
	Participant Category	Pregnant women	680	13,005	436,399	68,646	518,815
		Breastfeeding women	357	8,027	503,866	102,394	614,745
		Postpartum women	454	8,781	324,698	48,792	382,795
	Race	American Indian	90	1,550	71,980	14,949	88,583
		Asian	4	196	42,896	12,684	55,795
		Black	370	6,698	267,979	50,128	325,270
		Pacific Islander	6	194	10,059	2,093	12,354
		White	933	19,592	816,972	130,916	968,525
		Two or more races	78	1,307	42,645	6,307	50,351
		Race not reported	10	276	12,432	2,755	15,477
	Ethnicity	Hispanic/Latino	683	13,677	530,176	101,111	645,726
		Non-Hispanic/Latina	808	16,134	734,555	118,684	870,358
		Ethnicity not reported	0	2	232	37	271
Percent of Women Participants	Total Women Participants	< 0.1	2.0	83.4	14.5	< 0.1	100.0
	Participant Category	Pregnant women	0.1	2.5	84.1	13.2	100.0
		Breastfeeding women	< 0.1	1.3	82.0	16.7	100.0
		Postpartum women	0.1	2.3	84.8	12.7	100.0

Characteristic			Younger Than 15	15-17 Years	18-34 Years	35 Years or Older	Age Not Reported	Total Women Participants
Percent of Women Participants (continued)	Race	American Indian	0.1	1.7	81.3	16.9	< 0.1	100.0
		Asian	< 0.1	0.4	76.9	22.7	< 0.1	100.0
		Black	0.1	2.1	82.4	15.4	< 0.1	100.0
		Pacific Islander	< 0.1	1.6	81.4	16.9	< 0.1	100.0
		White	< 0.1	2.0	84.4	13.5	< 0.1	100.0
		Two or more races	0.2	2.6	84.7	12.5	< 0.1	100.0
		Race not reported	< 0.1	1.8	80.3	17.8	< 0.1	100.0
	Ethnicity	Hispanic/Latino	0.1	2.1	82.1	15.7	< 0.1	100.0
		Non-Hispanic/Latino	< 0.1	1.9	84.4	13.6	< 0.1	100.0
		Ethnicity not reported	0.0	0.7	85.6	13.7	0.0	100.0

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

2. Infants

Federal regulations define an infant as a participant who is younger than 1 year of age at certification. For infants, the age at certification generally represents the age of initial receipt of WIC benefits because WIC does not require an infant to be recertified until the first birthday. Overall, 91.0 percent of infants were certified between the ages of 0 and 3 months in 2022; at least 87 percent of infants in each race or ethnicity were in this age group (see table 3.2b). The remainder of infants were split among the other three age categories (4–5 months, 6–8 months, and 9–11 months).

For 42 States, at least 80 percent of infants were between the ages of 0 and 3 months at certification; in 4 States, fewer than 60 percent of infants were certified at 0–3 months (see appendix table B.3). Since 2002, about 90 percent of infants were certified between the ages of 0 and 3 months (see appendix table A.3).

Table 3.2b. Distribution of Infants Participating in WIC by Age at Certification

Characteristic			0-3 Months	4-5 Months	6-8 Months	9-11 Months	Age Not Reported	Total Infant Participants
Number of Infant Participants	Total Infant Participants		1,427,460	49,458	49,735	40,906	880	1,568,439
	Race	American Indian	69,478	2,004	2,168	1,006	360	75,016
		Asian	45,408	1,412	1,296	1,847	3	49,966
		Black	339,392	11,767	11,736	9,742	63	372,700
		Pacific Islander	10,356	620	534	276	3	11,789
		White	848,465	29,350	29,608	24,626	411	932,460
		Two or more races	101,529	3,631	3,786	3,193	39	112,178
		Race not reported	12,832	674	607	216	1	14,330
	Ethnicity	Hispanic/Latino	609,313	16,830	13,437	12,048	826	652,454
		Non-Hispanic/Latino	817,689	32,506	36,148	28,800	54	915,197
		Ethnicity not reported	458	122	150	58	0	788

Characteristic			0-3 Months	4-5 Months	6-8 Months	9-11 Months	Age Not Reported	Total Infant Participants
Percent of Infant Participants	Total Infant Participants		91.0	3.2	3.2	2.6	< 0.1	100.0
	Race	American Indian	92.6	2.7	2.9	1.3	0.5	100.0
		Asian	90.9	2.8	2.6	3.7	< 0.1	100.0
		Black	91.1	3.2	3.1	2.6	< 0.1	100.0
		Pacific Islander	87.8	5.3	4.5	2.3	< 0.1	100.0
		White	91.0	3.1	3.2	2.6	< 0.1	100.0
		Two or more races	90.5	3.2	3.4	2.8	< 0.1	100.0
		Race not reported	89.5	4.7	4.2	1.5	< 0.1	100.0
	Ethnicity	Hispanic/Latino	93.4	2.6	2.1	1.8	0.1	100.0
		Non-Hispanic/Latino	89.3	3.6	3.9	3.1	< 0.1	100.0
		Ethnicity not reported	58.1	15.5	19.0	7.4	0.0	100.0

Note: Percentages may not add to 100.0 because of rounding. Less than 0.1 percent of all participants reported as infants were older than 11 months at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the “9–11 Months” column for the purposes of this table.

Source: USDA, Food and Nutrition Service, WIC PC 2022

3. Children

Participants are classified as children on their first birthday.⁵² Because children can be recertified annually in most State agencies for up to 4 years, the distribution of children’s age at last certification corresponds closely to their distribution of current age. Similar to previous years, in 2022, there were fewer older children than younger children (see table 3.2c and appendix table A.4). Overall, 1-year-old children were the largest group (38.1 percent), and 4-year-old children were the smallest group (13.1 percent). Children aged 2 to 3 made up 25.9 and 22.4 percent of children. This trend is consistent across race, ethnicity, and the 50 States and the District of Columbia (see table 3.2c and appendix table B.4).

The percentage of 4-year-olds as a proportion of all children decreased from 16.5 percent in 2012 to 13.1 percent in 2022, whereas the percentage of 1-year-olds increased from 34.8 percent in 2012 to 38.1 percent in 2022 (see appendix table A.4). This change followed a 16-year period when the percentage of 4-year-old children remained steady at around 16 percent from 1996 through 2012. The percentage of 2-year-olds as a proportion of all children has remained consistent at around 25 percent since 1992, and the percentage of 3-year-olds as a proportion of all children has remained consistent at around 22 percent since 1996.

Table 3.2c. Distribution of Children Participating in WIC by Age at Certification

Characteristic			1 Year	2 Years	3 Years	4 Years	Age Not Reported	Total Child Participants
Number of Child Participants	Total Child Participants		1,417,038	961,125	831,510	485,355	20,797	3,715,825
	Race	American Indian	79,965	59,339	55,718	33,927	3,454	232,403
		Asian	53,498	39,753	35,668	22,268	415	151,602
		Black	294,720	199,420	166,996	95,325	6,008	762,469
		Pacific Islander	10,427	7,857	6,681	4,219	109	29,293
		White	865,393	580,919	503,386	293,306	9,720	2,252,724
		Two or more races	100,451	66,166	55,759	31,964	1,085	255,425
		Race not reported	12,584	7,671	7,302	4,346	6	31,909

⁵² Three percent of participants who were classified as children in 2022 were 11 months old as of the certification date. These participants were typically recertified as children within 2 weeks of their first birthday.

Characteristic			1 Year	2 Years	3 Years	4 Years	Age Not Reported	Total Child Participants
Number of Child Participants (continued)	Ethnicity	Hispanic/Latino	619,492	414,907	367,866	218,719	8,667	1,629,651
		Non-Hispanic/Latino	797,196	545,964	463,466	266,535	12,130	2,085,291
		Ethnicity not reported	350	254	178	101	0	883
Percent of Child Participants	Total Child Participants		38.1	25.9	22.4	13.1	0.6	100.0
	Race	American Indian	34.4	25.5	24.0	14.6	1.5	100.0
		Asian	35.3	26.2	23.5	14.7	0.3	100.0
		Black	38.7	26.2	21.9	12.5	0.8	100.0
		Pacific Islander	35.6	26.8	22.8	14.4	0.4	100.0
		White	38.4	25.8	22.3	13.0	0.4	100.0
		Two or more races	39.3	25.9	21.8	12.5	0.4	100.0
		Race not reported	39.4	24.0	22.9	13.6	< 0.1	100.0
	Ethnicity	Hispanic/Latino	38.0	25.5	22.6	13.4	0.5	100.0
		Non-Hispanic/Latino	38.2	26.2	22.2	12.8	0.6	100.0
		Ethnicity not reported	39.6	28.8	20.2	11.4	0.0	100.0

Note: Percentages may not add to 100.0 because of rounding. Three percent of all participants reported as children were younger than 12 months old at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the "1 Year" column for the purposes of this table.

Less than 0.1 percent of all participants reported as children were older than 4 years at certification. They were included in the "4 Years" column for the purposes of this table.

Source: USDA, Food and Nutrition Service, WIC PC 2022

C. Trimester at Certification

Among pregnant women participating in WIC, nearly half (48.3 percent) were certified in WIC during the first trimester of pregnancy, and many of the remainder were certified during the second trimester (40.2 percent; see table 3.3). Compared with women of other races, White women were most likely to be certified in the first trimester (50.1 percent), and Pacific Islander women were least likely to do so (38.0 percent). A greater percentage of Pacific Islander women were certified in the second trimester (46.2 percent) than in the first trimester.

Trimester at certification varied by State agency (see appendix table B.5). Among the 50 States and the District of Columbia, 13 State agencies reported that a greater percentage of participants were certified during the second trimester of pregnancy than the first trimester. This difference was greatest in Connecticut, Delaware, South Carolina, and the District of Columbia, where the proportion of women certified during the second trimester was more than 10.0 percentage points greater than the proportion of women certified during the first trimester.

Consistently since 1996, more pregnant women were certified in WIC during the first trimester of pregnancy than in the second or third trimester (see appendix table A.5). However, since 2012, certification during the first trimester decreased by 8.6 percentage points, from 56.9 percent in 2012 to 48.3 percent in 2022. During the same time, the percentage of women certified during the second and third trimesters increased by 5.5 and 3.6 percentage points.

Table 3.3. Distribution of Pregnant Women Participating in WIC by Trimester at Certification

Characteristic			First Trimester	Second Trimester	Third Trimester	Trimester Not Reported	Total Pregnant Women Participants
Number of Pregnant Women Participants	Total Pregnant Women Participants		250,796	208,452	59,048	519	518,815
	Race	American Indian	15,445	12,800	3,362	79	31,686
		Asian	7,936	7,639	2,010	12	17,597
		Black	45,023	44,624	13,599	69	103,315
		Pacific Islander	1,456	1,771	593	10	3,830
		White	170,024	132,125	36,917	319	339,385
		Two or more races	8,002	7,186	1,941	28	17,157
		Race not reported	2,910	2,307	626	2	5,845
	Ethnicity	Hispanic/Latino	107,419	90,846	24,192	262	222,719
		Non-Hispanic/Latina	143,346	117,574	34,843	257	296,020
		Ethnicity not reported	31	32	13	0	76
Percent of Pregnant Women Participants	Total Pregnant Women Participants		48.3	40.2	11.4	0.1	100.0
	Race	American Indian	48.7	40.4	10.6	0.2	100.0
		Asian	45.1	43.4	11.4	< 0.1	100.0
		Black	43.6	43.2	13.2	< 0.1	100.0
		Pacific Islander	38.0	46.2	15.5	0.3	100.0
		White	50.1	38.9	10.9	< 0.1	100.0
		Two or more races	46.6	41.9	11.3	0.2	100.0
		Race not reported	49.8	39.5	10.7	< 0.1	100.0
	Ethnicity	Hispanic/Latino	48.2	40.8	10.9	0.1	100.0
		Non-Hispanic/Latino	48.4	39.7	11.8	< 0.1	100.0
		Ethnicity not reported	40.8	42.1	17.1	0.0	100.0

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

D. Risk Priority Level

FNS determines each local agency's maximum caseload, or the number of participants the agency can serve at one time. This number is based on the local agency's funding level and predicted caseload turnover. If Congress does not fully fund the WIC program, and a State agency reaches its maximum caseload, the State agency must then prioritize eligible applicants according to their relative levels of risk, known as risk priority levels. Congress has fully funded WIC since the mid-1990s; in the reference month of April 2022, no State agency was required to use risk priority levels to determine which applicants would receive benefits.

Federal regulations define seven risk priority levels based on participant categories and nutritional risk (see table 3.4). Priority Levels I through III are assigned based on anthropometric or biochemical measurements or medical conditions, and Priority Levels IV through VI are assigned based primarily on dietary patterns or other nutritional risks. Priority Levels I and II are assigned to infants, pregnant women, and breastfeeding women. Priority Level III is assigned to children. State agencies may create sublevels for any priority level using factors such as income or age, and they may expand Priority Levels III, IV, and V to include high-risk postpartum women. State agencies also have the option to assign Priority Levels IV, V, and VI solely based on an applicant's homelessness or migrant farmworker status. Homeless or migrant farmworker participants with no other risks may be assigned Priority Level VII regardless of their participant categories.

Table 3.4. WIC Risk Priority Levels

Priority Level	Description
I	Pregnant women, breastfeeding women, and infants at nutritional risk as shown by hematological or anthropometric measurements or other documented, nutritionally related medical conditions that demonstrate the need for supplemental foods
II	Infants up to 6 months old born to women who were WIC participants during pregnancy and infants up to 6 months old born to women who were not WIC participants during pregnancy but whose medical records documented they were at nutritional risk during pregnancy because of nutritional conditions detectable by biochemical or anthropometric measurements, or other documented nutritionally related medical conditions, that demonstrated the woman's need for supplemental foods; excludes infants who qualify for Priority Level I
III	Children at nutritional risk as shown by hematological or anthropometric measurements or other documented medical conditions that demonstrate the child's need for supplemental foods
IV	Pregnant women, breastfeeding women, and infants at nutritional risk because of an inadequate dietary pattern
V	Children at nutritional risk because of an inadequate dietary pattern
VI	Postpartum women at nutritional risk
VII	Individuals certified for WIC solely because of homelessness or migrant farmworker status, and—at the discretion of the State agency and in accordance with the provisions of section 246I(1)(vi) of Federal regulations—previously certified participants who might regress in nutritional status without the continued provision of supplemental foods ^a

^a Source: 7 C.F.R. 246.7(e)(4) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985)

A majority of participants (51.9 percent) were assigned a medically based priority level (Priority Levels I–III; see table 3.5). Across all races and ethnicities, the most commonly assigned priority levels were I, III, and V. Priority Level V was assigned to over one-third of all participants (36.0 percent), and Priority Level I was assigned to over one-quarter of all participants (26.9 percent). A fifth of participants were classified as Priority Level III (19.4 percent). The smallest percentage of participants were assigned Priority Level VII (0.1 percent).

The majority of pregnant and breastfeeding women (73.5 and 76.7 percent) and the majority of infants (59.6 percent) were classified as Priority Level I. Postpartum women were most frequently assigned Priority Level VI (64.7 percent), and children were most frequently assigned Priority Level V (65.7 percent).

Although Priority Level I should be assigned only to pregnant and breastfeeding women and infants, this priority level was applied to 5.4 percent of postpartum women and 0.6 percent of children. These individuals may not have had their certification records updated in State agency-maintained MIS when they were recertified into different participant categories.

Since 1994, Priority Levels I, III, and V have been the most commonly assigned priorities. Priority Level II assignments steadily decreased from 14.2 percent in 1992 to 4.5 percent in 2020 before rebounding to 5.6 percent in 2022 (see appendix table A.6). Prior to 2020, assignments of Priority Levels I, III, and IV remained relatively consistent. In 2020, assignments of Priority Levels I and III decreased slightly, while assignments of Priority Levels IV and V each increased by around 3 percentage points. These changes from 2020, which may be attributed to the early implementation of COVID-19-related waivers and policies in California, were amplified as similar policies were rolled out nationwide (Kline et al., 2022). Between 2020 and 2022, assignments of Priority Levels I and III fell by 3.7 and 9.1 percentage points, while assignments of Priority Levels IV and V rose by 2.0 and 10.8 percentage points.

Table 3.5. Distribution of WIC Participants by Risk Priority Level

Characteristic			I	II	III	IV	V	VI	VII	Not Reported	Total Participants
Number of Participants	Total Participants		1,830,417	378,765	1,322,463	547,267	2,451,325	251,765	7,269	11,348	6,800,619
	Participant Category	Pregnant women	381,301	49	60	135,931	484	421	66	503	518,815
		Breastfeeding women	471,465	10,479	99	128,556	600	707	1,521	1,318	614,745
		Postpartum women	20,613	251	99,217	6,997	5,587	247,546	316	2,268	382,795
		Total women	873,379	10,779	99,376	271,484	6,671	248,674	1,903	4,089	1,516,355
		Infants	934,169	366,439	2,640	254,960	5,122	166	3,101	1,842	1,568,439
		Children	22,869	1,547	1,220,447	20,823	2,439,532	2,925	2,265	5,417	3,715,825
	Race	American Indian	88,320	18,840	68,390	40,360	166,287	11,762	145	1,898	396,002
		Asian	58,883	13,784	43,603	24,319	108,252	8,184	144	194	257,363
		Black	418,922	91,756	296,941	99,469	485,792	63,533	2,133	1,893	1,460,439
		Pacific Islander	15,809	2,806	10,848	3,187	18,669	1,752	37	328	53,436
		White	1,135,686	222,336	807,311	340,879	1,480,164	156,599	4,246	6,488	4,153,709
		Two or more races	99,757	26,593	88,650	27,883	166,278	7,838	413	542	417,954
		Race not reported	13,040	2,650	6,720	11,170	25,883	2,097	151	5	61,716
	Ethnicity	Hispanic/Latino	730,579	162,781	500,775	289,020	1,141,422	94,116	3,055	6,083	2,927,831
		Non-Hispanic/Latino	1,099,163	215,851	821,395	258,036	1,309,329	157,598	4,212	5,262	3,870,846
		Ethnicity not reported	675	133	293	211	574	51	2	3	1,942
Percent of Participants	Total Participants		26.9	5.6	19.4	8.0	36.0	3.7	0.1	0.2	100.0
	Participant Category	Pregnant women	73.5	< 0.1	< 0.1	26.2	< 0.1	< 0.1	< 0.1	< 0.1	100.0
		Breastfeeding women	76.7	1.7	< 0.1	20.9	< 0.1	0.1	0.2	0.2	100.0
		Postpartum women	5.4	< 0.1	25.9	1.8	1.5	64.7	< 0.1	0.6	100.0
		Total women	57.6	0.7	6.6	17.9	0.4	16.4	0.1	0.3	100.0
		Infants	59.6	23.4	0.2	16.3	0.3	< 0.1	0.2	0.1	100.0
		Children	0.6	< 0.1	32.8	0.6	65.7	< 0.1	< 0.1	0.1	100.0

Characteristic			I	II	III	IV	V	VI	VII	Not Reported	Total Participants
Percent of Participants	Race	American Indian	22.3	4.8	17.3	10.2	42.0	3.0	< 0.1	0.5	100.0
		Asian	22.9	5.4	16.9	9.4	42.1	3.2	< 0.1	< 0.1	100.0
		Black	28.7	6.3	20.3	6.8	33.3	4.4	0.1	0.1	100.0
		Pacific Islander	29.6	5.3	20.3	6.0	34.9	3.3	< 0.1	0.6	100.0
		White	27.3	5.4	19.4	8.2	35.6	3.8	0.1	0.2	100.0
		Two or more races	23.9	6.4	21.2	6.7	39.8	1.9	< 0.1	0.1	100.0
		Race not reported	21.1	4.3	10.9	18.1	41.9	3.4	0.2	< 0.1	100.0
	Ethnicity	Hispanic/Latino	25.0	5.6	17.1	9.9	39.0	3.2	0.1	0.2	100.0
		Non-Hispanic/Latino	28.4	5.6	21.2	6.7	33.8	4.1	0.1	0.1	100.0
		Ethnicity not reported	34.8	6.8	15.1	10.9	29.6	2.6	0.1	0.2	100.0

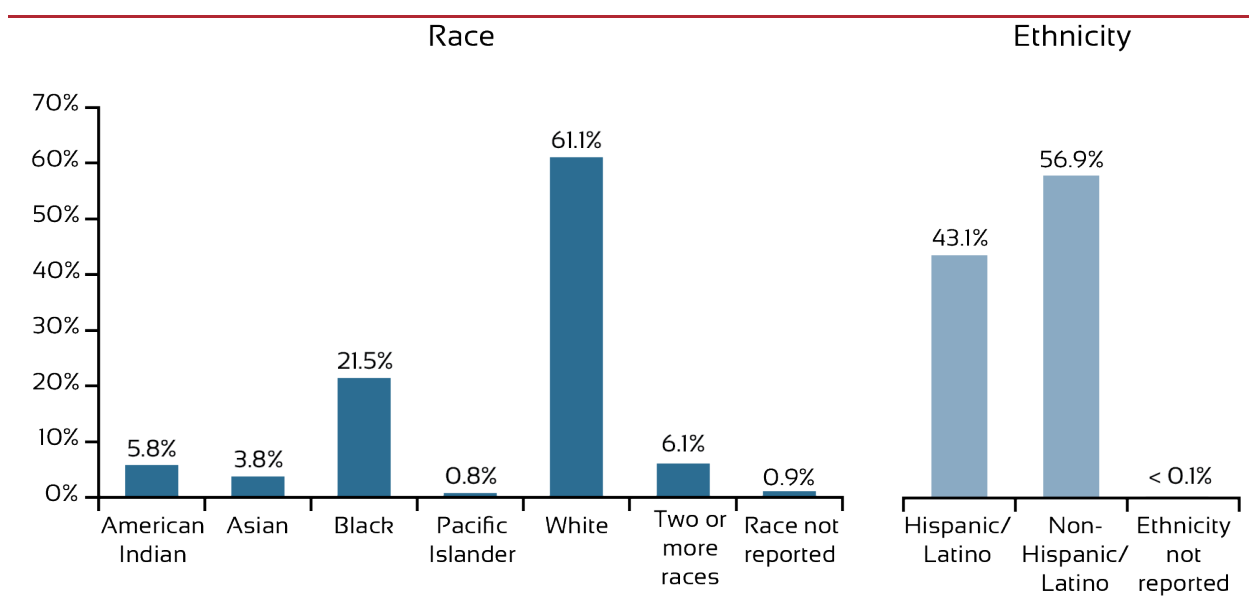
Note: Percentages may not add to 100.0 because of rounding.
Source: USDA, Food and Nutrition Service, WIC PC 2022

E. Race and Ethnicity

WIC participants can self-identify using one or more of the following five racial categories: (1) American Indian; (2) Asian; (3) Black; (4) Pacific Islander; and (5) White.⁵³ Participants are also asked to report ethnicity by indicating whether they are Hispanic/Latino. If a participant does not self-identify race or ethnicity, WIC staff are instructed to fill in each participant's race and ethnicity based on observation. In 2022, race was not reported for 0.9 percent of the WIC population, and ethnicity was not reported for less than 0.1 percent.

In 2022, the most commonly reported race across women, infants, and children was White (61.1 percent), followed by Black (21.5 percent; see figure 3.3 and table 3.6). Two or more races were reported for 6.1 percent of participants. About 43 percent of participants reported Hispanic/Latino ethnicity.

Figure 3.3. Percentage of WIC Participants by Race and Ethnicity



Source: USDA, Food and Nutrition Service, WIC PC 2022

⁵³ These categories are based on the OMB (1997) definitions and were first used in the PC2006 report. Some of the reporting category names were shortened beginning in 2018 to help streamline table and figure text in the report (see table 2.3 for additional details).

The distribution of race and ethnicity across participant categories generally mirrored that of the overall WIC population (see tables 3.7 and 3.8). Of the 2.9 million Hispanic/Latino participants, 77.4 percent were reported as White, and 11.2 percent were reported as American Indian.

The distribution of participants by race varied across State agencies (see appendix table B.7). In 42 States, a majority of participants were reported as White. In Louisiana, Mississippi, and the District of Columbia, a majority of participants were reported as Black. ITOs reported a greater percentage of American Indian participants than other State agencies, ranging from 8.4 to 100.0 percent of participants, compared with an overall rate of 5.8 percent.⁵⁴ In Hawaii, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, a greater-than-average percentage of participants were reported as Pacific Islander, ranging from 21.7 to 98.6 percent, compared with an overall rate of 0.8 percent. The percentage of Hispanic/Latino participants varied among the 50 States and the District of Columbia, with a low of 3.5 percent in West Virginia to a high of 77.1 percent in New Mexico (see appendix table B.8).

The percentage of Hispanic participants increased from 1992 through 2008, and it has held stable since 2008 at 41 to 43 percent (see appendix table A.7). Since 2006—when the current race and ethnicity categories were first used—the primary changes have been a decrease in the proportion of participants reported as American Indian (from 15.3 percent to 5.8 percent)⁵⁵ and an increase in the proportion of participants reported as being of two or more races (from 2.9 percent to 6.1 percent; see appendix table A.8). Nationwide, 43.1 percent of participants were reported as Hispanic/Latino, the highest proportion since 2006. From 2006 to 2022, between 40 and 44 percent of participants were reported as Hispanic/Latino (see appendix table A.9).

⁵⁴ The proportion of Hispanic/Latino WIC participants who were also identified as American Indian varied across State agencies because some State agencies identify Hispanic/Latino participants as American Indian in the absence of a race selection by the participant. Caution should be used in the analysis of the race and ethnicity of WIC participants, particularly for American Indian participants (see chapter 2 for additional details).

Table 3.6. Distribution of WIC Participants by Race and Ethnicity Characteristics and Participant Category

Characteristic		Pregnant Women	Breastfeeding Women	Postpartum Women	Total Women Participants	Infants	Children	Total Participants
Number of Participants	Total Participants	518,815	614,745	382,795	1,516,355	1,568,439	3,715,825	6,800,619
	Race	American Indian	31,686	39,115	17,782	88,583	75,016	396,002
		Asian	17,597	27,203	10,995	55,795	49,966	257,363
		Black	103,315	121,562	100,393	325,270	372,700	1,460,439
		Pacific Islander	3,830	5,405	3,119	12,354	11,789	53,436
		White	339,385	393,337	235,803	968,525	932,460	4,153,709
		Two or more races	17,157	21,175	12,019	50,351	112,178	417,954
		Race not reported	5,845	6,948	2,684	15,477	14,330	61,716
	Ethnicity	Hispanic/Latino	222,719	292,605	130,402	645,726	652,454	2,927,831
		Non-Hispanic/Latino	296,020	322,030	252,308	870,358	915,197	3,870,846
		Ethnicity not reported	76	110	85	271	788	1,942
Percent of Participants	Total Participants	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Race	American Indian	6.1	6.4	4.6	5.8	4.8	5.8
		Asian	3.4	4.4	2.9	3.7	3.2	3.8
		Black	19.9	19.8	26.2	21.5	23.8	21.5
		Pacific Islander	0.7	0.9	0.8	0.8	0.8	0.8
		White	65.4	64.0	61.6	63.9	59.5	61.1
		Two or more races	3.3	3.4	3.1	3.3	7.2	6.1
		Race not reported	1.1	1.1	0.7	1.0	0.9	0.9
	Ethnicity	Hispanic/Latino	42.9	47.6	34.1	42.6	41.6	43.1
		Non-Hispanic/Latino	57.1	52.4	65.9	57.4	58.4	56.9
		Ethnicity not reported	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 3.7. Distribution of WIC Participants With Selected Characteristics by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Participants
Number of Participants	Total Participants	396,002	257,363	1,460,439	53,436	4,153,709	417,954	61,716	6,800,619
	Participant Category	Pregnant women	31,686	17,597	103,315	3,830	339,385	17,157	518,815
		Breastfeeding women	39,115	27,203	121,562	5,405	393,337	21,175	614,745
		Postpartum women	17,782	10,995	100,393	3,119	235,803	12,019	382,795
		Total women	88,583	55,795	325,270	12,354	968,525	50,351	1,516,355
		Infants	75,016	49,966	372,700	11,789	932,460	112,178	1,568,439
		Children	232,403	151,602	762,469	29,293	2,252,724	255,425	3,715,825
	Ethnicity	Hispanic/Latino	328,249	11,874	106,021	16,407	2,265,388	147,552	2,927,831
		Non-Hispanic/Latino	67,722	245,474	1,354,297	37,028	1,887,961	270,336	3,870,846
		Ethnicity not reported	31	15	121	1	360	66	1,942
Percent of Participants	Total Participants	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Participant Category	Pregnant women	8.0	6.8	7.1	7.2	8.2	4.1	7.6
		Breastfeeding women	9.9	10.6	8.3	10.1	9.5	5.1	9.0
		Postpartum women	4.5	4.3	6.9	5.8	5.7	2.9	5.6
		Total women	22.4	21.7	22.3	23.1	23.3	12.0	22.3
		Infants	18.9	19.4	25.5	22.1	22.4	26.8	23.1
		Children	58.7	58.9	52.2	54.8	54.2	61.1	54.6
	Ethnicity	Hispanic/Latino	82.9	4.6	7.3	30.7	54.5	35.3	43.1
		Non-Hispanic/Latino	17.1	95.4	92.7	69.3	45.5	64.7	56.9
		Ethnicity not reported	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 3.8. Distribution of WIC Participants With Selected Characteristics by Ethnicity

Characteristic			Hispanic/ Latino	Non-Hispanic/ Latino	Ethnicity Not Reported	Total Participants
Number of Participants	Total Participants		2,927,831	3,870,846	1,942	6,800,619
	Participant Category	Pregnant women	222,719	296,020	76	518,815
		Breastfeeding women	292,605	322,030	110	614,745
		Postpartum women	130,402	252,308	85	382,795
		Total women	645,726	870,358	271	1,516,355
		Infants	652,454	915,197	788	1,568,439
		Children	1,629,651	2,085,291	883	3,715,825
	Race	American Indian	328,249	67,722	31	396,002
		Asian	11,874	245,474	15	257,363
		Black	106,021	1,354,297	121	1,460,439
		Pacific Islander	16,407	37,028	1	53,436
		White	2,265,388	1,887,961	360	4,153,709
		Two or more races	147,552	270,336	66	417,954
		Race not reported	52,340	8,028	1,348	61,716
Percent of Participants	Total Participants		100.0	100.0	100.0	100.0
	Participant Category	Pregnant women	7.6	7.6	3.9	7.6
		Breastfeeding women	10.0	8.3	5.7	9.0
		Postpartum women	4.5	6.5	4.4	5.6
		Total women	22.1	22.5	14.0	22.3
		Infants	22.3	23.6	40.6	23.1
		Children	55.7	53.9	45.5	54.6
	Race	American Indian	11.2	1.7	1.6	5.8
		Asian	0.4	6.3	0.8	3.8
		Black	3.6	35.0	6.2	21.5
		Pacific Islander	0.6	1.0	< 0.1	0.8
		White	77.4	48.8	18.5	61.1
		Two or more races	5.0	7.0	3.4	6.1
		Race not reported	1.8	0.2	69.4	0.9

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

F. Migrant Farmworker Status

State agencies are required to report migrant farmworker status for all WIC participants as part of the MDS. Migrant farmworkers made up 0.3 percent of all participants in 2022 (see table 3.1), a proportion consistent with migrant farmworker status records since 1992 (see appendix table A.10). Migrant farmworkers were concentrated in a small number of State agencies. More than 90 percent of these participants resided in 10 States: Arizona, California, Florida, Kentucky, Maryland, Michigan, North Carolina, Ohio, Tennessee, and Texas (see appendix table B.9a).

Migrant Farmworker

An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who has established a temporary abode for the purposes of such employment

The percentage of infants and breastfeeding women differed within the migrant farmworker population compared with participants who were not migrant farmworkers. A greater percentage of participants with a migrant farmworker status were breastfeeding women (11.0 percent versus 9.0 percent who

were not migrant farmworkers; see table 3.9), whereas a smaller proportion were infants (20.6 percent versus 23.1 percent).

Approximately 69 percent of migrant farmworkers were reported as White compared with 61.1 percent of participants who were not migrant farmworkers. About 78 percent of migrant farmworkers were reported as Hispanic/Latino compared with 42.9 percent who were not migrant farmworkers.

Table 3.9. Distribution of WIC Participants With Selected Characteristics by Migrant Farmworker Status

Characteristic			Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Participants
Number of Participants	Total Participants		17,685	6,780,747	2,187	6,800,619
	Participant Category	Pregnant women	1,567	517,136	112	518,815
		Breastfeeding women	1,942	612,088	715	614,745
		Postpartum women	818	380,939	1,038	382,795
		Total women	4,327	1,510,163	1,865	1,516,355
		Infants	3,650	1,564,787	2	1,568,439
		Children	9,708	3,705,797	320	3,715,825
	Race	American Indian	1,558	393,215	1,229	396,002
		Asian	372	256,989	2	257,363
		Black	2,246	1,458,089	104	1,460,439
		Pacific Islander	67	53,358	11	53,436
		White	12,143	4,140,777	789	4,153,709
		Two or more races	612	417,290	52	417,954
		Race not reported	687	61,029	0	61,716
	Ethnicity	Hispanic/Latino	13,711	2,911,937	2,183	2,927,831
		Non-Hispanic/Latino	3,972	3,866,870	4	3,870,846
		Ethnicity not reported	2	1,940	0	1,942
Percent of Participants	Total Participants		100.0	100.0	100.0	100.0
	Participant Category	Pregnant women	8.9	7.6	5.1	7.6
		Breastfeeding women	11.0	9.0	32.7	9.0
		Postpartum women	4.6	5.6	47.5	5.6
		Total women	24.5	22.3	85.3	22.3
		Infants	20.6	23.1	< 0.1	23.1
		Children	54.9	54.7	14.6	54.6
	Race	American Indian	8.8	5.8	56.2	5.8
		Asian	2.1	3.8	< 0.1	3.8
		Black	12.7	21.5	4.8	21.5
		Pacific Islander	0.4	0.8	0.5	0.8
		White	68.7	61.1	36.1	61.1
		Two or more races	3.5	6.2	2.4	6.1
		Race not reported	3.9	0.9	0.0	0.9
	Ethnicity	Hispanic/Latino	77.5	42.9	99.8	43.1
		Non-Hispanic/Latino	22.5	57.0	0.2	56.9
		Ethnicity not reported	< 0.1	< 0.1	0.0	< 0.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.
Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 4. Participation in Other Federal Benefit Programs and Household Income of WIC Participants

Federal regulations require categorically eligible WIC applicants to meet income eligibility standards set by State agencies. State agencies must set income restrictions between 100 and 185 percent of the Federal Poverty Guidelines established by HHS. These income guidelines for poverty are based on household size and vary by residency (HHS, 2021a).⁵⁶ The income eligibility threshold set by all State agencies as of April 2022 was 185 percent of the Federal Poverty Guidelines. In most areas served by WIC in 2022, a household of four with an annual income of \$49,025 or less was eligible for WIC (FNS, 2021a).

Under Federal regulations, applicants are adjunctively income-eligible for WIC benefits if they or certain family members can document participation in at least one of three means-tested Federal benefit programs: TANF, SNAP, or Medicaid.⁵⁷ All State agencies use a combination of TANF, SNAP, and/or Medicaid participation to determine adjunctive WIC income eligibility.⁵⁸ State agencies may also establish policies to accept documentation of applicants' participation in other State-administered programs if those programs routinely require documentation of income and have income eligibility guidelines at or below the State agency's WIC income guidelines—this authorization is defined as automatic eligibility. Results presented in this report include data only for TANF, SNAP, and Medicaid participation.⁵⁹

Table 4.1 provides an overview of the distribution of WIC participants by income and related characteristics.

Annual Income ≤ 185 Percent of Federal Poverty Guidelines in 2022 by Household Size (Number of Members)

1	\$23,828
2	\$32,227
3	\$40,626
4	\$49,025
5	\$57,424
6	\$65,823

⁵⁶ Income thresholds for the Federal Poverty Guidelines are higher for Alaska and Hawaii than for all other State agencies.

⁵⁷ Because Medicaid permits recipients to have income equal to or greater than 185 percent of the Federal Poverty Guidelines, some WIC participant household incomes exceed this threshold.

⁵⁸ American Samoa, the Commonwealth of the Northern Mariana Islands, and Puerto Rico do not participate in SNAP, but participants in their respective nutrition assistance programs are automatically income-eligible for WIC. Medicaid recipients in American Samoa and the Commonwealth of the Northern Mariana Islands and TANF and Medicaid recipients in Puerto Rico are adjunctively income-eligible for WIC.

⁵⁹ Although Federal regulations distinguish means-tested programs used for adjunctive income eligibility from programs used to establish automatic income eligibility, the two mechanisms work similarly with respect to income eligibility.

Table 4.1. Distribution of WIC Participants by Income-Related Characteristics

Characteristic		Number	Percent
Total Participants		6,800,619	100.0
Reported Combinations of Other Federal Benefit Programs	Participation in TANF, SNAP, or Medicaid	5,467,701	80.4
	TANF	192,601	2.8
	SNAP	1,751,539	25.8
	Medicaid	5,323,624	78.3
	No other Federal benefit programs	1,220,405	17.9
	Not reported	112,513	1.7
	TANF, SNAP, and Medicaid	167,099	2.5
	TANF and SNAP only	3,110	< 0.1
	TANF and Medicaid only	14,942	0.2
	SNAP and Medicaid only	1,447,813	21.3
	TANF only	7,450	0.1
	SNAP only	133,517	2.0
	Medicaid only	3,693,770	54.3
Size of Family or Economic Unit (Number of Members)	1	93,061	1.4
	2	773,211	11.4
	3	1,662,483	24.4
	4	1,812,624	26.7
	5	1,264,104	18.6
	6–10	1,155,890	17.0
	Not reported	39,246	0.6
Annual Income (\$)	Average (Mean)	23,340	–
	Median	21,840	–
Percent of Federal Poverty Guidelines	0–50	2,024,409	29.8
	51–100	1,846,851	27.2
	101–130	1,022,595	15.0
	131–150	546,561	8.0
	151–185	665,390	9.8
	More than 185	261,225	3.8
	Not reported	433,588	6.4

Note: Percentages may not add to 100.0 because of rounding. Alaska, the District of Columbia, and Inter-Tribal Council of Nevada were unable to provide sufficient data on participation in TANF, SNAP, and Medicaid.

When participants had data on at least one Federal benefit program, missing data on the other program(s) were assumed to indicate nonparticipation. As a result, the number participating in all three programs is likely an underestimate, and the number participating in just one or two of the programs is likely an overestimate.

The “Not reported” row for Federal benefit programs represents individuals with missing data for all three Federal benefit programs.

SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

Source: USDA, Food and Nutrition Service, WIC PC 2022

A. Participation in TANF, SNAP, and Medicaid

In total, 80.4 percent of participants reported participation in TANF, SNAP, or Medicaid in 2022 (see table 4.1).⁶⁰ Since 2020, WIC participant enrollment in other Federal benefit programs (i.e., SNAP, TANF, and/or Medicaid) increased by 3.2 percentage points (from 77.2 percent in 2020 to 80.4 percent in 2022; see appendix table A.11).

The distribution of participants with reported participation in other Federal benefit programs varied across participant categories (see table 4.2). Participation in any of the three Federal benefit programs was reported for a smaller percentage of infants and a greater percentage of children compared with the overall WIC population. The rate of participation in other Federal benefit programs was similar for pregnant and breastfeeding women and higher for postpartum women.

Reported participation in TANF, SNAP, or Medicaid also varied by race. Compared with the overall WIC population, fewer Asian participants reported participating in all three Federal benefit programs, and fewer Pacific Islander and American Indian participants reported participating in Medicaid.⁶¹ Participation in TANF did not vary by ethnicity. Participation in SNAP or Medicaid was 5.4 and 3.5 percentage points higher among non-Hispanic/Latino participants than Hispanic/Latino participants.

In 2022, 54.3 percent of WIC participants reported participating in Medicaid only, and 21.3 percent of participants reported participating in both SNAP and Medicaid (see table 4.3). Across all participant categories, races, and ethnicities, the number of WIC participants with reported participation in Medicaid only was the highest.

Reported participation in other Federal benefit programs varied by State agency (see appendix table B.10). Of the three Federal benefit programs, WIC participants most frequently reported participating in Medicaid across all 50 States and the District of Columbia. In 13 of the 89 State agencies, reported participation in both SNAP and Medicaid was higher compared with Medicaid only (see appendix table B.11). This may, however, reflect how State agencies gather data on participation in other programs rather than actual differences in participation across State agencies. For example, some State agencies do not record data for participation in programs other than the one used to establish adjunctive eligibility (see chapter 2 for additional details).

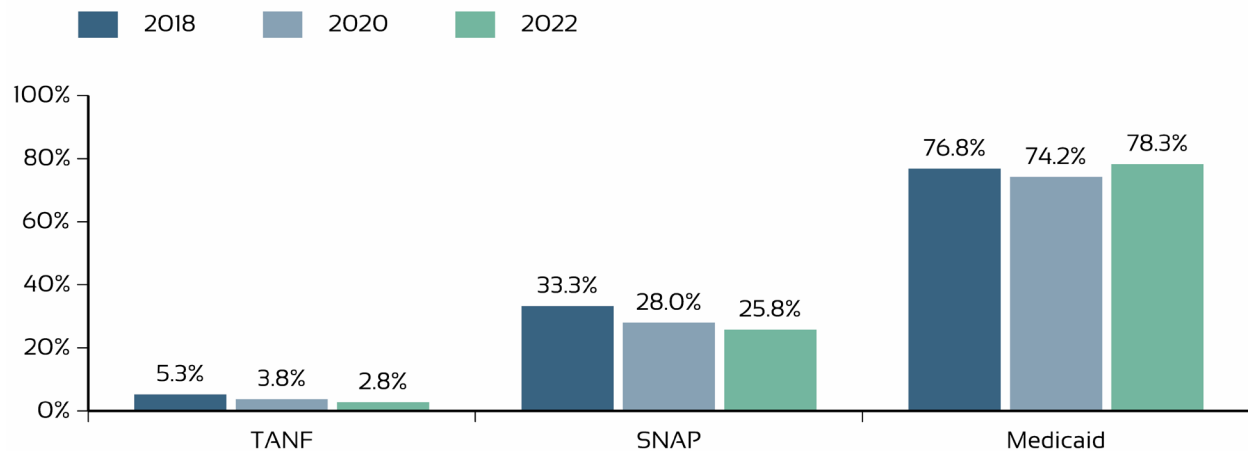
Participation in at least one of the three Federal benefit programs increased by 3.2 percentage points, from 77.2 percent in 2020 to 80.4 percent in 2022 (see table 4.1). The proportion of WIC participants who reported participating in TANF and SNAP decreased by 1.0 and 2.2 percentage points from 2020 to 2022 (see figure 4.1 and appendix table A.11). Reported participation in Medicaid among WIC participants decreased by 2.6 percentage points from 2018 to 2020 but then increased by 4.1 percentage points from 2020 to 2022. The increase in Medicaid participation among WIC participants follows the national trend of more than a 25 percent increase in Medicaid enrollment from February 2020 to April 2022 (CMS, 2022).⁶²

⁶⁰ Members of most ITOs can participate in the Food Distribution Program on Indian Reservations (FDPIR) as an alternative to SNAP. For PC 2022, the SDS included data on FDPIR participation. Of the 33 ITOs, 20 chose to report FDPIR participation, resulting in data for 78.1 percent of all ITO WIC participants. Of the 36,769 participants with reported data on FDPIR participation, only 0.1 percent participated in the program.

⁶¹ More than 11 percent of Pacific Islander participants resided in Guam, which does not provide Medicaid benefits.

⁶² The FFCRA temporarily increased the Federal Government's share of Medicaid costs and prevented States from enacting new eligibility restrictions and terminating people's Medicaid coverage during the COVID-19 public health emergency (Solomon et al., 2020).

Figure 4.1. Percentage of WIC Participants by Reported Participation in TANF, SNAP, and Medicaid: 2018, 2020, 2022



Note: SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families
Source: USDA, Food and Nutrition Service, WIC PC 2022

In every year of WIC PC data collection since 2000—except for 2014—more than half of all WIC participants reported participation in Medicaid only, and since 2010, over a quarter have reported participation in both SNAP and Medicaid (see appendix table A.12). The proportion of WIC participants reporting receipt of Medicaid only has increased among WIC participants over time. Since 2014, reported receipt of both SNAP and Medicaid declined by 9.9 percentage points. Reported participation in all three programs (SNAP, TANF, and Medicaid) decreased from a peak of 39.4 percent in 1992 to 3.1 percent in 2022.⁶³

Table 4.2. Distribution of WIC Participants by Reported Participation in Other Federal Benefit Programs

Characteristic		TANF	SNAP	Medicaid	No Other Programs	Not Reported	Total Participants
Number of Participants	Total Participants	192,601	1,751,539	5,323,624	1,220,405	112,513	6,800,619
	Participant Category	Pregnant women	12,684	115,976	382,954	113,331	518,815
		Breastfeeding women	14,848	125,562	459,219	134,784	614,745
		Postpartum women	13,832	111,318	302,066	63,007	382,795
		Total women	41,364	352,856	1,144,239	311,122	1,516,355
		Infants	28,535	296,012	1,131,262	366,052	1,568,439
		Children	122,702	1,102,671	3,048,123	543,231	3,715,825
	Race	American Indian	15,016	105,600	288,047	87,625	396,002
		Asian	5,533	47,926	196,445	54,105	257,363
		Black	57,286	493,453	1,168,431	220,091	1,460,439
		Pacific Islander	1,988	14,019	34,473	15,647	53,436
		White	93,013	956,368	3,259,576	759,680	4,153,709
		Two or more races	16,002	122,234	332,828	68,412	417,954
		Race not reported	3,763	11,939	43,824	14,845	61,716

⁶³ TANF went into effect July 1, 1997. Prior to PC1998, reported participation was for Aid to Families with Dependent Children (AFDC) (FNS, 1994).

Characteristic			TANF	SNAP	Medicaid	No Other Programs	Not Reported	Total Participants
Number of Participants (continued)	Ethnicity	Hispanic/Latino	83,893	664,802	2,235,036	604,230	37,295	2,927,831
		Non-Hispanic/Latino	108,624	1,086,569	3,087,938	615,931	74,369	3,870,846
		Ethnicity not reported	84	168	650	244	849	1,942
Percent of Participants	Total Participants		2.8	25.8	78.3	17.9	1.7	100.0
	Participant Category	Pregnant women	2.4	22.4	73.8	21.8	1.8	100.0
		Breastfeeding women	2.4	20.4	74.7	21.9	1.6	100.0
		Postpartum women	3.6	29.1	78.9	16.5	1.8	100.0
		Total women	2.7	23.3	75.5	20.5	1.7	100.0
		Infants	1.8	18.9	72.1	23.3	1.8	100.0
		Children	3.3	29.7	82.0	14.6	1.6	100.0
	Race	American Indian	3.8	26.7	72.7	22.1	2.9	100.0
		Asian	2.1	18.6	76.3	21.0	1.3	100.0
		Black	3.9	33.8	80.0	15.1	1.5	100.0
		Pacific Islander	3.7	26.2	64.5	29.3	3.7	100.0
		White	2.2	23.0	78.5	18.3	1.5	100.0
		Two or more races	3.8	29.2	79.6	16.4	1.8	100.0
		Race not reported	6.1	19.3	71.0	24.1	2.6	100.0
	Ethnicity	Hispanic/Latino	2.9	22.7	76.3	20.6	1.3	100.0
		Non-Hispanic/Latino	2.8	28.1	79.8	15.9	1.9	100.0
		Ethnicity not reported	4.3	8.7	33.5	12.6	43.7	100.0

Note: Participants may participate in more than one Federal benefit program. Alaska, the District of Columbia, and Inter-Tribal Council of Nevada were unable to provide sufficient data on participation in TANF, SNAP, and Medicaid.

When participants had data on at least one Federal benefit program, missing data on the other program(s) were assumed to indicate nonparticipation. As a result, the number participating in each of the three programs is likely an underestimate, and the number participating in no other programs is likely an overestimate.

The "Not reported" column represents individuals with missing data for all three Federal benefit programs.

SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 4.3. Distribution of WIC Participants by Reported Participation in Combinations of Other Federal Benefit Programs

Characteristic		TANF, SNAP, and Medicaid	TANF and SNAP	TANF and Medicaid	SNAP and Medicaid	TANF Only	SNAP Only	Medicaid Only	Total Participants
Number of Participants	Total Participants	167,099	3,110	14,942	1,447,813	7,450	133,517	3,693,770	6,800,619
	Participant Category	Pregnant women	10,615	216	1,087	93,041	766	12,104	518,815
		Breastfeeding women	12,892	217	1,143	102,386	596	10,067	614,745
		Postpartum women	12,225	189	1,033	88,714	385	10,190	382,795
		Total women	35,732	622	3,263	284,141	1,747	32,361	1,516,355
		Infants	22,919	1,152	1,995	233,069	2,469	38,872	1,568,439
		Children	108,448	1,336	9,684	930,603	3,234	62,284	3,715,825
	Race	American Indian	13,342	141	1,033	83,869	500	8,248	396,002
		Asian	4,826	99	500	39,781	108	3,220	257,363
		Black	51,441	1,311	3,422	393,648	1,112	47,053	1,460,439
		Pacific Islander	1,795	45	99	10,960	49	1,219	53,436
		White	79,254	1,254	8,379	810,900	4,126	64,960	4,153,709
		Two or more races	13,778	255	1,282	99,953	687	8,248	417,954
		Race not reported	2,663	5	227	8,702	868	569	61,716
	Ethnicity	Hispanic/Latino	74,082	973	5,890	542,398	2,948	47,349	2,927,831
		Non-Hispanic/Latino	93,017	2,137	9,052	905,362	4,418	86,053	3,870,846
		Ethnicity not reported	0	0	0	53	84	115	1,942
Percent of Participants	Total Participants	2.5	< 0.1	0.2	21.3	0.1	2.0	54.3	100.0
	Participant Category	Pregnant women	2.0	< 0.1	0.2	17.9	0.1	2.3	100.0
		Breastfeeding women	2.1	< 0.1	0.2	16.7	< 0.1	1.6	100.0
		Postpartum women	3.2	< 0.1	0.3	23.2	0.1	2.7	100.0
		Total women	2.4	< 0.1	0.2	18.7	0.1	2.1	100.0
		Infants	1.5	< 0.1	0.1	14.9	0.2	2.5	100.0
		Children	2.9	< 0.1	0.3	25.0	< 0.1	1.7	100.0

Characteristic			TANF, SNAP, and Medicaid	TANF and SNAP	TANF and Medicaid	SNAP and Medicaid	TANF Only	SNAP Only	Medicaid Only	Total Participants
Percent of Participants (continued)	Race	American Indian	3.4	< 0.1	0.3	21.2	0.1	2.1	47.9	100.0
		Asian	1.9	< 0.1	0.2	15.5	< 0.1	1.3	58.8	100.0
		Black	3.5	< 0.1	0.2	27.0	< 0.1	3.2	49.3	100.0
		Pacific Islander	3.4	< 0.1	0.2	20.5	< 0.1	2.3	40.5	100.0
		White	1.9	< 0.1	0.2	19.5	< 0.1	1.6	56.8	100.0
		Two or more races	3.3	< 0.1	0.3	23.9	0.2	2.0	52.1	100.0
		Race not reported	4.3	< 0.1	0.4	14.1	1.4	0.9	52.2	100.0
	Ethnicity	Hispanic/Latino	2.5	< 0.1	0.2	18.5	0.1	1.6	55.1	100.0
		Non-Hispanic/Latino	2.4	< 0.1	0.2	23.4	0.1	2.2	53.7	100.0
		Ethnicity not reported	0.0	0.0	0.0	2.7	4.3	5.9	30.7	100.0

Note: Alaska, the District of Columbia, and Inter-Tribal Council of Nevada were unable to provide sufficient data on participation in TANF, SNAP, and Medicaid.

When participants had data on at least one Federal benefit program, missing data on the other program(s) were assumed to indicate nonparticipation. As a result, the number participating in all three programs is likely an underestimate, and the number participating in just one or two of the programs is likely an overestimate.

SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

Source: USDA, Food and Nutrition Service, WIC PC 2022

B. Household Size and Income

State agencies were asked to provide information on household or economic unit size and income for participants during April 2022.^{64, 65} Similar to previous years, in 2022, household size was reported for 99.4 percent of participants (see table 4.4), and income data were reported for 93.8 percent of participants (see table 4.5). Twelve State agencies were missing income data for at least 30 percent of their participants in 2022 (see appendix table B.14). Verification of household income is not required for participants who are adjunctively or automatically income-eligible for WIC benefits and, therefore, may contribute to missing income data; caution should be used in analyzing data on income for these State agencies.

For some participants, State agencies reported actual income amounts (i.e., the dollar amounts reported by WIC applicants). For many participants who were adjunctively eligible, State agencies reported income ranges rather than specific dollar amounts. For analytic purposes, the midpoints of the ranges were assigned as household income.⁶⁶ Both types of data were combined to compute the average annualized income and poverty status of participants.

Approximately half of all participants—regardless of participant category, ethnicity, or State agency—resided in a household or economic unit with three or four members (see table 4.4 and appendix table B.12). This pattern was also true of all race categories except for Pacific Islander participants; in this category, approximately half of participants lived in households with at least five members. The distribution of three- and four-person households has remained steady since 1992 (see appendix table A.13). Small percentages of infants, children, and postpartum women (1.2, 1.5, and 0.6 percent) were classified as residing in one-person households for the purposes of WIC income eligibility determination in 2022. Women who miscarried, mothers of infants placed in foster care, and infants and children placed in foster care may be reported as one-person economic units.

Among those with reported household income, the mean annualized household income across all participant categories was \$23,340 in April 2022; the median income was \$21,840 (see table 4.5).⁶⁷ Among women participants, breastfeeding women reported the highest mean and median incomes (\$23,628 and \$23,400), and postpartum women reported the lowest mean and median incomes (\$20,579 and \$18,720). Across racial and ethnic groups, Asian participants reported the highest mean and median incomes (\$27,415 and \$26,000), and Black participants reported the lowest mean and median incomes (\$19,018 and \$16,044). Hispanic/Latino participants reported higher mean and median incomes (\$24,493 and \$24,000) than non-Hispanic/Latino participants (\$22,417 and \$20,400).

Both mean and median household incomes varied considerably among the 50 States and the District of Columbia. West Virginia had the lowest mean and median incomes (\$4,489 and \$1,800); Minnesota had the highest mean and median incomes (\$35,182 and \$34,824; see appendix table B.13). In general, without adjusting for inflation, mean and median non-zero household incomes have increased over time (see appendix table A.14). Figure 4.2 shows median incomes as reported by participants between 1992 and 2022, with the median income adjusted for inflation through 2022. Adjusted and unadjusted

⁶⁴ The term “household or economic unit” refers to the group of people whose incomes are evaluated for WIC eligibility purposes.

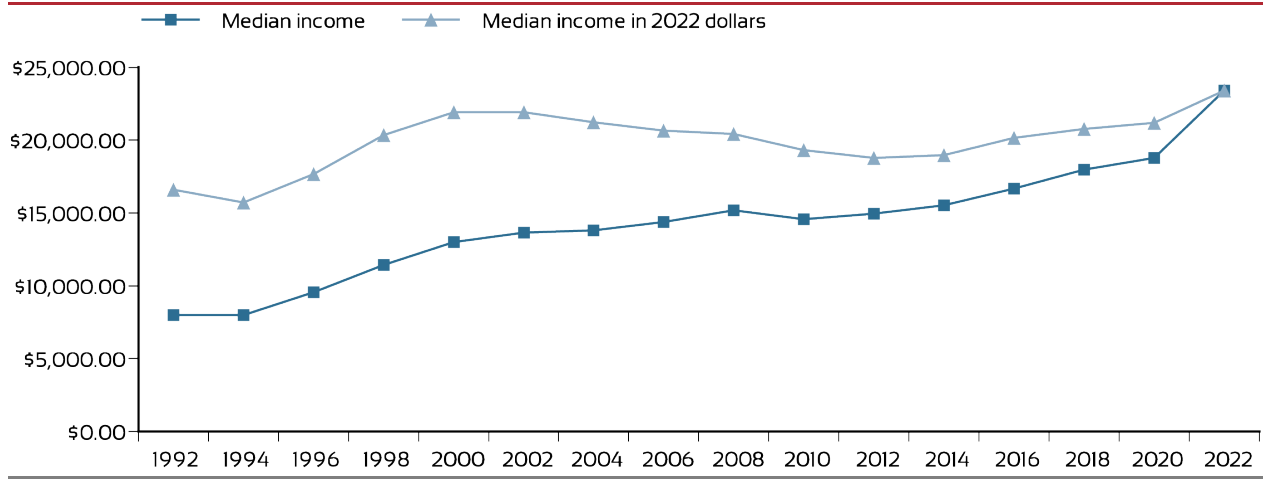
⁶⁵ Three State agencies provided data for a reference month other than April 2022: The District of Columbia provided data for July 2022, and Santo Domingo Pueblo (NM) and Pueblo of San Felipe (NM) provided data for February 2022.

⁶⁶ State agencies reported income ranges in increments of \$1,200 per year. Incomes of \$77,004 per year were imputed for households reported to have incomes equal to or greater than \$74,400 per year.

⁶⁷ In table 4.5, reporting on income as a percentage of the Federal Poverty Guidelines includes \$0 income. In appendix table A.15, \$0 income is not included in reporting on income as a percentage of the Federal Poverty Guidelines.

median income increased and peaked in 2002 after WIC became fully funded in 1997; therefore, all eligible individuals were able to participate.

Figure 4.2. Median Household Income of WIC Participants: 1992–2022



Note: Households with zero income are not included in calculations of median income.

Source: BLS, n.d.; USDA, Food and Nutrition Service, WIC PC 2022

Table 4.4. Distribution of WIC Participants by Size of Family or Economic Unit

Characteristic		1	2	3	4	5	6-10	Not Reported	Total Participants	
Number of Participants	Total Participants		93,061	773,211	1,662,483	1,812,624	1,264,104	1,155,890	39,246	6,800,619
	Participant Category	Pregnant women	15,649	96,584	136,346	120,102	78,091	71,163	880	518,815
		Breastfeeding women	0	74,400	171,669	160,280	107,531	98,172	2,693	614,745
		Postpartum women	2,112	59,416	110,100	95,639	61,076	52,960	1,492	382,795
		Total women	17,761	230,400	418,115	376,021	246,698	222,295	5,065	1,516,355
		Infants	18,762	210,047	438,904	397,516	260,282	230,869	12,059	1,568,439
		Children	56,538	332,764	805,464	1,039,087	757,124	702,726	22,122	3,715,825
	Race	American Indian	5,226	42,723	96,468	107,310	76,384	65,987	1,904	396,002
		Asian	655	14,071	57,722	81,541	54,001	48,657	716	257,363
		Black	20,171	233,322	390,582	360,484	232,619	215,614	7,647	1,460,439
		Pacific Islander	457	3,944	9,920	12,363	10,011	16,465	276	53,436
		White	58,527	415,681	983,618	1,125,485	808,380	739,597	22,421	4,153,709
		Two or more races	7,704	57,347	110,139	109,343	70,508	59,605	3,308	417,954
	Race not reported	321	6,123	14,034	16,098	12,201	9,965	2,974	61,716	
	Ethnicity	Hispanic/Latino	23,213	282,520	681,553	801,722	596,297	529,514	13,012	2,927,831
		Non-Hispanic/Latino	69,801	490,542	980,667	1,010,625	667,643	626,232	25,336	3,870,846
		Ethnicity not reported	47	149	263	277	164	144	898	1,942
Percent of Participants	Total Participants		1.4	11.4	24.4	26.7	18.6	17.0	0.6	100.0
	Participant Category	Pregnant women	3.0	18.6	26.3	23.1	15.1	13.7	0.2	100.0
		Breastfeeding women	0.0	12.1	27.9	26.1	17.5	16.0	0.4	100.0
		Postpartum women	0.6	15.5	28.8	25.0	16.0	13.8	0.4	100.0
		Total women	1.2	15.2	27.6	24.8	16.3	14.7	0.3	100.0
		Infants	1.2	13.4	28.0	25.3	16.6	14.7	0.8	100.0
		Children	1.5	9.0	21.7	28.0	20.4	18.9	0.6	100.0
	Race	American Indian	1.3	10.8	24.4	27.1	19.3	16.7	0.5	100.0
		Asian	0.3	5.5	22.4	31.7	21.0	18.9	0.3	100.0
		Black	1.4	16.0	26.7	24.7	15.9	14.8	0.5	100.0
		Pacific Islander	0.9	7.4	18.6	23.1	18.7	30.8	0.5	100.0
		White	1.4	10.0	23.7	27.1	19.5	17.8	0.5	100.0
		Two or more races	1.8	13.7	26.4	26.2	16.9	14.3	0.8	100.0
	Race not reported	0.5	9.9	22.7	26.1	19.8	16.1	4.8	100.0	
	Ethnicity	Hispanic/Latino	0.8	9.6	23.3	27.4	20.4	18.1	0.4	100.0
		Non-Hispanic/Latino	1.8	12.7	25.3	26.1	17.2	16.2	0.7	100.0
		Ethnicity not reported	2.4	7.7	13.5	14.3	8.4	7.4	46.2	100.0

Note: Percentages may not add to 100.0 because of rounding. Women who miscarried, mothers of infants placed in foster care, and infants and children placed in foster care may be reported as one-person economic units.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 4.5. Mean and Median Annualized Family or Economic Unit Income and Rate of Income Reporting

Characteristic		Mean Income	Median Income	Income Reported	Income Not Reported	Total Participants
Number of Participants	Total Participants	23,340	21,840	6,382,311	418,308	6,800,619
	Participant Category	Pregnant women	23,054	21,600	486,893	518,815
		Breastfeeding women	23,628	23,400	583,739	614,745
		Postpartum women	20,579	18,720	354,149	382,795
		Total women	22,674	21,600	1,424,781	1,516,355
		Infants	21,621	20,400	1,461,926	1,568,439
		Children	24,331	23,400	3,495,604	3,715,825
	Race	American Indian	20,922	19,800	386,619	396,002
		Asian	27,415	26,000	240,929	257,363
		Black	19,018	16,044	1,364,443	1,460,439
		Pacific Islander	22,728	20,800	51,245	53,436
		White	25,083	24,000	3,887,278	4,153,709
		Two or more races	21,468	19,604	392,066	417,954
		Race not reported	20,696	19,764	59,731	61,716
	Ethnicity	Hispanic/Latino	24,493	24,000	2,840,709	2,927,831
		Non-Hispanic/Latino	22,417	20,400	3,540,598	3,870,846
		Ethnicity not reported	18,390	15,600	1,004	1,942
Percent of Participants	Total Participants	—	—	93.8	6.2	100.0
	Participant Category	Pregnant women	—	—	93.8	100.0
		Breastfeeding women	—	—	95.0	100.0
		Postpartum women	—	—	92.5	100.0
		Total women	—	—	94.0	100.0
		Infants	—	—	93.2	100.0
		Children	—	—	94.1	100.0
	Race	American Indian	—	—	97.6	100.0
		Asian	—	—	93.6	100.0
		Black	—	—	93.4	100.0
		Pacific Islander	—	—	95.9	100.0
		White	—	—	93.6	100.0
		Two or more races	—	—	93.8	100.0
		Race not reported	—	—	96.8	100.0
	Ethnicity	Hispanic/Latino	—	—	97.0	100.0
		Non-Hispanic/Latino	—	—	91.5	100.0
		Ethnicity not reported	—	—	51.7	100.0

Note: Percentages may not add to 100.0 because of rounding. In this table, reporting on mean and median income includes \$0 income. Income calculations used data for only those participants for whom State agencies reported data on income. State agencies could report actual income and a reporting period or an income range for participants. Calculations of mean and median incomes used a computed annualized income for both types of data.

Source: USDA, Food and Nutrition Service, WIC PC 2022

C. Poverty Status

A majority of WIC participants come from households with income at or below 100 percent of the Federal Poverty Guidelines issued each year by HHS. These guidelines are income thresholds for poverty and vary by household size and residency. In most areas served by WIC, the poverty guideline for a household of four in 2022 was \$26,500 per year (HHS, 2021a).⁶⁸ Income eligibility guidelines for the WIC program are set by all State agencies at 185 percent of the Federal Poverty Guidelines (\$49,025 per year in 2022 for a family of four).⁶⁹ The study team used participant household income, household size, and residency to calculate participant income as a percentage of the Federal Poverty Guidelines. Table 4.6 presents poverty status data by participant category, race, and ethnicity.

More than half (57 percent) of all WIC participants reported income at or below 100 percent of the Federal Poverty Guidelines, and more than one-quarter (29.8 percent) reported income less than or equal to 50 percent of the guidelines. Income less than or equal to 50 percent of the guidelines was most frequently reported for postpartum women (35.3 percent) and infants (33.2 percent). American Indian, Black, and Pacific Islander participants were most likely to report income less than or equal to 50 percent of the guidelines, whereas Asian and White participants were most likely to report income between 51 and 100 percent of the guidelines (29.9 and 27.4 percent). Nearly one-third (32.5 percent) of non-Hispanic/Latino participants reported income less than or equal to 50 percent of the guidelines versus 26.2 percent of Hispanic/Latino participants.

Among the 50 States and the District of Columbia, 18 State agencies had a greater proportion of participants with income between 51 and 100 percent of the guidelines versus participants with income equal to or less than 50 percent of the guidelines (see appendix table B.14). Since 2020, the number of participants reporting income equal to or less than 100 percent of the Federal Poverty Guidelines has decreased by 7.1 percent (see appendix table A.15). Comparisons of data from years prior to 2006 should be made with caution because between 13 and 22 percent of participants did not report income data for any given year. Because of the revised data-cleaning rules on missing income implemented for WIC PC 2018, comparisons of 2018, 2020, and 2022 data with previous income data should be made with caution (see chapter 2 for additional details).

Table 4.6. Distribution of WIC Participants by Income as a Percentage of Federal Poverty Guidelines

Characteristic			Percent of Federal Poverty Guidelines						
			0-50	51-100	101-130	131-150	151-185	More Than 185	Not Reported
Number of Participants	Total Participants		2,024,409	1,846,851	1,022,595	546,561	665,390	261,225	433,588
	Participant Category	Pregnant women	144,429	134,921	79,760	45,926	56,944	24,690	32,145
		Breastfeeding women	179,069	157,612	99,498	55,349	69,780	21,183	32,254
		Postpartum women	135,294	96,036	50,457	27,147	31,916	12,957	28,988
		Total women	458,792	388,569	229,715	128,422	158,640	58,830	93,387
		Infants	520,938	395,295	221,197	120,788	146,640	52,634	110,947
		Children	1,044,679	1,062,987	571,683	297,351	360,110	149,761	229,254

⁶⁸ The Federal Poverty Guidelines are the same for the 48 contiguous States, the District of Columbia, and the 5 U.S. territories; they are different for Alaska and Hawaii. In April 2022, the poverty guideline for a household of four was \$33,130 for Alaska and \$30,480 for Hawaii (HHS, 2021a). Because the District of Columbia submitted data with a reference date after July 1, 2022, the FY 2022 Federal Poverty Guidelines were used.

⁶⁹ State agencies must set income restrictions between 100 and 185 percent of the Federal Poverty Guidelines established by HHS.

Characteristic			Percent of Federal Poverty Guidelines						
			0-50	51-100	101-130	131-150	151-185	More Than 185	Not Reported
Number of Participants (continued)	Race	American Indian	137,961	122,814	56,169	27,693	29,208	11,439	10,718
		Asian	51,833	76,972	44,822	23,997	28,843	14,195	16,701
		Black	581,374	363,025	172,690	92,668	106,747	45,362	98,573
		Pacific Islander	19,133	16,237	7,068	3,362	3,890	1,486	2,260
		White	1,073,036	1,137,878	676,636	364,121	457,084	170,568	274,386
		Two or more races	141,039	110,795	56,416	30,483	35,627	16,343	27,251
		Race not reported	20,033	19,130	8,794	4,237	3,991	1,832	3,699
	Ethnicity	Hispanic/Latino	766,408	891,288	511,356	262,300	318,228	85,294	92,957
		Non-Hispanic/Latino	1,257,608	955,293	511,132	284,186	347,083	175,904	339,640
		Ethnicity not reported	393	270	107	75	79	27	991
Percent of Participants	Total Participants		29.8	27.2	15.0	8.0	9.8	3.8	6.4
	Participant Category	Pregnant women	27.8	26.0	15.4	8.9	11.0	4.8	6.2
		Breastfeeding women	29.1	25.6	16.2	9.0	11.4	3.4	5.2
		Postpartum women	35.3	25.1	13.2	7.1	8.3	3.4	7.6
		Total women	30.3	25.6	15.1	8.5	10.5	3.9	6.2
		Infants	33.2	25.2	14.1	7.7	9.3	3.4	7.1
		Children	28.1	28.6	15.4	8.0	9.7	4.0	6.2
	Race	American Indian	34.8	31.0	14.2	7.0	7.4	2.9	2.7
		Asian	20.1	29.9	17.4	9.3	11.2	5.5	6.5
		Black	39.8	24.9	11.8	6.3	7.3	3.1	6.7
		Pacific Islander	35.8	30.4	13.2	6.3	7.3	2.8	4.2
		White	25.8	27.4	16.3	8.8	11.0	4.1	6.6
		Two or more races	33.7	26.5	13.5	7.3	8.5	3.9	6.5
		Race not reported	32.5	31.0	14.2	6.9	6.5	3.0	6.0
	Ethnicity	Hispanic/Latino	26.2	30.4	17.5	9.0	10.9	2.9	3.2
		Non-Hispanic/Latino	32.5	24.7	13.2	7.3	9.0	4.5	8.8
		Ethnicity not reported	20.2	13.9	5.5	3.9	4.1	1.4	51.0

Note: Percentages may not add to 100.0 because of rounding. Poverty guideline calculations were based on computed annualized income and size of family or economic unit, as compared with the Federal Poverty Guidelines issued by HHS for fiscal year (FY) 2021. Because the District of Columbia submitted data with a reference date after July 1, 2022, the FY 2022 Federal Poverty Guidelines were used. Households missing the number of people in the household or economic unit were included in the "Race not reported" or "Ethnicity not reported" categories because income as a percentage of the Federal Poverty Guidelines could not be calculated without that information.

HHS = U.S. Department of Health and Human Services

Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 5. Assigned Nutritional Risks

During the eligibility determination and certification process, WIC staff collect anthropometric, biochemical, medical history, and dietary information from applicants and participants to determine whether they have at least one qualifying nutritional risk criterion for WIC eligibility.

This chapter presents data on the nutritional risks assigned to participants.⁷⁰ For reporting purposes, throughout this chapter, the nutritional risk criteria are collapsed into groups of nutritional risks (hereafter referred to as nutritional risks), and these risks are further collapsed into broad nutritional risk categories as defined by FNS: anthropometric, biochemical, clinical/health/medical, dietary, and other risks. Table 5.1 provides an overview of the nutritional risks, broad nutritional risk categories, and the number of risks assigned to participants.

Results presented in this chapter should be interpreted with caution and an understanding of how nutritional risks are documented and analyzed. Participants are deemed to be at nutritional risk if they meet at least one risk criterion; Federal regulations do not require WIC staff to document every nutritional risk criterion a participant meets. Therefore, the nutritional risks documented in the MIS do not necessarily reflect all the risks a participant may have. A participant may meet criteria for a higher priority nutritional risk even if it is not captured during the nutrition assessment. This chapter includes analyses by migrant farmworker status because some nutritional risks apply only to migrant farmworkers (see section D).

Effects of Physical Presence Waivers on Nutritional Risk Data Collection

Physical presence waivers implemented by many State agencies beginning in March 2020 were still in place during April 2022. As a result, fewer anthropometric and hematological measurements were collected, which may have contributed to fewer anthropometric and hematological nutritional risks being identified by WIC clinic staff during certification appointments.

Table 5.1. Distribution of WIC Participants by Nutritional Risks and Number of Nutritional Risks

Characteristic	Number	Percent
Total Participants	6,800,619	100.0
Anthropometric Risks	2,174,385	32.0
Low weight-for-height/length	205,523	3.0
High weight-for-height/length	939,383	13.8
Short stature	242,740	3.6
Inappropriate growth/weight gain pattern	341,346	5.0
Low birthweight/premature birth	911,472	13.4
Other anthropometric risks	92,109	1.4
Biochemical Risks	192,738	2.8
Hematocrit/hemoglobin below FNS criteria	189,310	2.8
Other biochemical risks	3,760	< 0.1

⁷⁰ For information on actual anthropometric data, see chapter 6; for hematological data, see chapter 7. For PC 2022, anthropometric and hematological measurement data did not meet reporting standards (i.e., the data were missing or unreliable) and were not included in the report; see the appendix A for historical reporting on WIC participants. The WIC PC 2020 report (Kline et al., 2022) provides the most recent reporting on WIC participants' anthropometric and hematological data.

Characteristic	Number	Percent
Clinical/Health/Medical Risks	1,403,258	20.6
Pregnancy-induced conditions	166,891	2.5
Delivery of low birth weight/premature infant	317,434	4.7
Prior stillbirth/fetal/neonatal death	59,132	0.9
General obstetrical risks	365,485	5.4
Nutrition-related risk conditions	818,034	12.0
Substance abuse	85,588	1.3
Other health risks	117,729	1.7
Dietary Risks	4,241,798	62.4
Failure to meet DGA	1,438,235	21.1
Inappropriate nutrition practices	2,979,621	43.8
Other Risks	1,740,287	25.6
Regression/transfer/presumptive eligibility	119,045	1.8
Breastfeeding mother and infant dyad	377,422	5.5
Infant of a WIC-eligible mother/mother at risk during pregnancy	1,104,536	16.2
Homelessness/migrancy	36,508	0.5
Other nutritional risks	225,344	3.3
Number of Nutritional Risks	–	–
1	4,095,079	60.2
2	1,634,255	24.0
3	670,348	9.9
4	254,206	3.7
5	90,902	1.3
6	31,085	0.5
7	10,494	0.2
8	3,102	< 0.1
9	604	< 0.1
10	46	< 0.1
No nutritional risks reported	10,498	0.2

Note: Because of State agency variation in reporting, national-level statistics could not be produced at the nutritional risk criteria level. Criteria were grouped into nutritional risks, and these risks were categorized into broad nutritional risk categories that align with the risk categories specified by FNS.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

A. Nutritional Risk Criteria and Definitions

Prior to 1999, Federal policy permitted each State agency to develop nutritional risk criteria within the broad Federal parameters spelled out in the Child Nutrition Act of 1966 (Pub. L. No. 89–642, as amended). Each State agency accordingly developed its own set of nutritional risk criteria to determine eligibility. WIC PC reports from 1988 through 1998 reflected these differences in criteria. In 1992, FNS asked IOM (now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine) to review the scientific basis for these criteria and recommend definitions and thresholds. IOM then issued a report in 1996 with a series of recommendations that were the basis for a policy change that took effect April 1, 1999. State agencies are required to use criteria and definitions reviewed by the Risk Identification and Selection Collaborative (RISC, a joint National WIC Association/FNS working group) and approved by FNS, although State agencies have the option to implement more stringent thresholds than those specified by FNS. Caution should be exercised when

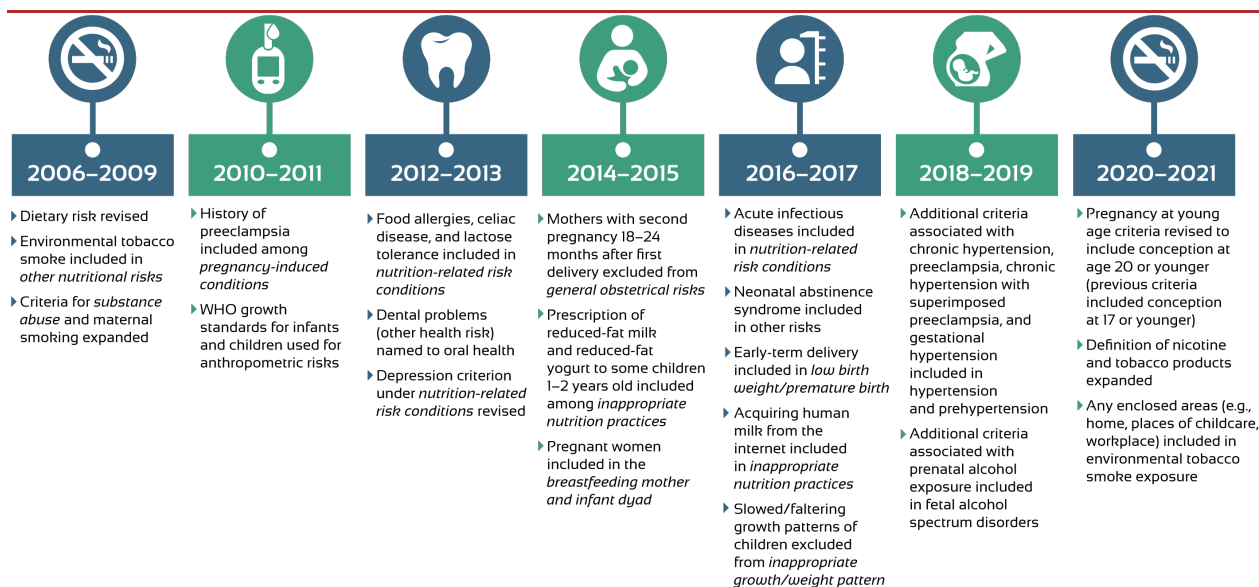
comparing 2022 nutritional risk data with findings from years prior to 2000, before the implementation of uniform criteria and definitions.

Since 1999, FNS has continued to revise the nutritional risk criteria by issuing WIC policy memoranda that reflect RISC's decisions based on its analysis of the current science. Figure 5.1 provides a timeline that highlights revisions to nutritional risk criteria that affected WIC PC nutritional risk data from 2006 through 2021. One new policy memorandum was issued between WIC PC 2020 and WIC PC 2022. The changes in nutritional risk criteria in this memorandum may affect comparison between these two sets of data.

The memorandum published in December 2020 (FNS, 2020b) allowed State agencies until October 1, 2022, to implement the following changes:

- ▶ Revised definition of pregnancy at a young age to include conception at 20 years of age or younger (previous criteria included conception at 17 years of age or younger)
- ▶ Revised definition for nicotine and tobacco use to include any product that contains nicotine and/or tobacco, including cigarettes, pipes, cigars, electronic nicotine delivery systems, hookahs, smokeless tobacco, or nicotine replacement therapies
- ▶ Expanded criteria for exposure to environmental tobacco smoke to include enclosed areas (e.g., the home, place of childcare, workplace)

Figure 5.1. Historical Changes to Nutritional Risk Data Based on WIC Policy Memoranda: 2006–2021



WHO = World Health Organization

Sources:

2006–2009: FNS, 2005, 2007; 2010–2011: FNS, 2009, 2011; 2012–2013: FNS, 2013; 2014–2015: FNS, 2015; 2016–2017: FNS, 2016, 2017; 2018–2020: FNS, 2019; FNS, 2020a; 2022: FNS, 2020b

To be eligible to receive WIC benefits, an applicant must meet at least one nutritional risk criterion. For this report, criteria are grouped into nutritional risks, and these risks are categorized into broad nutritional risk categories that align with the five risk categories specified by FNS regulations (see table 5.2). That is, each nutritional risk has at least one more specific criterion that makes up the risk. For example, an infant whose weight-for-length percentile is below the 2.3rd percentile on the CDC growth

charts⁷¹ is assigned the *underweight* or *at risk of being underweight* criterion (not provided in this report), which is included in the *low weight-for-height/length* nutritional risk and is further grouped in the anthropometric risk category.

Table 5.2. Nutritional Risks by Broad WIC Nutritional Risk Category

Broad Nutritional Risk Category	Nutritional Risks
Anthropometric	- Low weight-for-height/length - High weight-for-height/length (e.g., overweight women, obese children 2–4 years old) - Short stature - Inappropriate growth/weight gain pattern - Low birth weight/premature birth - Other anthropometric risk (e.g., small or large for gestational age, low head circumference)
Biochemical	- Hematocrit or hemoglobin below FNS criteria - Other biochemical test results that indicate nutritional abnormality (e.g., elevated blood lead levels)
Clinical/Health/Medical	- Pregnancy-induced conditions (e.g., hyperemesis gravidarum, gestational diabetes, history of gestational diabetes, history of preeclampsia) - Delivery of low birth weight or premature infant (e.g., history of preterm or early-term delivery, history of low birth weight) - Prior stillbirth or fetal or neonatal death - General obstetrical risks (e.g., multiple-fetus birth, short interpregnancy interval, lack of adequate prenatal care, pregnant woman currently breastfeeding) - Nutrition-related risk conditions (e.g., any nutrition-related chronic disease, genetic disorder, infectious disease, gastrointestinal disorders, drug nutrient interactions) - Substance abuse (e.g., drugs, alcohol, tobacco) - Other health risks (e.g., fetal alcohol spectrum disorders, oral health, neonatal abstinence syndrome)
Dietary	- Failure to meet DGA - Inappropriate nutrition practices (e.g., routinely diluting formula, diet very low in calories and/or essential nutrients, lack of sanitary practices in handling breastmilk and/or bottles)
Other risks	- Regression/transfer (nutritional risk unknown)/presumptive eligibility - Breastfeeding mother and infant dyad - Infant of a WIC-eligible mother or mother at risk during pregnancy - Homelessness/migrancy - Other nutritional risks (e.g., recipient of abuse, foster care, exposure to environmental tobacco smoke, woman or infant/child of caregiver with limited ability to make feeding decisions or prepare food)

Note: Examples of nutritional risk criteria grouped within the nutritional risk are provided in parentheses. Nutritional risks are sorted by the corresponding FNS nutritional risk number. In tables 5.3–5.9e, the nutritional risks are sorted the same way.

DGA = Dietary Guidelines for Americans

B. Number of Nutritional Risks Reported

To determine nutritional risk, a competent professional authority conducts a nutrition assessment during the WIC certification process. Federal regulations require that at least one nutritional risk criterion is documented at the time of certification; however, certified professional authorities may document multiple nutritional risk criteria per participant. Prior to 2006, State agencies could report

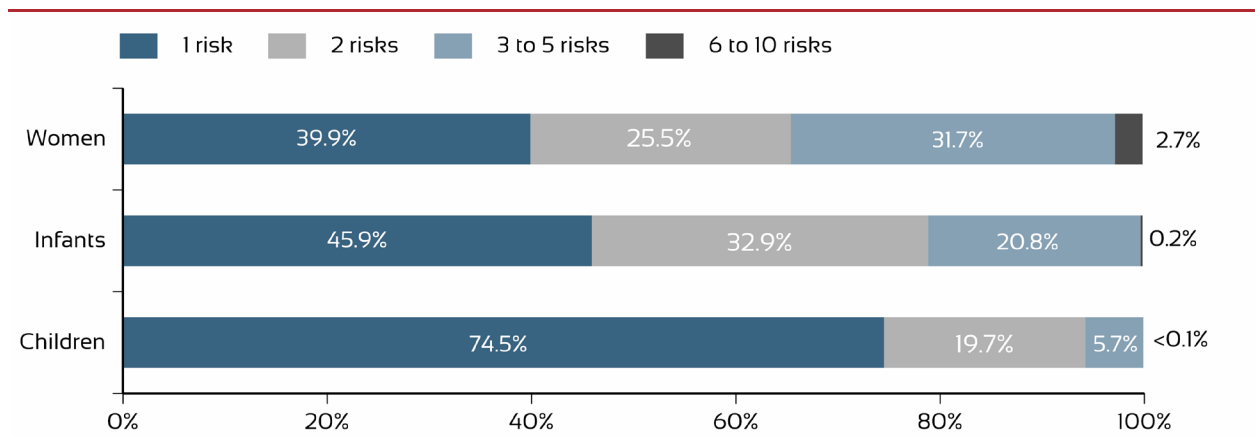
⁷¹ These CDC growth charts are based on the World Health Organization (WHO, 2006) growth standards for infancy through age 2.

only the three highest priority nutritional risks assigned. Beginning in 2006, State agencies could report the 10 highest priority nutritional risks assigned during eligibility determination/recertification.

In tabulating nutritional risks, the study team removed multiple risk criteria within the same nutritional risk. For example, participants were counted as having only one *inappropriate nutrition practices* nutritional risk even if several criteria under that specific risk were assigned to the participant. Therefore, these results may underestimate the number of nutritional risks participants were assigned.

A majority of participants were assigned one (59.8 percent) or two (25.3 percent) nutritional risks in 2022 (see table 5.3). The percentage of participants assigned one nutritional risk in 2022 was higher than in 2020 (48.2 percent), and the percentage of participants assigned two nutritional risks in 2022 was lower than in 2020 (27.3 percent; see appendix table A.16). These findings were consistent across races and ethnicities but not across participant categories. A majority of children, infants, and women (94.2, 78.8, and 65.4 percent) were assigned one or two nutritional risks (see figure 5.2).

Figure 5.2. Distribution of WIC Participants by Number of Nutritional Risks



Note: At most, data for 0.2 percent of participants in each category were not reported. For participants with multiple reported risk criteria within one nutritional risk, only one nutritional risk was coded.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Across the 50 States and the District of Columbia, the percentage of participants with one nutritional risk ranged from 35.3 percent in Wyoming to 81.8 percent in Virginia, and the percentage of participants with two nutritional risks ranged from 14.3 percent in Virginia to 32.2 percent in Kentucky. In all 50 States and the District of Columbia, the percentage of participants with one nutritional risk was greater than the percentage with two nutritional risks (see appendix table B.15). The percentage of participants for whom one nutritional risk was reported consistently decreased from 2010 through 2018 and increased in 2020 and 2022 (see appendix table A.16). The 12 percentage-point increase in participants assigned one nutritional risk between 2020 and 2022 reflects a similar trend found in a supplemental analysis of WIC PC-style data collected in November 2020 (Kline et al., 2022).

About a quarter of pregnant women (28.5 percent) had three or more nutritional risks, compared with a greater percentage of breastfeeding and postpartum women (38.4 and 36.8 percent). Over three times as many infants were assigned three or more nutritional risks than children (20.9 and 5.7 percent).

Table 5.3. Distribution of WIC Participants by Number of Nutritional Risks

Characteristic			1	2	3	4	5	6	7	8-10	No Risks Reported	Total Participants
Number of Participants	Total Participants		4,095,079	1,634,255	670,348	254,206	90,902	31,085	10,494	3,752	10,498	6,800,619
	Participant Category	Pregnant women	239,614	131,309	81,295	40,056	16,949	6,538	2,067	599	388	518,815
		Breastfeeding women	217,723	158,430	117,355	67,632	31,542	12,989	5,104	1,985	1,985	614,745
		Postpartum women	147,883	96,988	68,892	38,831	18,297	7,456	2,714	1,091	643	382,795
		Total women	605,220	386,727	267,542	146,519	66,788	26,983	9,885	3,675	3,016	1,516,355
		Infants	720,963	516,144	232,747	74,026	18,091	3,132	488	68	2,780	1,568,439
		Children	2,768,896	731,384	170,059	33,661	6,023	970	121	9	4,702	3,715,825
	Race	American Indian	243,629	96,794	37,707	12,419	3,593	1,062	296	91	411	396,002
		Asian	172,985	55,990	19,359	6,223	1,814	481	133	23	355	257,363
		Black	865,179	356,388	148,759	56,733	20,279	6,835	2,251	810	3,205	1,460,439
		Pacific Islander	30,398	14,125	5,771	2,156	704	170	43	2	67	53,436
		White	2,475,283	999,961	418,114	162,835	60,286	21,291	7,435	2,717	5,787	4,153,709
		Two or more races	262,811	99,213	37,105	12,715	3,930	1,186	325	102	567	417,954
		Race not reported	44,794	11,784	3,533	1,125	296	60	11	7	106	61,716
	Ethnicity	Hispanic/Latino	1,834,706	686,631	264,403	92,779	30,666	10,386	4,030	1,751	2,479	2,927,831
		Non-Hispanic/Latino	2,259,266	947,137	405,743	161,361	60,217	20,695	6,463	2,001	7,963	3,870,846
		Ethnicity not reported	1,107	487	202	66	19	4	1	0	56	1,942
Percent of Participants	Total Participants		60.2	24.0	9.9	3.7	1.3	0.5	0.2	< 0.1	0.2	100.0
	Participant Category	Pregnant women	46.2	25.3	15.7	7.7	3.3	1.3	0.4	0.1	< 0.1	100.0
		Breastfeeding women	35.4	25.8	19.1	11.0	5.1	2.1	0.8	0.3	0.3	100.0
		Postpartum women	38.6	25.3	18.0	10.1	4.8	1.9	0.7	0.3	0.2	100.0
		Total women	39.9	25.5	17.6	9.7	4.4	1.8	0.7	0.2	0.2	100.0
		Infants	46.0	32.9	14.8	4.7	1.2	0.2	< 0.1	< 0.1	0.2	100.0
		Children	74.5	19.7	4.6	0.9	0.2	< 0.1	< 0.1	< 0.1	0.1	100.0
	Race	American Indian	61.5	24.4	9.5	3.1	0.9	0.3	< 0.1	< 0.1	0.1	100.0
		Asian	67.2	21.8	7.5	2.4	0.7	0.2	< 0.1	< 0.1	0.1	100.0
		Black	59.2	24.4	10.2	3.9	1.4	0.5	0.2	< 0.1	0.2	100.0
		Pacific Islander	56.9	26.4	10.8	4.0	1.3	0.3	< 0.1	< 0.1	0.1	100.0
		White	59.6	24.1	10.1	3.9	1.5	0.5	0.2	< 0.1	0.1	100.0
		Two or more races	62.9	23.7	8.9	3.0	0.9	0.3	< 0.1	< 0.1	0.1	100.0
		Race not reported	72.6	19.1	5.7	1.8	0.5	< 0.1	< 0.1	< 0.1	0.2	100.0
	Ethnicity	Hispanic/Latino	62.7	23.5	9.0	3.2	1.0	0.4	0.1	< 0.1	< 0.1	100.0
		Non-Hispanic/Latino	58.4	24.5	10.5	4.2	1.6	0.5	0.2	< 0.1	0.2	100.0
		Ethnicity not reported	57.0	25.1	10.4	3.4	1.0	0.2	< 0.1	0.0	2.9	100.0

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

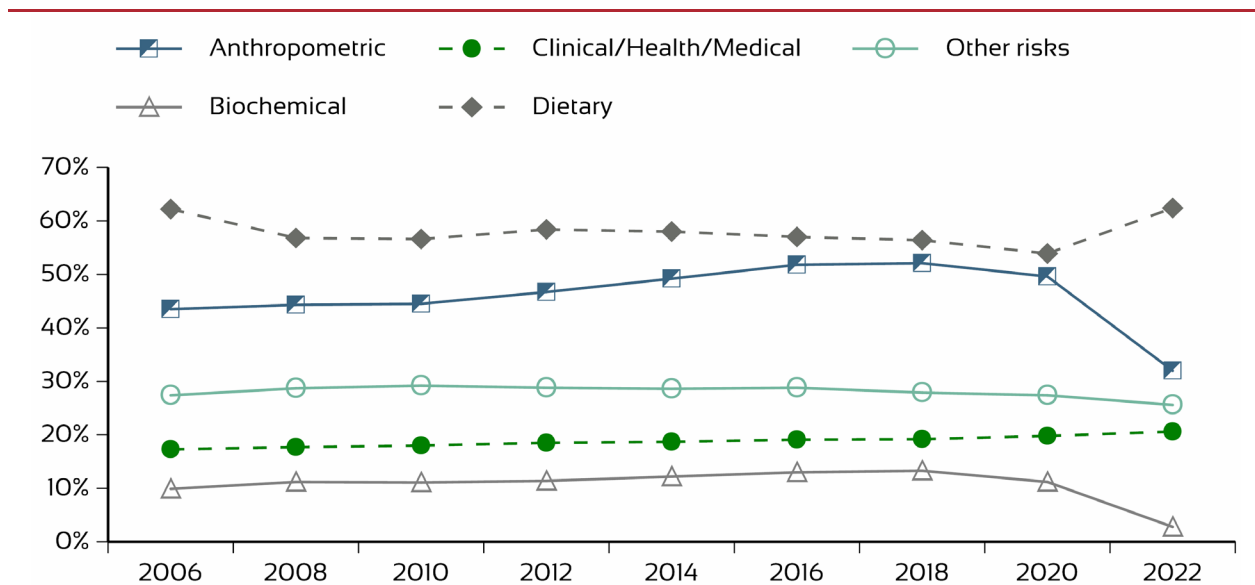
C. Broad Nutritional Risk Categories

Similar to previous years, in 2022, the most commonly assigned broad nutritional risk categories reported were dietary risks and anthropometric risks, which were assigned to 62.4 and 32.0 percent of participants (see table 5.4). However, the percentage of participants assigned anthropometric risks has decreased by more than 17 percentage points since 2020 (49.6 percent). This decrease is likely related to the physical presence requirement waivers in place during the COVID-19 pandemic and the reduced frequency of height and weight measurements during appointments.

Since 2006, when State agencies began reporting up to 10 nutritional risk criteria per participant, risk categories have been assigned at similar rates until 2022 (see figure 5.3 and appendix table A.17). The greatest change, other than for anthropometric risks, has been for biochemical risks, which increased from 9.9 percent of participants in 2006 to 13.3 percent of participants in 2018. Biochemical risks declined from 11.2 percent in 2020 to 2.8 percent of participants in 2022. As with anthropometric risks, this decrease is likely related to reduced frequency of blood tests during appointments.

In 2022, 0.2 percent of participants did not have a nutritional risk assignment, compared with 1.2 percent in 2020. Less than 0.5 percent of participants had no nutritional risk reported from 2008 through 2018. In 2022, more participants were assigned clinical/health/medical and dietary risks (20.6 and 62.4 percent) than in 2020 (19.8 and 53.9 percent). In 2022, the percentage of participants assigned other risks decreased to 25.6 percent compared with 27.4 percent in 2020.

Figure 5.3. Percentage of WIC Participants by Broad Nutritional Risk Categories Reported: 2006–2022



Note: For consistency, this figure includes data only from 2006 to 2022. Prior to 2006, State agencies could report only the three highest priority nutritional risks assigned. At most, data for 1.9 percent of participants each year were not reported.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Among women, clinical/health/medical risks and dietary risks were most commonly assigned (60.1 and 42.6 percent; see table 5.4). Dietary risks were most commonly reported for children (82.6 percent), and other risks were most commonly reported for infants (73.3 percent).⁷²

Across racial and ethnic groups, nutritional risk assignments varied for all categories except biochemical and clinical/health/medical risks. Anthropometric risk reporting was highest among Pacific Islander participants (36.8 percent). Dietary risk reporting was highest among American Indian participants and lowest among Black participants (71.3 and 58.2 percent) and clinical/health/medical and other risk reporting was lowest among Asian participants (19.6 percent).

Non-Hispanic/Latino participants had a higher prevalence of all broad nutritional risks than Hispanic/Latino participants, except dietary risks. Dietary risks were reported for 67.5 percent of Hispanic/Latino participants compared with 58.5 percent of non-Hispanic/Latino participants.

⁷² Other risks include infant of a WIC-eligible mother/mother at risk during pregnancy.

Table 5.4. Distribution of WIC Participants by Broad Nutritional Risk Category Reported

Characteristic		Anthropometric	Biochemical	Clinical/ Health/Medical	Dietary	Other Risks	No Risks Reported	Total Participants
Number of Participants	Total Participants	2,174,385	192,738	1,403,258	4,241,798	1,740,287	10,498	6,800,619
	Participant Category	Pregnant women	212,252	15,107	296,731	241,904	41,689	518,815
		Breastfeeding women	198,086	58,279	359,600	241,444	292,620	614,745
		Postpartum women	145,077	32,774	255,715	163,007	38,904	382,795
		Total women	555,415	106,160	912,046	646,355	373,213	1,516,355
		Infants	749,719	2,567	93,963	524,869	1,149,663	2,780
		Children	869,251	84,011	397,249	3,070,574	217,411	4,702
	Race	American Indian	95,646	10,053	71,833	282,391	99,386	411
		Asian	68,525	9,470	40,649	178,653	50,333	355
		Black	522,871	51,714	300,456	850,658	383,145	3,205
		Pacific Islander	19,688	1,876	9,406	33,585	14,603	67
		White	1,322,554	109,770	905,244	2,581,410	1,072,493	5,787
		Two or more races	135,292	9,181	66,468	266,886	108,993	567
		Race not reported	9,809	674	9,202	48,215	11,334	106
	Ethnicity	Hispanic/Latino	797,517	80,247	544,534	1,975,938	706,641	2,479
		Non-Hispanic/Latino	1,376,439	112,479	858,516	2,265,072	1,032,323	7,963
		Ethnicity not reported	429	12	208	788	1,323	56
Percent of Participants	Total Participants	32.0	2.8	20.6	62.4	25.6	0.2	100.0
	Participant Category	Pregnant women	40.9	2.9	57.2	46.6	8.0	< 0.1
		Breastfeeding women	32.2	9.5	58.5	39.3	47.6	0.3
		Postpartum women	37.9	8.6	66.8	42.6	10.2	0.2
		Total women	36.6	7.0	60.1	42.6	24.6	0.2
		Infants	47.8	0.2	6.0	33.5	73.3	0.2
		Children	23.4	2.3	10.7	82.6	5.9	0.1
	Race	American Indian	24.2	2.5	18.1	71.3	25.1	0.1
		Asian	26.6	3.7	15.8	69.4	19.6	0.1
		Black	35.8	3.5	20.6	58.2	26.2	0.2
		Pacific Islander	36.8	3.5	17.6	62.9	27.3	0.1
		White	31.8	2.6	21.8	62.1	25.8	0.1
		Two or more races	32.4	2.2	15.9	63.9	26.1	0.1
		Race not reported	15.9	1.1	14.9	78.1	18.4	0.2
	Ethnicity	Hispanic/Latino	27.2	2.7	18.6	67.5	24.1	< 0.1
		Non-Hispanic/Latino	35.6	2.9	22.2	58.5	26.7	0.2
		Ethnicity not reported	22.1	0.6	10.7	40.6	68.1	2.9

Note: State agencies could report up to 10 nutritional risk criteria for each participant. This table examines all risk criteria reported for every participant. When multiple risk criteria within the same nutritional risk were reported for one person, these criteria were combined and counted once to accurately calculate the number and percentage of participants assigned a nutritional risk or broad risk category. Because multiple risks are reported, rows total more than 100.0 percent.

Source: USDA, Food and Nutrition Service, WIC PC 2022

D. Nutritional Risks by Demographic Characteristics

Some nutritional risks were more commonly assigned to specific participant categories. For example, the biochemical nutritional risk *hematocrit/hemoglobin below FNS criteria* was assigned predominantly to women (7.0 percent) versus infants and children (0.2 and 2.2 percent; see table 5.5). Very few infants were assigned this nutritional risk because hematological tests are not required for infants younger than 9 months. In 2022, only 15.7 to 23.1 percent of participants in each participant category had reported hematological measurement data (see chapter 7 for additional details).

High weight-for-height/length was reported for similar proportions of infants and children (9.4 and 9.7 percent). In 2022, only 37 to 55 percent of participants across participant categories had reported anthropometric measurement data, likely because of physical presence requirement waivers in place during the COVID-19 pandemic (see chapter 6 for additional details).

Key findings for women by age (see table 5.6a), race (see tables 5.7a–c), and ethnicity (see tables 5.8a–c) follow:

- ▶ The percentage of women assigned *high weight-for-height* was greater for older women; 12.1 percent of women younger than 15 were assigned this risk compared with 32.5 percent of women 35 and older. The opposite trend occurred for assignment of *low weight-for-height* (4.6 percent of women younger than 15 and less than 1 percent of women 35 and older). *General obstetrical risks* was assigned to 91.1 percent of women 15 and younger compared with about one-fifth of women 18 and older. *General obstetrical risks* include the criterion “pregnancy at a young age,” which applies only to women 20 and younger.
- ▶ Four nutritional risk categories had the most notable differences by race.
 - *High weight-for-height* was assigned less often for Asian women in all participant categories (19.4–23.4 percent across categories) compared with women of other races.
 - *Inappropriate growth/weight gain pattern* was assigned less often for American Indian and Asian women across categories (16.8 and 20.6 percent of pregnant women, 12.3 and 13.0 percent of breastfeeding women, and 11.8 and 13.3 percent of postpartum women) than women of other races.
 - *Substance abuse* was assigned most often for White women and those identified as having two or more races (3.2–10.0 percent across categories). Breastfeeding women of all races had lower rates of *substance abuse* than pregnant or postpartum women.
 - *Hematocrit/hemoglobin below FNS criteria* was assigned most often for Black pregnant women (4.6 percent) and Asian breastfeeding and postpartum women (15.2 and 10.8 percent) than women of other races in each category.⁷³
- ▶ Compared with non-Hispanic/Latina women, Hispanic/Latina women were more likely to be assigned *high weight-for-height*, *inappropriate growth/weight gain pattern*, *nutrition-related risk conditions*, *substance abuse*, and *failure to meet DGA*.

⁷³ Physical presence waivers many State agencies implemented beginning in March 2020 were still in place in April 2022. As a result, fewer hematological measurements were collected, and these results should be interpreted with caution.

Key findings for infants by age (see table 5.6b), race (see table 5.7d), and ethnicity (see table 5.8d) follow:

- ▶ Older infants were less likely than younger infants to be assigned most nutritional risks. Two risks had the most notable differences across age categories.
 - *Infant of a WIC-eligible mother/mother at risk during pregnancy*: About 72 percent of infants aged 0 to 3 months were assigned this risk, and the proportion decreased approximately 10 to 20 percentage points for each successive infant age category.
 - *Inappropriate nutrition practices*: The percentage of infants assigned this risk increased by age category to a peak of 60.2 percent of infants aged 9 to 11 months.
- ▶ Three nutritional risk categories had the most notable differences by race.
 - *High weight-for-length* was assigned to 9.4 percent of infants overall, ranging from 5.0 percent of Asian infants to 17.6 percent of Pacific Islander infants.
 - *Low birth weight/premature birth* was assigned to 32.6 percent of all infants and ranged from 25.2 percent of American Indian infants to 38.1 percent of Black infants.
 - The risk of *inappropriate nutrition practices* was assigned to 33.5 percent of infants overall and ranged from 28.8 percent of Black infants to 46.2 percent of American Indian infants.
- ▶ Nutritional risk assignments did not vary by more than about 4 percentage points between Hispanic/Latino infants and non-Hispanic/Latino infants, except for the risks of *low birth weight/premature birth* and *inappropriate nutrition practices*. About 36 percent of non-Hispanic/Latino infants were assigned *low birth weight/premature birth* compared with 28.5 percent of Hispanic/Latino infants. Nearly 40 percent of Hispanic/Latino infants were assigned *inappropriate nutrition practices* compared with 28.9 percent of non-Hispanic/Latino infants.

Key findings for children by age (see table 5.6c), race (see table 5.7e), and ethnicity (see table 5.8e) follow:

- ▶ Generally, risks were assigned to more 1-year-old children than children in older age categories. For example, the risk of *low birth weight/premature birth* was assigned to 26.3 percent of 1-year-old children and less than 2 percent of 2-, 3-, and 4-year-old children. The risk of *inappropriate nutrition practices* was assigned to 76.2 percent of 1-year-old children compared with 42.2 percent of 4-year-old children—a difference of 34 percentage points.
- ▶ Three nutritional risk categories had the most notable differences by race.
 - *High weight-for-height/length* was assigned to 9.7 percent of all children; this risk was assigned at the highest rate to Pacific Islander children (14.5 percent).
 - The risk of *nutrition-related conditions* was assigned to 9.1 percent of all children; this risk was assigned at the lowest rate to 5.9 percent of Asian and Pacific Islander children.
 - *Regression/transfer/presumptive eligibility* was assigned to 2.0 percent of all children and ranged from 0.7 percent of Asian children to 9.9 percent of American Indian children.

- ▶ Nutritional risk assignments did not vary by more than 4 percentage points between Hispanic/Latino children and non-Hispanic/Latino children, except for the risk of *inappropriate nutrition practices*. About 62 percent of Hispanic/Latino children were assigned this risk compared with 55.4 percent of non-Hispanic/Latino infants.

Across participant categories, migrant farmworkers were approximately 90 percent more likely than participants who were not migrant farmworkers to be assigned the risk of *homelessness/migrancy* (see tables 5.9a–e). However, because migrant farmworkers constitute such a small percentage of the overall WIC population, a greater number of participants who were not migrant farmworkers were assigned this risk in each category.

Table 5.5. Distribution of WIC Participants With Nutritional Risks by Participant Category

Characteristic		Pregnant Women	Breastfeeding Women	Postpartum Women	Total Women Participants	Infants	Children	Total Participants
Number of Participants	Anthropometric Risks	212,252	198,086	145,077	555,415	749,719	869,251	2,174,385
	Low weight-for-height/length	9,344	8,045	6,426	23,815	110,921	70,787	205,523
	High weight-for-height/length	166,523	155,645	111,066	433,234	146,857	359,292	939,383
	Short stature	0	1	1	2	106,797	135,941	242,740
	Inappropriate growth/weight gain pattern	116,385	105,658	78,540	300,583	27,670	13,093	341,346
	Low birthweight/ premature birth	0	0	0	0	512,043	399,429	911,472
	Other anthropometric risks	0	1	0	1	79,088	13,020	92,109
	Biochemical Risks	15,107	58,279	32,774	106,160	2,567	84,011	192,738
	Hematocrit/ hemoglobin below FNS criteria	15,068	58,252	32,743	106,063	2,463	80,784	189,310
	Other biochemical risks	41	55	36	132	109	3,519	3,760
	Clinical/Health/Medical Risks	296,731	359,600	255,715	912,046	93,963	397,249	1,403,258
	Pregnancy-induced conditions	45,734	73,402	47,755	166,891	0	0	166,891
	Delivery of low birth weight/premature infant	68,670	144,119	104,645	317,434	0	0	317,434
	Prior stillbirth/fetal/ neonatal death	31,910	10,210	17,012	59,132	0	0	59,132
	General obstetrical risks	147,338	125,878	92,269	365,485	0	0	365,485
	Nutrition-related risk conditions	96,144	172,670	122,611	391,425	88,663	337,946	818,034
	Substance abuse	37,927	16,550	30,384	84,861	167	560	85,588
	Other health risks	18,641	15,188	10,696	44,525	6,125	67,079	117,729
	Dietary Risks	241,904	241,444	163,007	646,355	524,869	3,070,574	4,241,798
	Failure to meet DGA	141,224	161,106	95,358	397,688	36	1,040,511	1,438,235
	Inappropriate nutrition practices	112,060	95,926	78,795	286,781	524,834	2,168,006	2,979,621
	Other Risks	41,689	292,620	38,904	373,213	1,149,663	217,411	1,740,287
	Regression/transfer/ presumptive eligibility	6,488	7,802	4,655	18,945	27,353	72,747	119,045
	Breastfeeding mother and infant dyad	5,116	280,585	16,805	302,506	74,164	752	377,422
	Infant of a WIC-eligible mother/ mother at risk during pregnancy	0	0	0	0	1,091,257	13,279	1,104,536
	Homelessness/ migrancy	3,689	3,452	2,143	9,284	8,066	19,158	36,508
	Other nutritional risks	27,367	10,271	16,073	53,711	54,197	117,436	225,344
	No Nutritional Risks Reported	388	1,985	643	3,016	2,780	4,702	10,498

Characteristic		Pregnant Women	Breastfeeding Women	Postpartum Women	Total Women Participants	Infants	Children	Total Participants
Percent of Participants	Anthropometric Risks	40.9	32.2	37.9	36.6	47.8	23.4	32.0
	Low weight-for-height/length	1.8	1.3	1.7	1.6	7.1	1.9	3.0
	High weight-for-height/length	32.1	25.3	29.0	28.6	9.4	9.7	13.8
	Short stature	0.0	< 0.1	< 0.1	< 0.1	6.8	3.7	3.6
	Inappropriate growth/weight gain pattern	22.4	17.2	20.5	19.8	1.8	0.4	5.0
	Low birthweight/ premature birth	0.0	0.0	0.0	0.0	32.6	10.7	13.4
	Other anthropometric risks	0.0	< 0.1	0.0	< 0.1	5.0	0.4	1.4
	Biochemical Risks	2.9	9.5	8.6	7.0	0.2	2.3	2.8
	Hematocrit/hemoglobin below FNS criteria	2.9	9.5	8.6	7.0	0.2	2.2	2.8
	Other biochemical risks	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
	Clinical/Health/Medical Risks	57.2	58.5	66.8	60.1	6.0	10.7	20.6
	Pregnancy-induced conditions	8.8	11.9	12.5	11.0	0.0	0.0	2.5
	Delivery of low birth weight/premature infant	13.2	23.4	27.3	20.9	0.0	0.0	4.7
	Prior stillbirth/fetal/ neonatal death	6.2	1.7	4.4	3.9	0.0	0.0	0.9
	General obstetrical risks	28.4	20.5	24.1	24.1	0.0	0.0	5.4
	Nutrition-related risk conditions	18.5	28.1	32.0	25.8	5.7	9.1	12.0
	Substance abuse	7.3	2.7	7.9	5.6	< 0.1	< 0.1	1.3
	Other health risks	3.6	2.5	2.8	2.9	0.4	1.8	1.7
	Dietary Risks	46.6	39.3	42.6	42.6	33.5	82.6	62.4
	Failure to meet DGA	27.2	26.2	24.9	26.2	< 0.1	28.0	21.1
	Inappropriate nutrition practices	21.6	15.6	20.6	18.9	33.5	58.3	43.8
	Other Risks	8.0	47.6	10.2	24.6	73.3	5.9	25.6
	Regression/transfer/ presumptive eligibility	1.3	1.3	1.2	1.2	1.7	2.0	1.8
	Breastfeeding mother and infant dyad	1.0	45.6	4.4	19.9	4.7	< 0.1	5.5
	Infant of a WIC-eligible mother/ mother at risk during pregnancy	0.0	0.0	0.0	0.0	69.6	0.4	16.2
	Homelessness/ migrancy	0.7	0.6	0.6	0.6	0.5	0.5	0.5
	Other nutritional risks	5.3	1.7	4.2	3.5	3.5	3.2	3.3
	No Nutritional Risks Reported	< 0.1	0.3	0.2	0.2	0.2	0.1	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.6a. Distribution of Women Participating in WIC With Nutritional Risks by Age at Certification

Characteristic		Younger Than 15	15–17 Years	18–34 Years	35 Years or Older	Age Not Reported	Total Women Participants
Number of Women Participants	Anthropometric Risks	382	8,448	463,432	83,048	105	555,415
	Low weight-for-height	69	1,199	21,096	1,446	5	23,815
	High weight-for-height	181	4,530	357,029	71,408	86	433,234
	Short stature	0	0	1	1	0	2
	Inappropriate growth/weight gain pattern	241	5,319	253,796	41,173	54	300,583
	Other anthropometric risks	0	0	0	1	0	1
	Biochemical Risks	87	1,758	86,965	17,319	31	106,160
	Hematocrit/hemoglobin below FNS criteria	87	1,754	86,884	17,307	31	106,063
	Other biochemical risks	0	4	113	15	0	132
	Clinical/Health/Medical Risks	1,385	26,478	745,882	138,121	180	912,046
	Pregnancy-induced conditions	51	1,145	128,214	37,440	41	166,891
	Delivery of low birth weight/premature infant	223	4,329	260,000	52,812	70	317,434
	Prior stillbirth/fetal/neonatal death	7	224	44,953	13,929	19	59,132
	General obstetrical risks	1,358	25,198	297,057	41,803	69	365,485
	Nutrition-related risk conditions	242	5,089	318,903	67,092	99	391,425
	Substance abuse	31	1,033	72,062	11,711	24	84,861
	Other health risks	28	604	36,223	7,661	9	44,525
	Dietary Risks	518	10,862	547,744	87,144	87	646,355
	Failure to meet DGA	197	4,973	337,974	54,504	40	397,688
	Inappropriate nutrition practices	352	6,544	242,690	37,145	50	286,781
	Other Risks	559	10,538	307,858	54,194	64	373,213
	Regression/transfer/presumptive eligibility	7	271	16,595	2,066	6	18,945
	Breastfeeding mother and infant dyad	187	4,561	250,656	47,054	48	302,506
	Homelessness/migrancy	11	172	7,540	1,557	4	9,284
	Other nutritional risks	391	6,216	42,239	4,857	8	53,711
	No Nutritional Risks Reported	10	34	2,512	455	5	3,016
Percent of Women Participants	Anthropometric Risks	25.6	28.3	36.6	37.8	41.0	36.6
	Low weight-for-height	4.6	4.0	1.7	0.7	2.0	1.6
	High weight-for-height	12.1	15.2	28.2	32.5	33.6	28.6
	Short stature	0.0	0.0	< 0.1	< 0.1	0.0	< 0.1
	Inappropriate growth/weight gain pattern	16.2	17.8	20.1	18.7	21.1	19.8
	Other anthropometric risks	0.0	0.0	0.0	< 0.1	0.0	< 0.1
	Biochemical Risks	5.8	5.9	6.9	7.9	12.1	7.0
	Hematocrit/hemoglobin below FNS criteria	5.8	5.9	6.9	7.9	12.1	7.0
	Other biochemical risks	0.0	< 0.1	< 0.1	< 0.1	0.0	< 0.1

Characteristic		Younger Than 15	15-17 Years	18-34 Years	35 Years or Older	Age Not Reported	Total Women Participants
Percent of Women Participants (continued)	Clinical/Health/Medical Risks	92.9	88.8	59.0	62.8	70.3	60.1
	Pregnancy-induced conditions	3.4	3.8	10.1	17.0	16.0	11.0
	Delivery of low birth weight/premature infant	15.0	14.5	20.6	24.0	27.3	20.9
	Prior stillbirth/fetal/neonatal death	0.5	0.8	3.6	6.3	7.4	3.9
	General obstetrical risks	91.1	84.5	23.5	19.0	27.0	24.1
	Nutrition-related risk conditions	16.2	17.1	25.2	30.5	38.7	25.8
	Substance abuse	2.1	3.5	5.7	5.3	9.4	5.6
	Other health risks	1.9	2.0	2.9	3.5	3.5	2.9
	Dietary Risks	34.7	36.4	43.3	39.6	34.0	42.6
	Failure to meet DGA	13.2	16.7	26.7	24.8	15.6	26.2
	Inappropriate nutrition practices	23.6	22.0	19.2	16.9	19.5	18.9
	Other Risks	37.5	35.3	24.3	24.7	25.0	24.6
	Regression/transfer/presumptive eligibility	0.5	0.9	1.3	0.9	2.3	1.2
	Breastfeeding mother and infant dyad	12.5	15.3	19.8	21.4	18.8	19.9
	Homelessness/migrancy	0.7	0.6	0.6	0.7	1.6	0.6
	Other nutritional risks	26.2	20.8	3.3	2.2	3.1	3.5
	No Nutritional Risks Reported	0.7	0.1	0.2	0.2	2.0	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.6b. Distribution of Infants Participating in WIC With Nutritional Risks by Age at Certification

Characteristic		0-3 Months	4-5 Months	6-8 Months	9-11 Months	Age Not Reported	Total Infant Participants
Number of Infant Participants	Anthropometric Risks	682,364	24,235	25,083	17,909	128	749,719
	Low weight-for-length	106,019	2,299	1,891	701	11	110,921
	High weight-for-length	126,828	5,810	8,660	5,551	8	146,857
	Short stature	97,388	3,736	3,530	2,131	12	106,797
	Inappropriate growth/weight gain pattern	27,013	271	231	151	4	27,670
	Low birthweight/premature birth	466,053	17,247	16,737	11,905	101	512,043
	Other anthropometric risks	71,762	2,674	2,753	1,883	16	79,088
	Biochemical Risks	1,060	67	192	1,248	0	2,567
	Hematocrit/hemoglobin below FNS criteria	984	63	187	1,229	0	2,463
	Other biochemical risks	79	4	6	20	0	109
	Clinical/Health/Medical Risks	81,912	4,460	4,093	3,422	76	93,963
	Nutrition-related risk conditions	76,951	4,353	3,963	3,320	76	88,663
	Substance abuse	148	0	2	17	0	167
	Other health risks	5,709	142	165	109	0	6,125
	Dietary Risks	452,692	20,298	27,124	24,656	99	524,869
	Failure to meet DGA	2	0	3	31	0	36
	Inappropriate nutrition practices	452,690	20,298	27,121	24,626	99	524,834

Characteristic		0-3 Months	4-5 Months	6-8 Months	9-11 Months	Age Not Reported	Total Infant Participants
Number of Infant Participants (continued)	Other Risks	1,079,225	32,391	26,440	10,747	860	1,149,663
	Regression/transfer/presumptive eligibility	20,196	2,387	2,566	1,397	807	27,353
	Breastfeeding mother and infant dyad	72,051	982	898	193	40	74,164
	Infant of a WIC-eligible mother/mother at risk during pregnancy	1,031,615	28,992	21,826	8,011	813	1,091,257
	Homelessness/migrancy	7,259	264	275	267	1	8,066
	Other nutritional risks	46,272	2,655	3,685	1,560	25	54,197
	No Nutritional Risks Reported	2,399	121	147	109	4	2,780
Percent of Infant Participant Percent of Infant Participant	Anthropometric Risks	47.8	49.0	50.4	43.8	14.5	47.8
	Low weight-for-length	7.4	4.6	3.8	1.7	1.3	7.1
	High weight-for-length	8.9	11.7	17.4	13.6	0.9	9.4
	Short stature	6.8	7.6	7.1	5.2	1.4	6.8
	Inappropriate growth/weight gain pattern	1.9	0.5	0.5	0.4	0.5	1.8
	Low birthweight/premature birth	32.6	34.9	33.7	29.1	11.5	32.6
	Other anthropometric risks	5.0	5.4	5.5	4.6	1.8	5.0
	Biochemical Risks	< 0.1	0.1	0.4	3.1	0.0	0.2
	Hematocrit/hemoglobin below FNS criteria	< 0.1	0.1	0.4	3.0	0.0	0.2
	Other biochemical risks	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	5.7	9.0	8.2	8.4	8.6	6.0
	Nutrition-related risk conditions	5.4	8.8	8.0	8.1	8.6	5.7
	Substance abuse	< 0.1	0.0	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	0.4	0.3	0.3	0.3	0.0	0.4
	Dietary Risks	31.7	41.0	54.5	60.3	11.3	33.5
	Failure to meet DGA	< 0.1	0.0	< 0.1	< 0.1	0.0	< 0.1
	Inappropriate nutrition practices	31.7	41.0	54.5	60.2	11.3	33.5
	Other Risks	75.6	65.5	53.2	26.3	97.7	73.3
	Regression/transfer/presumptive eligibility	1.4	4.8	5.2	3.4	91.7	1.7
	Breastfeeding mother and infant dyad	5.0	2.0	1.8	0.5	4.5	4.7
	Infant of a WIC-eligible mother/mother at risk during pregnancy	72.3	58.6	43.9	19.6	92.4	69.6
	Homelessness/migrancy	0.5	0.5	0.6	0.7	0.1	0.5
	Other nutritional risks	3.2	5.4	7.4	3.8	2.8	3.5
	No Nutritional Risks Reported	0.2	0.2	0.3	0.3	0.5	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

Less than 0.1 percent of all participants reported as infants were older than 11 months old at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the "9–11 Months" column for the purposes of this table.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.6c. Distribution of Children Participating in WIC With Nutritional Risks by Age at Certification

Characteristic		1 Year	2 Years	3 Years	4 Years	Age Not Reported	Total Child Participants
Number of Child Participants	Anthropometric Risks	486,210	153,228	139,092	85,843	4,878	869,251
	Low weight-for-height/length	15,959	24,231	18,980	11,488	129	70,787
	High weight-for-height/length	100,335	95,149	98,589	62,892	2,327	359,292
	Short stature	52,855	32,827	31,784	18,171	304	135,941
	Inappropriate growth/weight gain pattern	4,469	3,781	3,110	1,702	31	13,093
	Low birthweight/premature birth	372,664	17,902	4,458	1,841	2,564	399,429
	Other anthropometric risks	12,557	195	161	77	30	13,020
	Biochemical Risks	25,203	18,816	23,014	16,834	144	84,011
	Hematocrit/hemoglobin below FNS criteria	24,185	17,614	22,310	16,535	140	80,784
	Other biochemical risks	1,164	1,278	755	318	4	3,519
	Clinical/Health/Medical Risks	124,570	102,132	102,595	65,908	2,044	397,249
	Nutrition-related risk conditions	117,638	88,509	80,623	49,196	1,980	337,946
	Substance abuse	140	155	150	115	0	560
	Other health risks	7,722	15,286	24,974	19,024	73	67,079
	Dietary Risks	1,105,756	830,655	710,458	408,147	15,558	3,070,574
	Failure to meet DGA	34,757	392,601	374,534	231,876	6,743	1,040,511
	Inappropriate nutrition practices	1,079,459	490,215	383,389	205,040	9,903	2,168,006
	Other Risks	84,824	52,610	46,293	27,677	6,007	217,411
	Regression/transfer/presumptive eligibility	22,044	18,410	16,478	10,550	5,265	72,747
	Breastfeeding mother and infant dyad	728	5	3	0	16	752
	Infant of a WIC-eligible mother/mother at risk during pregnancy	12,855	103	28	5	288	13,279
	Homelessness/migrancy	6,952	5,050	4,518	2,602	36	19,158
	Other nutritional risks	44,953	30,106	26,301	15,292	784	117,436
	No Nutritional Risks Reported	2,766	810	716	409	1	4,702
Percent of Child Participants	Anthropometric Risks	34.3	15.9	16.7	17.7	23.5	23.4
	Low weight-for-height/length	1.1	2.5	2.3	2.4	0.6	1.9
	High weight-for-height/length	7.1	9.9	11.9	13.0	11.2	9.7
	Short stature	3.7	3.4	3.8	3.7	1.5	3.7
	Inappropriate growth/weight gain pattern	0.3	0.4	0.4	0.4	0.1	0.4
	Low birthweight/premature birth	26.3	1.9	0.5	0.4	12.3	10.7
	Other anthropometric risks	0.9	< 0.1	< 0.1	< 0.1	0.1	0.4
	Biochemical Risks	1.8	2.0	2.8	3.5	0.7	2.3
	Hematocrit/hemoglobin below FNS criteria	1.7	1.8	2.7	3.4	0.7	2.2
	Other biochemical risks	< 0.1	0.1	< 0.1	< 0.1	< 0.1	< 0.1

Characteristic		1 Year	2 Years	3 Years	4 Years	Age Not Reported	Total Child Participants
Percent of Child Participants (continued)	Clinical/Health/Medical Risks	8.8	10.6	12.3	13.6	9.8	10.7
	Nutrition-related risk conditions	8.3	9.2	9.7	10.1	9.5	9.1
	Substance abuse	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	0.5	1.6	3.0	3.9	0.4	1.8
	Dietary Risks	78.0	86.4	85.4	84.1	74.8	82.6
	Failure to meet DGA	2.5	40.8	45.0	47.8	32.4	28.0
	Inappropriate nutrition practices	76.2	51.0	46.1	42.2	47.6	58.3
	Other Risks	6.0	5.5	5.6	5.7	28.9	5.9
	Regression/transfer/presumptive eligibility	1.6	1.9	2.0	2.2	25.3	2.0
	Breastfeeding mother and infant dyad	< 0.1	< 0.1	< 0.1	0.0	< 0.1	< 0.1
	Infant of a WIC-eligible mother/mother at risk during pregnancy	0.9	< 0.1	< 0.1	< 0.1	1.4	0.4
	Homelessness/migrancy	0.5	0.5	0.5	0.5	0.2	0.5
	Other nutritional risks	3.2	3.1	3.2	3.2	3.8	3.2
	No Nutritional Risks Reported	0.2	< 0.1	< 0.1	< 0.1	< 0.1	0.1

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

Three percent of all participants reported as children were younger than 12 months old at certification. These participants were typically recertified as children within 2 weeks of their first birthday. They were included in the "1 Year" column for the purposes of this table.

Less than 0.1 percent of all participants reported as children were older than 4 years at certification. They were included in the "4 Years" column for the purposes of this table.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.7a. Distribution of Pregnant Women Participating in WIC With Nutritional Risks by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Pregnant Women Participants
Number of Pregnant Women Participants	Anthropometric Risks	12,060	6,348	42,950	2,093	139,478	8,011	1,312	212,252
	Low weight-for-height	422	494	1,706	56	6,292	347	27	9,344
	High weight-for-height	10,120	4,120	34,240	1,745	108,864	6,302	1,132	166,523
	Short stature	0	0	0	0	0	0	0	0
	Inappropriate growth/weight gain pattern	5,327	3,621	23,226	1,189	77,989	4,412	621	116,385
	Other anthropometric risks	0	0	0	0	0	0	0	0
	Biochemical Risks	755	556	4,809	156	8,271	481	79	15,107
	Hematocrit/hemoglobin below FNS criteria	748	554	4,799	155	8,253	480	79	15,068
	Other biochemical risks	7	2	11	2	18	1	0	41
	Clinical/Health/Medical Risks	15,972	8,026	57,724	2,135	199,902	10,293	2,679	296,731
	Pregnancy-induced conditions	2,902	1,609	8,803	360	29,958	1,610	492	45,734
	Delivery of low birth weight/premature infant	2,169	1,514	15,353	334	47,138	2,001	161	68,670
	Prior stillbirth/fetal/neonatal death	1,574	776	6,784	179	21,331	1,072	194	31,910
	General obstetrical risks	7,960	4,206	28,368	1,386	98,755	5,531	1,132	147,338
	Nutrition-related risk conditions	5,114	2,078	18,997	479	65,235	3,478	763	96,144
	Substance abuse	1,898	288	4,902	123	28,537	1,626	553	37,927
	Other health risks	1,460	466	2,723	88	12,710	684	510	18,641
	Dietary Risks	17,975	9,713	46,770	1,685	154,110	7,459	4,192	241,904
	Failure to meet DGA	9,670	6,036	26,777	783	92,294	4,062	1,602	141,224
	Inappropriate nutrition practices	8,977	3,897	22,411	956	69,431	3,687	2,701	112,060
	Other Risks	3,563	713	7,478	276	27,827	1,525	307	41,689
	Regression/transfer/presumptive eligibility	2,253	121	708	83	2,939	242	142	6,488
	Breastfeeding mother and infant dyad	120	155	1,201	15	3,499	110	16	5,116
	Homelessness/migrancy	288	97	765	41	2,262	147	89	3,689
	Other nutritional risks	1,121	354	4,941	142	19,676	1,067	66	27,367
	No Nutritional Risks Reported	7	11	156	4	198	5	7	388

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Pregnant Women Participants
Percent of Pregnant Women Participants	Anthropometric Risks	38.1	36.1	41.6	54.6	41.1	46.7	22.4	40.9
	Low weight-for-height	1.3	2.8	1.7	1.5	1.9	2.0	0.5	1.8
	High weight-for-height	31.9	23.4	33.1	45.6	32.1	36.7	19.4	32.1
	Short stature	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Inappropriate growth/weight gain pattern	16.8	20.6	22.5	31.0	23.0	25.7	10.6	22.4
	Other anthropometric risks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Biochemical Risks	2.4	3.2	4.7	4.1	2.4	2.8	1.4	2.9
	Hematocrit/hemoglobin below FNS criteria	2.4	3.1	4.6	4.0	2.4	2.8	1.4	2.9
	Other biochemical risks	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	50.4	45.6	55.9	55.7	58.9	60.0	45.8	57.2
	Pregnancy-induced conditions	9.2	9.1	8.5	9.4	8.8	9.4	8.4	8.8
	Delivery of low birth weight/premature infant	6.8	8.6	14.9	8.7	13.9	11.7	2.8	13.2
	Prior stillbirth/fetal/neonatal death	5.0	4.4	6.6	4.7	6.3	6.2	3.3	6.2
	General obstetrical risks	25.1	23.9	27.5	36.2	29.1	32.2	19.4	28.4

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.7b. Distribution of Breastfeeding Women Participating in WIC With Nutritional Risks by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Breastfeeding Women Participants
Number of Breastfeeding Women Participants	Anthropometric Risks	10,955	7,433	44,734	2,492	123,815	8,000	657	198,086
	Low weight-for-height	374	696	1,545	74	5,040	302	14	8,045
	High weight-for-height	9,345	5,287	35,311	2,101	96,728	6,295	578	155,645
	Short stature	0	0	1	0	0	0	0	1
	Inappropriate growth/weight gain pattern	4,796	3,542	24,349	1,368	66,977	4,393	233	105,658
	Other anthropometric risks	0	0	0	0	1	0	0	1
	Biochemical Risks	4,155	4,128	15,815	686	31,083	2,119	293	58,279
	Hematocrit/hemoglobin below FNS criteria	4,151	4,126	15,811	686	31,068	2,117	293	58,252
	Other biochemical risks	11	3	13	1	22	4	1	55
	Clinical/Health/Medical Risks	18,123	13,194	74,583	2,756	236,415	11,934	2,595	359,600
	Pregnancy-induced conditions	4,461	3,540	15,147	515	46,424	2,504	811	73,402
	Delivery of low birth weight/premature infant	4,640	4,666	33,980	862	95,465	4,130	376	144,119
	Prior stillbirth/fetal/neonatal death	1,203	445	1,439	82	6,220	455	366	10,210
	General obstetrical risks	6,043	3,992	24,078	1,183	85,370	4,470	742	125,878
	Nutrition-related risk conditions	7,408	5,413	38,911	1,169	113,539	5,584	646	172,670
	Substance abuse	820	156	2,052	75	12,395	873	179	16,550
	Other health risks	1,276	646	2,263	109	9,786	646	462	15,188
	Dietary Risks	18,052	11,896	43,402	1,917	154,735	7,777	3,665	241,444
	Failure to meet DGA	12,504	7,321	24,691	960	107,928	4,775	2,927	161,106
	Inappropriate nutrition practices	6,003	4,955	21,225	1,023	58,712	3,242	766	95,926
	Other Risks	14,505	10,024	59,726	2,801	195,198	8,903	1,463	292,620
	Regression/transfer/presumptive eligibility	2,591	143	889	44	3,525	225	385	7,802
	Breastfeeding mother and infant dyad	12,682	9,744	57,751	2,715	188,211	8,464	1,018	280,585
	Homelessness/migrancy	391	86	780	27	1,952	121	95	3,452
	Other nutritional risks	515	243	1,820	150	7,092	432	19	10,271
	No Nutritional Risks Reported	43	109	452	13	1,330	28	10	1,985

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Breastfeeding Women Participants
Percent of Breastfeeding Women Participants	Anthropometric Risks	28.0	27.3	36.8	46.1	31.5	37.8	9.5	32.2
	Low weight-for-height	1.0	2.6	1.3	1.4	1.3	1.4	0.2	1.3
	High weight-for-height	23.9	19.4	29.0	38.9	24.6	29.7	8.3	25.3
	Short stature	0.0	0.0	< 0.1	0.0	0.0	0.0	0.0	< 0.1
	Inappropriate growth/weight gain pattern	12.3	13.0	20.0	25.3	17.0	20.7	3.4	17.2
	Other anthropometric risks	0.0	0.0	0.0	0.0	< 0.1	0.0	0.0	< 0.1
	Biochemical Risks	10.6	15.2	13.0	12.7	7.9	10.0	4.2	9.5
	Hematocrit/hemoglobin below FNS criteria	10.6	15.2	13.0	12.7	7.9	10.0	4.2	9.5
	Other biochemical risks	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
	Clinical/Health/Medical Risks	46.3	48.5	61.4	51.0	60.1	56.4	37.3	58.5
	Pregnancy-induced conditions	11.4	13.0	12.5	9.5	11.8	11.8	11.7	11.9
	Delivery of low birth weight/premature infant	11.9	17.2	28.0	15.9	24.3	19.5	5.4	23.4
	Prior stillbirth/fetal/neonatal death	3.1	1.6	1.2	1.5	1.6	2.1	5.3	1.7
	General obstetrical risks	15.4	14.7	19.8	21.9	21.7	21.1	10.7	20.5
	Nutrition-related risk conditions	18.9	19.9	32.0	21.6	28.9	26.4	9.3	28.1
	Substance abuse	2.1	0.6	1.7	1.4	3.2	4.1	2.6	2.7
	Other health risks	3.3	2.4	1.9	2.0	2.5	3.1	6.6	2.5
	Dietary Risks	46.2	43.7	35.7	35.5	39.3	36.7	52.7	39.3
	Failure to meet DGA	32.0	26.9	20.3	17.8	27.4	22.6	42.1	26.2
	Inappropriate nutrition practices	15.3	18.2	17.5	18.9	14.9	15.3	11.0	15.6
	Other Risks	37.1	36.8	49.1	51.8	49.6	42.0	21.1	47.6
	Regression/transfer/presumptive eligibility	6.6	0.5	0.7	0.8	0.9	1.1	5.5	1.3
	Breastfeeding mother and infant dyad	32.4	35.8	47.5	50.2	47.8	40.0	14.7	45.6
	Homelessness/migrancy	1.0	0.3	0.6	0.5	0.5	0.6	1.4	0.6
	Other nutritional risks	1.3	0.9	1.5	2.8	1.8	2.0	0.3	1.7
	No Nutritional Risks Reported	0.1	0.4	0.4	0.2	0.3	0.1	0.1	0.3

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.7c. Distribution of Postpartum Women Participating in WIC With Nutritional Risks by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Postpartum Women Participants
Number of Postpartum Women Participants	Anthropometric Risks	5,159	3,098	38,685	1,352	91,543	4,909	331	145,077
	Low weight-for-height	204	299	1,631	34	4,048	202	8	6,426
	High weight-for-height	4,343	2,169	28,735	1,139	70,582	3,788	310	111,066
	Short stature	0	0	1	0	0	0	0	1
	Inappropriate growth/weight gain pattern	2,101	1,463	21,655	732	49,826	2,673	90	78,540
	Other anthropometric risks	0	0	0	0	0	0	0	0
	Biochemical Risks	1,315	1,187	10,652	282	18,234	990	114	32,774
	Hematocrit/hemoglobin below FNS criteria	1,313	1,187	10,638	282	18,219	990	114	32,743
	Other biochemical risks	2	0	15	0	19	0	0	36
	Clinical/Health/Medical Risks	10,107	5,798	68,901	1,928	159,896	8,060	1,025	255,715
	Pregnancy-induced conditions	2,140	1,474	12,061	383	29,969	1,409	319	47,755
	Delivery of low birth weight/premature infant	2,711	2,060	33,373	652	62,722	3,006	121	104,645
	Prior stillbirth/fetal/neonatal death	1,102	593	3,043	113	11,428	555	178	17,012
	General obstetrical risks	3,637	1,870	24,032	879	58,279	3,264	308	92,269
	Nutrition-related risk conditions	4,414	2,314	33,794	783	77,276	3,726	304	122,611
	Substance abuse	871	128	4,673	97	23,346	1,197	72	30,384
	Other health risks	558	196	1,961	36	7,467	347	131	10,696
	Dietary Risks	8,512	5,615	41,591	1,243	99,659	4,898	1,489	163,007
	Failure to meet DGA	5,890	3,312	22,124	673	59,572	2,664	1,123	95,358
	Inappropriate nutrition practices	2,906	2,440	23,020	613	46,957	2,481	378	78,795
	Other Risks	2,427	757	8,103	436	25,534	1,301	346	38,904
	Regression/transfer/presumptive eligibility	1,117	56	803	37	2,210	137	295	4,655
	Breastfeeding mother and infant dyad	623	531	3,681	289	11,126	541	14	16,805
	Homelessness/migrancy	159	25	493	22	1,307	112	25	2,143
	Other nutritional risks	626	151	3,231	103	11,397	550	15	16,073
	No Nutritional Risks Reported	70	8	297	2	240	18	8	643

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Postpartum Women Participants
Percent of Postpartum Women Participants	Anthropometric Risks	29.0	28.2	38.5	43.3	38.8	40.8	12.3	37.9
	Low weight-for-height	1.1	2.7	1.6	1.1	1.7	1.7	0.3	1.7
	High weight-for-height	24.4	19.7	28.6	36.5	29.9	31.5	11.5	29.0
	Short stature	0.0	0.0	< 0.1	0.0	0.0	0.0	0.0	< 0.1
	Inappropriate growth/weight gain pattern	11.8	13.3	21.6	23.5	21.1	22.2	3.4	20.5
	Other anthropometric risks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Biochemical Risks	7.4	10.8	10.6	9.0	7.7	8.2	4.2	8.6
	Hematocrit/hemoglobin below FNS criteria	7.4	10.8	10.6	9.0	7.7	8.2	4.2	8.6
	Other biochemical risks	< 0.1	0.0	< 0.1	0.0	< 0.1	0.0	0.0	< 0.1
	Clinical/Health/Medical Risks	56.8	52.7	68.6	61.8	67.8	67.1	38.2	66.8
	Pregnancy-induced conditions	12.0	13.4	12.0	12.3	12.7	11.7	11.9	12.5
	Delivery of low birth weight/premature infant	15.2	18.7	33.2	20.9	26.6	25.0	4.5	27.3
	Prior stillbirth/fetal/neonatal death	6.2	5.4	3.0	3.6	4.8	4.6	6.6	4.4
	General obstetrical risks	20.5	17.0	23.9	28.2	24.7	27.2	11.5	24.1
	Nutrition-related risk conditions	24.8	21.0	33.7	25.1	32.8	31.0	11.3	32.0
	Substance abuse	4.9	1.2	4.7	3.1	9.9	10.0	2.7	7.9
	Other health risks	3.1	1.8	2.0	1.2	3.2	2.9	4.9	2.8
	Dietary Risks	47.9	51.1	41.4	39.9	42.3	40.8	55.5	42.6
	Failure to meet DGA	33.1	30.1	22.0	21.6	25.3	22.2	41.8	24.9
	Inappropriate nutrition practices	16.3	22.2	22.9	19.7	19.9	20.6	14.1	20.6
	Other Risks	13.6	6.9	8.1	14.0	10.8	10.8	12.9	10.2
	Regression/transfer/presumptive eligibility	6.3	0.5	0.8	1.2	0.9	1.1	11.0	1.2
	Breastfeeding mother and infant dyad	3.5	4.8	3.7	9.3	4.7	4.5	0.5	4.4
	Homelessness/migrancy	0.9	0.2	0.5	0.7	0.6	0.9	0.9	0.6
	Other nutritional risks	3.5	1.4	3.2	3.3	4.8	4.6	0.6	4.2
	No Nutritional Risks Reported	0.4	< 0.1	0.3	< 0.1	0.1	0.1	0.3	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.7d. Distribution of Infants Participating in WIC With Nutritional Risks by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Infant Participants
Number of Infant Participants	Anthropometric Risks	27,527	20,544	198,260	5,984	438,998	54,285	4,121	749,719
	Low weight-for-length	4,220	3,995	27,750	747	65,420	7,935	854	110,921
	High weight-for-length	4,933	2,475	38,944	2,071	87,573	10,534	327	146,857
	Short stature	4,310	3,200	28,039	749	61,986	7,736	777	106,797
	Inappropriate growth/weight gain pattern	792	709	6,267	131	18,185	1,499	87	27,670
	Low birthweight/premature birth	18,892	14,469	141,868	3,533	292,965	37,347	2,969	512,043
	Other anthropometric risks	2,953	1,463	19,439	672	48,091	6,063	407	79,088
	Biochemical Risks	76	102	543	22	1,613	205	6	2,567
	Hematocrit/hemoglobin below FNS criteria	69	96	534	22	1,538	199	5	2,463
	Other biochemical risks	7	6	10	0	79	6	1	109
	Clinical/Health/Medical Risks	4,466	1,484	19,990	467	59,829	7,324	403	93,963
	Nutrition-related risk conditions	4,171	1,434	19,459	448	56,003	6,795	353	88,663
	Substance abuse	2	2	68	1	70	24	0	167
	Other health risks	335	53	557	23	4,479	623	55	6,125
	Dietary Risks	34,625	19,986	107,202	3,667	311,556	37,492	10,341	524,869
	Failure to meet DGA	0	2	9	1	21	3	0	36
	Inappropriate nutrition practices	34,625	19,984	107,193	3,666	311,536	37,489	10,341	524,834
	Other Risks	49,179	35,325	272,183	9,462	695,028	81,468	7,018	1,149,663
	Regression/transfer/presumptive eligibility	6,704	348	3,389	169	13,674	1,394	1,675	27,353
	Breastfeeding mother and infant dyad	2,679	2,211	15,246	485	47,715	5,486	342	74,164
	Infant of a WIC-eligible mother/mother at risk during pregnancy	46,583	34,017	259,968	9,071	659,768	76,646	5,204	1,091,257
	Homelessness/migrancy	556	143	1,945	57	4,524	705	136	8,066
	Other nutritional risks	2,231	557	10,116	375	35,798	4,987	133	54,197
	No Nutritional Risks Reported	80	59	877	12	1,525	197	30	2,780

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Infant Participants
Percent of Infant Participants	Anthropometric Risks	36.7	41.1	53.2	50.8	47.1	48.4	28.8	47.8
	Low weight-for-length	5.6	8.0	7.4	6.3	7.0	7.1	6.0	7.1
	High weight-for-length	6.6	5.0	10.4	17.6	9.4	9.4	2.3	9.4
	Short stature	5.7	6.4	7.5	6.4	6.6	6.9	5.4	6.8
	Inappropriate growth/weight gain pattern	1.1	1.4	1.7	1.1	2.0	1.3	0.6	1.8
	Low birthweight/premature birth	25.2	29.0	38.1	30.0	31.4	33.3	20.7	32.6
	Other anthropometric risks	3.9	2.9	5.2	5.7	5.2	5.4	2.8	5.0
	Biochemical Risks	0.1	0.2	0.1	0.2	0.2	0.2	< 0.1	0.2
	Hematocrit/hemoglobin below FNS criteria	< 0.1	0.2	0.1	0.2	0.2	0.2	< 0.1	0.2
	Other biochemical risks	< 0.1	< 0.1	< 0.1	0.0	< 0.1	< 0.1	< 0.1	< 0.1
	Clinical/Health/Medical Risks	6.0	3.0	5.4	4.0	6.4	6.5	2.8	6.0
	Nutrition-related risk conditions	5.6	2.9	5.2	3.8	6.0	6.1	2.5	5.7
	Substance abuse	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	0.4	0.1	0.1	0.2	0.5	0.6	0.4	0.4
	Dietary Risks	46.2	40.0	28.8	31.1	33.4	33.4	72.2	33.5
	Failure to meet DGA	0.0	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Inappropriate nutrition practices	46.2	40.0	28.8	31.1	33.4	33.4	72.2	33.5
	Other Risks	65.6	70.7	73.0	80.3	74.5	72.6	49.0	73.3
	Regression/transfer/presumptive eligibility	8.9	0.7	0.9	1.4	1.5	1.2	11.7	1.7
	Breastfeeding mother and infant dyad	3.6	4.4	4.1	4.1	5.1	4.9	2.4	4.7
	Infant of a WIC-eligible mother/mother at risk during pregnancy	62.1	68.1	69.8	76.9	70.8	68.3	36.3	69.6
	Homelessness/migrancy	0.7	0.3	0.5	0.5	0.5	0.6	0.9	0.5
	Other nutritional risks	3.0	1.1	2.7	3.2	3.8	4.4	0.9	3.5
	No Nutritional Risks Reported	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.7e. Distribution of Children Participating in WIC With Nutritional Risks by Race

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Child Participants
Number of Child Participants	Anthropometric Risks	39,945	31,102	198,242	7,767	528,720	60,087	3,388	869,251
	Low weight-for-height/length	2,678	5,225	14,937	734	42,356	4,661	196	70,787
	High weight-for-height/length	18,042	10,515	77,513	4,236	225,215	22,945	826	359,292
	Short stature	6,462	5,497	23,642	898	90,565	8,546	331	135,941
	Inappropriate growth/weight gain pattern	334	801	3,989	70	6,997	874	28	13,093
	Low birthweight/premature birth	17,158	13,065	101,752	2,629	232,308	30,270	2,247	399,429
	Other anthropometric risks	106	141	5,109	43	6,566	1,052	3	13,020
	Biochemical Risks	3,752	3,497	19,895	730	50,569	5,386	182	84,011
	Hematocrit/hemoglobin below FNS criteria	3,656	3,308	19,069	710	48,726	5,142	173	80,784
	Other biochemical risks	106	221	904	22	2,000	257	9	3,519
	Clinical/Health/Medical Risks	23,165	12,147	79,258	2,120	249,202	28,857	2,500	397,249
	Nutrition-related risk conditions	16,204	8,916	72,711	1,725	212,190	24,935	1,265	337,946
	Substance abuse	12	19	258	3	184	84	0	560
	Other health risks	7,589	3,436	7,491	431	42,392	4,431	1,309	67,079
	Dietary Risks	203,227	131,443	611,693	25,073	1,861,350	209,260	28,528	3,070,574
	Failure to meet DGA	58,702	44,233	221,958	7,467	635,138	66,249	6,764	1,040,511
	Inappropriate nutrition practices	154,081	91,251	411,971	18,473	1,321,104	148,736	22,390	2,168,006
	Other Risks	29,712	3,514	35,655	1,628	128,906	15,796	2,200	217,411
	Regression/transfer/presumptive eligibility	22,912	1,077	8,094	573	35,433	3,104	1,554	72,747
	Breastfeeding mother and infant dyad	15	23	152	3	484	74	1	752
	Infant of a WIC-eligible mother/mother at risk during pregnancy	272	454	3,170	45	8,230	1,106	2	13,279
	Homelessness/migrancy	1,416	428	4,160	153	11,103	1,437	461	19,158
	Other nutritional risks	7,294	1,572	20,558	882	76,536	10,380	214	117,436
	No Nutritional Risks Reported	211	168	1,423	36	2,494	319	51	4,702

Characteristic		American Indian Only	Asian Only	Black Only	Pacific Islander Only	White Only	Two or More Races	Race Not Reported	Total Child Participants
Percent of Child Participants	Anthropometric Risks	17.2	20.5	26.0	26.5	23.5	23.5	10.6	23.4
	Low weight-for-height/length	1.2	3.4	2.0	2.5	1.9	1.8	0.6	1.9
	High weight-for-height/length	7.8	6.9	10.2	14.5	10.0	9.0	2.6	9.7
	Short stature	2.8	3.6	3.1	3.1	4.0	3.3	1.0	3.7
	Inappropriate growth/weight gain pattern	0.1	0.5	0.5	0.2	0.3	0.3	< 0.1	0.4
	Low birthweight/premature birth	7.4	8.6	13.3	9.0	10.3	11.9	7.0	10.7
	Other anthropometric risks	< 0.1	< 0.1	0.7	0.1	0.3	0.4	< 0.1	0.4
	Biochemical Risks	1.6	2.3	2.6	2.5	2.2	2.1	0.6	2.3
	Hematocrit/hemoglobin below FNS criteria	1.6	2.2	2.5	2.4	2.2	2.0	0.5	2.2
	Other biochemical risks	< 0.1	0.1	0.1	< 0.1	< 0.1	0.1	< 0.1	< 0.1
	Clinical/Health/Medical Risks	10.0	8.0	10.4	7.2	11.1	11.3	7.8	10.7
	Nutrition-related risk conditions	7.0	5.9	9.5	5.9	9.4	9.8	4.0	9.1
	Substance abuse	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	3.3	2.3	1.0	1.5	1.9	1.7	4.1	1.8
	Dietary Risks	87.4	86.7	80.2	85.6	82.6	81.9	89.4	82.6
	Failure to meet DGA	25.3	29.2	29.1	25.5	28.2	25.9	21.2	28.0
	Inappropriate nutrition practices	66.3	60.2	54.0	63.1	58.6	58.2	70.2	58.3
	Other Risks	12.8	2.3	4.7	5.6	5.7	6.2	6.9	5.9
	Regression/transfer/presumptive eligibility	9.9	0.7	1.1	2.0	1.6	1.2	4.9	2.0
	Breastfeeding mother and infant dyad	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
	Infant of a WIC-eligible mother/mother at risk during pregnancy	0.1	0.3	0.4	0.2	0.4	0.4	< 0.1	0.4
	Homelessness/migrancy	0.6	0.3	0.5	0.5	0.5	0.6	1.4	0.5
	Other nutritional risks	3.1	1.0	2.7	3.0	3.4	4.1	0.7	3.2
	No Nutritional Risks Reported	< 0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.8a. Distribution of Pregnant Women Participating in WIC With Nutritional Risks by Ethnicity

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Pregnant Women Participants
Number of Pregnant Women Participants	Anthropometric Risks	77,883	134,346	23	212,252
	Low weight-for-height	2,517	6,827	0	9,344
	High weight-for-height	62,496	104,008	19	166,523
	Short stature	0	0	0	0
	Inappropriate growth/weight gain pattern	43,625	72,749	11	116,385
	Other anthropometric risks	0	0	0	0
	Biochemical Risks	5,624	9,482	1	15,107
	Hematocrit/hemoglobin below FNS criteria	5,604	9,463	1	15,068
	Other biochemical risks	21	20	0	41
	Clinical/Health/Medical Risks	114,027	182,671	33	296,731
	Pregnancy-induced conditions	16,444	29,287	3	45,734
	Delivery of low birth weight/premature infant	26,294	42,374	2	68,670
	Prior stillbirth/fetal/neonatal death	9,776	22,129	5	31,910
	General obstetrical risks	56,988	90,334	16	147,338
	Nutrition-related risk conditions	31,871	64,262	11	96,144
	Substance abuse	7,062	30,855	10	37,927
	Other health risks	7,311	11,328	2	18,641
	Dietary Risks	119,056	122,826	22	241,904
	Failure to meet DGA	74,032	67,186	6	141,224
	Inappropriate nutrition practices	51,167	60,875	18	112,060
	Other Risks	12,312	29,337	40	41,689
	Regression/transfer/presumptive eligibility	4,751	1,701	36	6,488
	Breastfeeding mother and infant dyad	1,739	3,376	1	5,116
	Homelessness/migrancy	1,691	1,998	0	3,689
	Other nutritional risks	4,587	22,775	5	27,367
	No Nutritional Risks Reported	78	307	3	388
Percent of Pregnant Women Participants	Anthropometric Risks	35.0	45.4	30.3	40.9
	Low weight-for-height	1.1	2.3	0.0	1.8
	High weight-for-height	28.1	35.1	25.0	32.1
	Short stature	0.0	0.0	0.0	0.0
	Inappropriate growth/weight gain pattern	19.6	24.6	14.5	22.4
	Other anthropometric risks	0.0	0.0	0.0	0.0
	Biochemical Risks	2.5	3.2	1.3	2.9
	Hematocrit/hemoglobin below FNS criteria	2.5	3.2	1.3	2.9
	Other biochemical risks	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	51.2	61.7	43.4	57.2
	Pregnancy-induced conditions	7.4	9.9	3.9	8.8
	Delivery of low birth weight/premature infant	11.8	14.3	2.6	13.2
	Prior stillbirth/fetal/neonatal death	4.4	7.5	6.6	6.2
	General obstetrical risks	25.6	30.5	21.1	28.4
	Nutrition-related risk conditions	14.3	21.7	14.5	18.5
	Substance abuse	3.2	10.4	13.2	7.3
	Other health risks	3.3	3.8	2.6	3.6

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Pregnant Women Participants
Percent of Pregnant Women Participants (continued)	Dietary Risks	53.5	41.5	28.9	46.6
	Failure to meet DGA	33.2	22.7	7.9	27.2
	Inappropriate nutrition practices	23.0	20.6	23.7	21.6
	Other Risks	5.5	9.9	52.6	8.0
	Regression/transfer/presumptive eligibility	2.1	0.6	47.4	1.3
	Breastfeeding mother and infant dyad	0.8	1.1	1.3	1.0
	Homelessness/migrancy	0.8	0.7	0.0	0.7
	Other nutritional risks	2.1	7.7	6.6	5.3
	No Nutritional Risks Reported	< 0.1	0.1	3.9	< 0.1

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.8b. Distribution of Breastfeeding Women Participating in WIC With Nutritional Risks by Ethnicity

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Breastfeeding Women Participants
Number of Breastfeeding Women Participants	Anthropometric Risks	76,613	121,459	14	198,086
	Low weight-for-height	2,533	5,512	0	8,045
	High weight-for-height	63,834	91,798	13	155,645
	Short stature	0	1	0	1
	Inappropriate growth/weight gain pattern	37,137	68,517	4	105,658
	Other anthropometric risks	0	1	0	1
	Biochemical Risks	26,827	31,449	3	58,279
	Hematocrit/hemoglobin below FNS criteria	26,813	31,436	3	58,252
	Other biochemical risks	30	25	0	55
	Clinical/Health/Medical Risks	160,334	199,238	28	359,600
	Pregnancy-induced conditions	32,628	40,771	3	73,402
	Delivery of low birth weight/premature infant	65,445	78,669	5	144,119
	Prior stillbirth/fetal/neonatal death	5,565	4,645	0	10,210
	General obstetrical risks	55,244	70,621	13	125,878
	Nutrition-related risk conditions	72,731	99,930	9	172,670
	Substance abuse	2,643	13,905	2	16,550
	Other health risks	6,913	8,275	0	15,188
	Dietary Risks	131,634	109,789	21	241,444
	Failure to meet DGA	98,488	62,605	13	161,106
	Inappropriate nutrition practices	43,340	52,578	8	95,926
	Other Risks	134,867	157,668	85	292,620
	Regression/transfer/presumptive eligibility	5,732	1,994	76	7,802
	Breastfeeding mother and infant dyad	128,850	151,703	32	280,585
	Homelessness/migrancy	2,064	1,388	0	3,452
	Other nutritional risks	2,567	7,702	2	10,271
	No Nutritional Risks Reported	870	1,109	6	1,985

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Breastfeeding Women Participants
Percent of Breastfeeding Women Participants	Anthropometric Risks	26.2	37.7	12.7	32.2
	Low weight-for-height	0.9	1.7	0.0	1.3
	High weight-for-height	21.8	28.5	11.8	25.3
	Short stature	0.0	< 0.1	0.0	< 0.1
	Inappropriate growth/weight gain pattern	12.7	21.3	3.6	17.2
	Other anthropometric risks	0.0	< 0.1	0.0	< 0.1
	Biochemical Risks	9.2	9.8	2.7	9.5
	Hematocrit/hemoglobin below FNS criteria	9.2	9.8	2.7	9.5
	Other biochemical risks	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	54.8	61.9	25.5	58.5
	Pregnancy-induced conditions	11.2	12.7	2.7	11.9
	Delivery of low birth weight/premature infant	22.4	24.4	4.5	23.4
	Prior stillbirth/fetal/neonatal death	1.9	1.4	0.0	1.7
	General obstetrical risks	18.9	21.9	11.8	20.5
	Nutrition-related risk conditions	24.9	31.0	8.2	28.1
	Substance abuse	0.9	4.3	1.8	2.7
	Other health risks	2.4	2.6	0.0	2.5
	Dietary Risks	45.0	34.1	19.1	39.3
	Failure to meet DGA	33.7	19.4	11.8	26.2
	Inappropriate nutrition practices	14.8	16.3	7.3	15.6
	Other Risks	46.1	49.0	77.3	47.6
	Regression/transfer/presumptive eligibility	2.0	0.6	69.1	1.3
	Breastfeeding mother and infant dyad	44.0	47.1	29.1	45.6
	Homelessness/migrancy	0.7	0.4	0.0	0.6
	Other nutritional risks	0.9	2.4	1.8	1.7
	No Nutritional Risks Reported	0.3	0.3	5.5	0.3

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.8c. Distribution of Postpartum Women Participating in WIC With Nutritional Risks by Ethnicity

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Postpartum Women Participants
Number of Postpartum Women Participants	Anthropometric Risks	39,856	105,209	12	145,077
	Low weight-for-height	1,471	4,955	0	6,426
	High weight-for-height	32,757	78,299	10	111,066
	Short stature	0	1	0	1
	Inappropriate growth/weight gain pattern	19,692	58,846	2	78,540
	Other anthropometric risks	0	0	0	0
	Biochemical Risks	10,608	22,166	0	32,774
	Hematocrit/hemoglobin below FNS criteria	10,603	22,140	0	32,743
	Other biochemical risks	8	28	0	36

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Postpartum Women Participants
Number of Postpartum Women Participants (continued)	Clinical/Health/Medical Risks	76,961	178,730	24	255,715
	Pregnancy-induced conditions	14,501	33,250	4	47,755
	Delivery of low birth weight/premature infant	29,425	75,212	8	104,645
	Prior stillbirth/fetal/neonatal death	7,798	9,213	1	17,012
	General obstetrical risks	29,625	62,632	12	92,269
	Nutrition-related risk conditions	33,272	89,330	9	122,611
	Substance abuse	2,760	27,622	2	30,384
	Other health risks	2,764	7,932	0	10,696
	Dietary Risks	64,150	98,841	16	163,007
	Failure to meet DGA	46,876	48,477	5	95,358
	Inappropriate nutrition practices	22,096	56,687	12	78,795
	Other Risks	11,110	27,729	65	38,904
	Regression/transfer/presumptive eligibility	2,595	1,997	63	4,655
	Breastfeeding mother and infant dyad	5,619	11,184	2	16,805
	Homelessness/migrancy	891	1,252	0	2,143
	Other nutritional risks	2,241	13,831	1	16,073
	No Nutritional Risks Reported	183	456	4	643
Percent of Postpartum Women Participants	Anthropometric Risks	30.6	41.7	14.1	37.9
	Low weight-for-height	1.1	2.0	0.0	1.7
	High weight-for-height	25.1	31.0	11.8	29.0
	Short stature	0.0	< 0.1	0.0	< 0.1
	Inappropriate growth/weight gain pattern	15.1	23.3	2.4	20.5
	Other anthropometric risks	0.0	0.0	0.0	0.0
	Biochemical Risks	8.1	8.8	0.0	8.6
	Hematocrit/hemoglobin below FNS criteria	8.1	8.8	0.0	8.6
	Other biochemical risks	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	59.0	70.8	28.2	66.8
	Pregnancy-induced conditions	11.1	13.2	4.7	12.5
	Delivery of low birth weight/premature infant	22.6	29.8	9.4	27.3
	Prior stillbirth/fetal/neonatal death	6.0	3.7	1.2	4.4
	General obstetrical risks	22.7	24.8	14.1	24.1
	Nutrition-related risk conditions	25.5	35.4	10.6	32.0
	Substance abuse	2.1	10.9	2.4	7.9
	Other health risks	2.1	3.1	0.0	2.8
	Dietary Risks	49.2	39.2	18.8	42.6
	Failure to meet DGA	35.9	19.2	5.9	24.9
	Inappropriate nutrition practices	16.9	22.5	14.1	20.6
	Other Risks	8.5	11.0	76.5	10.2
	Regression/transfer/presumptive eligibility	2.0	0.8	74.1	1.2
	Breastfeeding mother and infant dyad	4.3	4.4	2.4	4.4
	Homelessness/migrancy	0.7	0.5	0.0	0.6
	Other nutritional risks	1.7	5.5	1.2	4.2
	No Nutritional Risks Reported	0.1	0.2	4.7	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.8d. Distribution of Infants Participating in WIC With Nutritional Risks by Ethnicity

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Infant Participants
Number of Infant Participants	Anthropometric Risks	271,828	477,639	252	749,719
	Low weight-for-length	42,690	68,201	30	110,921
	High weight-for-length	47,278	99,550	29	146,857
	Short stature	40,532	66,229	36	106,797
	Inappropriate growth/weight gain pattern	9,194	18,474	2	27,670
	Low birthweight/premature birth	185,840	326,016	187	512,043
	Other anthropometric risks	26,266	52,801	21	79,088
	Biochemical Risks	752	1,814	1	2,567
	Hematocrit/hemoglobin below FNS criteria	717	1,745	1	2,463
	Other biochemical risks	35	74	0	109
	Clinical/Health/Medical Risks	32,739	61,182	42	93,963
	Nutrition-related risk conditions	31,506	57,119	38	88,663
	Substance abuse	31	136	0	167
	Other health risks	1,435	4,686	4	6,125
	Dietary Risks	259,838	264,819	212	524,869
	Failure to meet DGA	7	29	0	36
	Inappropriate nutrition practices	259,832	264,790	212	524,834
	Other Risks	464,118	684,847	698	1,149,663
	Regression/transfer/presumptive eligibility	18,249	8,633	471	27,353
	Breastfeeding mother and infant dyad	33,104	41,038	22	74,164
	Infant of a WIC-eligible mother/mother at risk during pregnancy	444,030	646,935	292	1,091,257
	Homelessness/migrancy	4,028	4,033	5	8,066
	Other nutritional risks	8,854	45,292	51	54,197
	No Nutritional Risks Reported	501	2,255	24	2,780
Percent of Infant Participants	Anthropometric Risks	41.7	52.2	32.0	47.8
	Low weight-for-length	6.5	7.5	3.8	7.1
	High weight-for-length	7.2	10.9	3.7	9.4
	Short stature	6.2	7.2	4.6	6.8
	Inappropriate growth/weight gain pattern	1.4	2.0	0.3	1.8
	Low birthweight/premature birth	28.5	35.6	23.7	32.6
	Other anthropometric risks	4.0	5.8	2.7	5.0
	Biochemical Risks	0.1	0.2	0.1	0.2
	Hematocrit/hemoglobin below FNS criteria	0.1	0.2	0.1	0.2
	Other biochemical risks	< 0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	5.0	6.7	5.3	6.0
	Nutrition-related risk conditions	4.8	6.2	4.8	5.7
	Substance abuse	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	0.2	0.5	0.5	0.4
	Dietary Risks	39.8	28.9	26.9	33.5
	Failure to meet DGA	< 0.1	< 0.1	0.0	< 0.1
	Inappropriate nutrition practices	39.8	28.9	26.9	33.5

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Infant Participants
Percent of Infant Participants (continued)	Other Risks	71.1	74.8	88.6	73.3
	Regression/transfer/presumptive eligibility	2.8	0.9	59.8	1.7
	Breastfeeding mother and infant dyad	5.1	4.5	2.8	4.7
	Infant of a WIC-eligible mother/mother at risk during pregnancy	68.1	70.7	37.1	69.6
	Homelessness/migrancy	0.6	0.4	0.6	0.5
	Other nutritional risks	1.4	4.9	6.5	3.5
	No Nutritional Risks Reported	< 0.1	0.2	3.0	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.8e. Distribution of Children Participating in WIC With Nutritional Risks by Ethnicity

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Child Participants
Number of Child Participants	Anthropometric Risks	331,337	537,786	128	869,251
	Low weight-for-height/length	23,410	47,366	11	70,787
	High weight-for-height/length	140,675	218,591	26	359,292
	Short stature	55,670	80,253	18	135,941
	Inappropriate growth/weight gain pattern	3,527	9,564	2	13,093
	Low birthweight/premature birth	148,759	250,576	94	399,429
	Other anthropometric risks	2,437	10,583	0	13,020
	Biochemical Risks	36,436	47,568	7	84,011
	Hematocrit/hemoglobin below FNS criteria	35,591	45,187	6	80,784
	Other biochemical risks	928	2,590	1	3,519
	Clinical/Health/Medical Risks	160,473	236,695	81	397,249
	Nutrition-related risk conditions	128,814	209,054	78	337,946
	Substance abuse	109	451	0	560
	Other health risks	34,962	32,113	4	67,079
	Dietary Risks	1,401,260	1,668,797	517	3,070,574
	Failure to meet DGA	475,648	564,812	51	1,040,511
	Inappropriate nutrition practices	1,012,236	1,155,302	468	2,168,006
	Other Risks	84,234	132,742	435	217,411
	Regression/transfer/presumptive eligibility	50,913	21,423	411	72,747
	Breastfeeding mother and infant dyad	189	563	0	752
	Infant of a WIC-eligible mother/mother at risk during pregnancy	3,616	9,663	0	13,279
	Homelessness/migrancy	10,893	8,262	3	19,158
	Other nutritional risks	22,956	94,437	43	117,436
	No Nutritional Risks Reported	847	3,836	19	4,702

Characteristic		Hispanic/ Latino	Non- Hispanic/ Latino	Ethnicity Not Reported	Total Child Participants
Percent of Child Participants	Anthropometric Risks	20.3	25.8	14.5	23.4
	Low weight-for-height/length	1.4	2.3	1.2	1.9
	High weight-for-height/length	8.6	10.5	2.9	9.7
	Short stature	3.4	3.8	2.0	3.7
	Inappropriate growth/weight gain pattern	0.2	0.5	0.2	0.4
	Low birthweight/premature birth	9.1	12.0	10.6	10.7
	Other anthropometric risks	0.1	0.5	0.0	0.4
	Biochemical Risks	2.2	2.3	0.8	2.3
	Hematocrit/hemoglobin below FNS criteria	2.2	2.2	0.7	2.2
	Other biochemical risks	< 0.1	0.1	0.1	< 0.1
	Clinical/Health/Medical Risks	9.8	11.4	9.2	10.7
	Nutrition-related risk conditions	7.9	10.0	8.8	9.1
	Substance abuse	< 0.1	< 0.1	0.0	< 0.1
	Other health risks	2.1	1.5	0.5	1.8
	Dietary Risks	86.0	80.0	58.6	82.6
	Failure to meet DGA	29.2	27.1	5.8	28.0
	Inappropriate nutrition practices	62.1	55.4	53.0	58.3
	Other Risks	5.2	6.4	49.3	5.9
	Regression/transfer/presumptive eligibility	3.1	1.0	46.5	2.0
	Breastfeeding mother and infant dyad	< 0.1	< 0.1	0.0	< 0.1
	Infant of a WIC-eligible mother/mother at risk during pregnancy	0.2	0.5	0.0	0.4
	Homelessness/migrancy	0.7	0.4	0.3	0.5
	Other nutritional risks	1.4	4.5	4.9	3.2
	No Nutritional Risks Reported	< 0.1	0.2	2.2	0.1

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.9a. Distribution of Pregnant Women Participating in WIC With Nutritional Risks by Migrant Farmworker Status

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Pregnant Women Participants
Number of Pregnant Women Participants	Anthropometric Risks	564	211,636	52	212,252
	Low weight-for-height	16	9,324	4	9,344
	High weight-for-height	421	166,057	45	166,523
	Short stature	0	0	0	0
	Inappropriate growth/weight gain pattern	388	115,990	7	116,385
	Other anthropometric risks	0	0	0	0
	Biochemical Risks	72	15,034	1	15,107
	Hematocrit/hemoglobin below FNS criteria	72	14,995	1	15,068
	Other biochemical risks	0	41	0	41

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Pregnant Women Participants
Number of Pregnant Women Participants (continued)	Clinical/Health/Medical Risks	756	295,887	88	296,731
	Pregnancy-induced conditions	107	45,621	6	45,734
	Delivery of low birth weight/premature infant	135	68,529	6	68,670
	Prior stillbirth/fetal/neonatal death	68	31,831	11	31,910
	General obstetrical risks	446	146,831	61	147,338
	Nutrition-related risk conditions	125	95,981	38	96,144
	Substance abuse	50	37,877	0	37,927
	Other health risks	76	18,564	1	18,641
	Dietary Risks	495	241,352	57	241,904
	Failure to meet DGA	171	141,003	50	141,224
	Inappropriate nutrition practices	342	111,709	9	112,060
	Other Risks	1,411	40,265	13	41,689
	Regression/transfer/presumptive eligibility	4	6,478	6	6,488
	Breastfeeding mother and infant dyad	4	5,112	0	5,116
	Homelessness/migrancy	1,407	2,282	0	3,689
	Other nutritional risks	25	27,334	8	27,367
	No Nutritional Risks Reported	0	388	0	388
Percent of Pregnant Women Participants	Anthropometric Risks	36.0	40.9	46.4	40.9
	Low weight-for-height	1.0	1.8	3.6	1.8
	High weight-for-height	26.9	32.1	40.2	32.1
	Short stature	0.0	0.0	0.0	0.0
	Inappropriate growth/weight gain pattern	24.8	22.4	6.3	22.4
	Other anthropometric risks	0.0	0.0	0.0	0.0
	Biochemical Risks	4.6	2.9	0.9	2.9
	Hematocrit/hemoglobin below FNS criteria	4.6	2.9	0.9	2.9
	Other biochemical risks	0.0	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	48.2	57.2	78.6	57.2
	Pregnancy-induced conditions	6.8	8.8	5.4	8.8
	Delivery of low birth weight/premature infant	8.6	13.3	5.4	13.2
	Prior stillbirth/fetal/neonatal death	4.3	6.2	9.8	6.2
	General obstetrical risks	28.5	28.4	54.5	28.4
	Nutrition-related risk conditions	8.0	18.6	33.9	18.5
	Substance abuse	3.2	7.3	0.0	7.3
	Other health risks	4.9	3.6	0.9	3.6
	Dietary Risks	31.6	46.7	50.9	46.6
	Failure to meet DGA	10.9	27.3	44.6	27.2
	Inappropriate nutrition practices	21.8	21.6	8.0	21.6
	Other Risks	90.0	7.8	11.6	8.0
	Regression/transfer/presumptive eligibility	0.3	1.3	5.4	1.3
	Breastfeeding mother and infant dyad	0.3	1.0	0.0	1.0
	Homelessness/migrancy	89.8	0.4	0.0	0.7
	Other nutritional risks	1.6	5.3	7.1	5.3
	No Nutritional Risks Reported	0.0	< 0.1	0.0	< 0.1

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.9b. Distribution of Breastfeeding Women Participating in WIC With Nutritional Risks by Migrant Farmworker Status

	Characteristic	Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Breastfeeding Women Participants
Number of Breastfeeding Women Participants	Anthropometric Risks	458	197,387	241	198,086
	Low weight-for-height	15	8,003	27	8,045
	High weight-for-height	401	155,040	204	155,645
	Short stature	0	1	0	1
	Inappropriate growth/weight gain pattern	185	105,433	40	105,658
	Other anthropometric risks	0	1	0	1
	Biochemical Risks	214	58,011	54	58,279
	Hematocrit/hemoglobin below FNS criteria	214	57,984	54	58,252
	Other biochemical risks	0	55	0	55
	Clinical/Health/Medical Risks	966	358,172	462	359,600
	Pregnancy-induced conditions	188	73,171	43	73,402
	Delivery of low birth weight/premature infant	303	143,685	131	144,119
	Prior stillbirth/fetal/neonatal death	46	10,150	14	10,210
	General obstetrical risks	360	125,488	30	125,878
	Nutrition-related risk conditions	431	171,832	407	172,670
	Substance abuse	12	16,538	0	16,550
	Other health risks	50	15,128	10	15,188
	Dietary Risks	310	240,853	281	241,444
	Failure to meet DGA	224	160,636	246	161,106
	Inappropriate nutrition practices	99	95,774	53	95,926
	Other Risks	1,860	290,400	360	292,620
	Regression/transfer/presumptive eligibility	13	7,782	7	7,802
	Breastfeeding mother and infant dyad	599	279,653	333	280,585
	Homelessness/migrancy	1,806	1,646	0	3,452
	Other nutritional risks	19	10,214	38	10,271
	No Nutritional Risks Reported	3	1,980	2	1,985
Percent of Breastfeeding Women Participants	Anthropometric Risks	23.6	32.2	33.7	32.2
	Low weight-for-height	0.8	1.3	3.8	1.3
	High weight-for-height	20.6	25.3	28.5	25.3
	Short stature	0.0	< 0.1	0.0	< 0.1
	Inappropriate growth/weight gain pattern	9.5	17.2	5.6	17.2
	Other anthropometric risks	0.0	< 0.1	0.0	< 0.1
	Biochemical Risks	11.0	9.5	7.6	9.5
	Hematocrit/hemoglobin below FNS criteria	11.0	9.5	7.6	9.5
	Other biochemical risks	0.0	< 0.1	0.0	< 0.1

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Breastfeeding Women Participants
Percent of Breastfeeding Women Participants (continued)	Clinical/Health/Medical Risks	49.7	58.5	64.6	58.5
	Pregnancy-induced conditions	9.7	12.0	6.0	11.9
	Delivery of low birth weight/premature infant	15.6	23.5	18.3	23.4
	Prior stillbirth/fetal/neonatal death	2.4	1.7	2.0	1.7
	General obstetrical risks	18.5	20.5	4.2	20.5
	Nutrition-related risk conditions	22.2	28.1	56.9	28.1
	Substance abuse	0.6	2.7	0.0	2.7
	Other health risks	2.6	2.5	1.4	2.5
	Dietary Risks	16.0	39.3	39.3	39.3
	Failure to meet DGA	11.5	26.2	34.4	26.2
	Inappropriate nutrition practices	5.1	15.6	7.4	15.6
	Other Risks	95.8	47.4	50.3	47.6
	Regression/transfer/presumptive eligibility	0.7	1.3	1.0	1.3
	Breastfeeding mother and infant dyad	30.8	45.7	46.6	45.6
	Homelessness/migrancy	93.0	0.3	0.0	0.6
	Other nutritional risks	1.0	1.7	5.3	1.7
	No Nutritional Risks Reported	0.2	0.3	0.3	0.3

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.9c. Distribution of Postpartum Women Participating in WIC With Nutritional Risks by Migrant Farmworker Status

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Postpartum Women Participants
Number of Postpartum Women Participants	Anthropometric Risks	235	144,482	360	145,077
	Low weight-for-height	5	6,397	24	6,426
	High weight-for-height	203	110,559	304	111,066
	Short stature	0	1	0	1
	Inappropriate growth/weight gain pattern	100	78,366	74	78,540
	Other anthropometric risks	0	0	0	0
	Biochemical Risks	111	32,589	74	32,774
	Hematocrit/hemoglobin below FNS criteria	111	32,558	74	32,743
	Other biochemical risks	0	36	0	36
	Clinical/Health/Medical Risks	495	254,560	660	255,715
	Pregnancy-induced conditions	100	47,594	61	47,755
	Delivery of low birth weight/premature infant	164	104,316	165	104,645
	Prior stillbirth/fetal/neonatal death	46	16,922	44	17,012
	General obstetrical risks	196	92,003	70	92,269
	Nutrition-related risk conditions	200	121,869	542	122,611
	Substance abuse	20	30,363	1	30,384
	Other health risks	23	10,663	10	10,696

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Postpartum Women Participants
Percent of Postpartum Women Participants	Dietary Risks	145	162,441	421	163,007
	Failure to meet DGA	79	94,926	353	95,358
	Inappropriate nutrition practices	68	78,623	104	78,795
	Other Risks	747	38,082	75	38,904
	Regression/transfer/presumptive eligibility	5	4,629	21	4,655
	Breastfeeding mother and infant dyad	12	16,793	0	16,805
	Homelessness/migrancy	737	1,403	3	2,143
	Other nutritional risks	13	16,007	53	16,073
	No Nutritional Risks Reported	2	569	72	643
	Anthropometric Risks	28.7	37.9	34.7	37.9
	Low weight-for-height	0.6	1.7	2.3	1.7
	High weight-for-height	24.8	29.0	29.3	29.0
	Short stature	0.0	< 0.1	0.0	< 0.1
	Inappropriate growth/weight gain pattern	12.2	20.6	7.1	20.5
	Other anthropometric risks	0.0	0.0	0.0	0.0
	Biochemical Risks	13.6	8.6	7.1	8.6
	Hematocrit/hemoglobin below FNS criteria	13.6	8.5	7.1	8.6
	Other biochemical risks	0.0	< 0.1	0.0	< 0.1
Percent of Postpartum Women Participants (continued)	Clinical/Health/Medical Risks	60.5	66.8	63.6	66.8
	Pregnancy-induced conditions	12.2	12.5	5.9	12.5
	Delivery of low birth weight/premature infant	20.0	27.4	15.9	27.3
	Prior stillbirth/fetal/neonatal death	5.6	4.4	4.2	4.4
	General obstetrical risks	24.0	24.2	6.7	24.1
	Nutrition-related risk conditions	24.4	32.0	52.2	32.0
	Substance abuse	2.4	8.0	< 0.1	7.9
	Other health risks	2.8	2.8	1.0	2.8
	Dietary Risks	17.7	42.6	40.6	42.6
	Failure to meet DGA	9.7	24.9	34.0	24.9
	Inappropriate nutrition practices	8.3	20.6	10.0	20.6
	Other Risks	91.3	10.0	7.2	10.2
	Regression/transfer/presumptive eligibility	0.6	1.2	2.0	1.2
	Breastfeeding mother and infant dyad	1.5	4.4	0.0	4.4
	Homelessness/migrancy	90.1	0.4	0.3	0.6
	Other nutritional risks	1.6	4.2	5.1	4.2
	No Nutritional Risks Reported	0.2	0.1	6.9	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.9d. Distribution of Infants Participating in WIC With Nutritional Risks by Migrant Farmworker Status

	Characteristic	Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Infant Participants
Number of Infant Participants	Anthropometric Risks	1,520	748,199	0	749,719
	Low weight-for-length	210	110,711	0	110,921
	High weight-for-length	205	146,652	0	146,857
	Short stature	264	106,533	0	106,797
	Inappropriate growth/weight gain pattern	31	27,639	0	27,670
	Low birthweight/premature birth	1,072	510,971	0	512,043
	Other anthropometric risks	183	78,905	0	79,088
	Biochemical Risks	5	2,562	0	2,567
	Hematocrit/hemoglobin below FNS criteria	4	2,459	0	2,463
	Other biochemical risks	1	108	0	109
	Clinical/Health/Medical Risks	214	93,749	0	93,963
	Nutrition-related risk conditions	212	88,451	0	88,663
	Substance abuse	0	167	0	167
	Other health risks	4	6,121	0	6,125
	Dietary Risks	1,460	523,408	1	524,869
	Failure to meet DGA	0	36	0	36
	Inappropriate nutrition practices	1,460	523,373	1	524,834
	Other Risks	3,528	1,146,134	1	1,149,663
	Regression/transfer/presumptive eligibility	31	27,321	1	27,353
	Breastfeeding mother and infant dyad	135	74,029	0	74,164
	Infant of a WIC-eligible mother/mother at risk during pregnancy	1,612	1,089,644	1	1,091,257
	Homelessness/migrancy	3,297	4,769	0	8,066
	Other nutritional risks	62	54,135	0	54,197
	No Nutritional Risks Reported	5	2,774	1	2,780
Percent of Infant Participants	Anthropometric Risks	41.6	47.8	0.0	47.8
	Low weight-for-length	5.8	7.1	0.0	7.1
	High weight-for-length	5.6	9.4	0.0	9.4
	Short stature	7.2	6.8	0.0	6.8
	Inappropriate growth/weight gain pattern	0.8	1.8	0.0	1.8
	Low birthweight/premature birth	29.4	32.7	0.0	32.6
	Other anthropometric risks	5.0	5.0	0.0	5.0
	Biochemical Risks	0.1	0.2	0.0	0.2
	Hematocrit/hemoglobin below FNS criteria	0.1	0.2	0.0	0.2
	Other biochemical risks	< 0.1	< 0.1	0.0	< 0.1

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Infant Participants
Percent of Infant Participants (continued)	Clinical/Health/Medical Risks	5.9	6.0	0.0	6.0
	Nutrition-related risk conditions	5.8	5.7	0.0	5.7
	Substance abuse	0.0	< 0.1	0.0	< 0.1
	Other health risks	0.1	0.4	0.0	0.4
	Dietary Risks	40.0	33.4	50.0	33.5
	Failure to meet DGA	0.0	< 0.1	0.0	< 0.1
	Inappropriate nutrition practices	40.0	33.4	50.0	33.5
	Other Risks	96.7	73.2	50.0	73.3
	Regression/transfer/presumptive eligibility	0.8	1.7	50.0	1.7
	Breastfeeding mother and infant dyad	3.7	4.7	0.0	4.7
	Infant of a WIC-eligible mother/mother at risk during pregnancy	44.2	69.6	50.0	69.6
	Homelessness/migrancy	90.3	0.3	0.0	0.5
	Other nutritional risks	1.7	3.5	0.0	3.5
	No Nutritional Risks Reported	0.1	0.2	50.0	0.2

Note: State agencies could report up to 10 nutritional risk criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 5.9e. Distribution of Children Participating in WIC With Nutritional Risks by Migrant Farmworker Status

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Child Participants
Number of Child Participants	Anthropometric Risks	2,032	867,190	29	869,251
	Low weight-for-height/length	166	70,619	2	70,787
	High weight-for-height/length	873	358,405	14	359,292
	Short stature	326	135,615	0	135,941
	Inappropriate growth/weight gain pattern	45	13,047	1	13,093
	Low birthweight/premature birth	852	398,564	13	399,429
	Other anthropometric risks	11	13,009	0	13,020
	Biochemical Risks	315	83,687	9	84,011
	Hematocrit/hemoglobin below FNS criteria	305	80,470	9	80,784
	Other biochemical risks	11	3,508	0	3,519
	Clinical/Health/Medical Risks	719	396,465	65	397,249
	Nutrition-related risk conditions	406	337,479	61	337,946
	Substance abuse	0	560	0	560
	Other health risks	340	66,735	4	67,079
	Dietary Risks	5,692	3,064,647	235	3,070,574
	Failure to meet DGA	755	1,039,677	79	1,040,511
	Inappropriate nutrition practices	5,115	2,162,689	202	2,168,006

Characteristic		Migrant Farmworker	Not Migrant Farmworker	Migrant Status Not Reported	Total Child Participants
Number of Child Participants (continued)	Other Risks	8,977	208,353	81	217,411
	Regression/transfer/presumptive eligibility	80	72,614	53	72,747
	Breastfeeding mother and infant dyad	0	752	0	752
	Infant of a WIC-eligible mother/mother at risk during pregnancy	17	13,262	0	13,279
	Homelessness/migrancy	8,906	10,252	0	19,158
	Other nutritional risks	122	117,281	33	117,436
	No Nutritional Risks Reported	1	4,690	11	4,702
Percent of Child Participants	Anthropometric Risks	20.9	23.4	9.1	23.4
	Low weight-for-height/length	1.7	1.9	0.6	1.9
	High weight-for-height/length	9.0	9.7	4.4	9.7
	Short stature	3.4	3.7	0.0	3.7
	Inappropriate growth/weight gain pattern	0.5	0.4	0.3	0.4
	Low birthweight/premature birth	8.8	10.8	4.1	10.7
	Other anthropometric risks	0.1	0.4	0.0	0.4
	Biochemical Risks	3.2	2.3	2.8	2.3
	Hematocrit/hemoglobin below FNS criteria	3.1	2.2	2.8	2.2
	Other biochemical risks	0.1	< 0.1	0.0	< 0.1
	Clinical/Health/Medical Risks	7.4	10.7	20.3	10.7
	Nutrition-related risk conditions	4.2	9.1	19.1	9.1
	Substance abuse	0.0	< 0.1	0.0	< 0.1
	Other health risks	3.5	1.8	1.3	1.8
	Dietary Risks	58.6	82.7	73.4	82.6
	Failure to meet DGA	7.8	28.1	24.7	28.0
	Inappropriate nutrition practices	52.7	58.4	63.1	58.3
	Other Risks	92.5	5.6	25.3	5.9
	Regression/transfer/presumptive eligibility	0.8	2.0	16.6	2.0
	Breastfeeding mother and infant dyad	0.0	< 0.1	0.0	< 0.1
	Infant of a WIC-eligible mother/mother at risk during pregnancy	0.2	0.4	0.0	0.4
	Homelessness/migrancy	91.7	0.3	0.0	0.5
	Other nutritional risks	1.3	3.2	10.3	3.2
	No Nutritional Risks Reported	< 0.1	0.1	3.4	0.1

Note: State agencies could report up to 10 nutritional criteria for each participant.

DGA = Dietary Guidelines for Americans

Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 6. Anthropometric Status

Participants' weights and heights (or lengths) are measured and recorded during the eligibility determination process and may be used to determine anthropometric nutritional risks. FNS first implemented national standards to categorize anthropometric status in 1999. World Health Organization growth standards are currently used to assess anthropometric status for infants and 1-year-old children (WHO, 2006); CDC growth charts are used to assess anthropometric status for 2- to 4-year-old children (Kuczmarski et al., 2002); and body mass index (BMI) is used for women. Height and weight data for pregnant women are not included. Anthropometric nutritional risks for pregnant women are based on prepregnancy weight or weight changes during pregnancy; neither variable is included in the MDS.⁷⁴ This chapter describes anthropometric measurement data, typically reported in categories that correspond to certain nutritional risks. For information on assigned anthropometric nutritional risks, see chapter 5.

Weight-for-length percentiles are used to determine whether infants and 1-year-old children are *underweight*, *at risk of being underweight*, or have *high weight-for-length*; BMI is used to assess similar anthropometric status indicators for children aged 2 or older and women. Length/height-for-age percentiles are used to determine whether infants and children have *short stature* or are *at risk of short stature*.

Because of ongoing waivers, policies, and procedures State agencies implemented beginning in March 2020 in response to the COVID-19 pandemic, anthropometric data submitted for WIC PC 2022 were often missing or unreliable. Across all State agencies, 44 to 63 percent of anthropometric data were missing for infants, children, and breastfeeding and postpartum women (see table 6.1). During data collection, the study team asked the State agencies about their practices for reporting anthropometric data; State agencies used in-person, self-reported, medical referral, and previous measurement data to report on weight and height in WIC PC 2022. Most commonly, State agencies reported some combination of in-person and medical referral anthropometric measurement data for WIC PC 2022 (see table 6.2).

Because of the amount of missing and unreliable anthropometric data reported by State agencies for WIC PC 2022, this report does not include anthropometric data.

Table 6.1. Distribution of Presence of Anthropometric Data by WIC Participant Category

Characteristic			Weight Data Present	Weight Data Missing	Height Data Present	Height Data Missing	Weight and Height Data Present	Weight and/or Height Data Missing
Number of Participants	Participant Category	Breastfeeding Women	256,065	358,680	266,039	348,706	254,304	360,441
		Postpartum Women	176,628	206,167	186,800	195,995	175,473	207,322
		Total breastfeeding and postpartum women	432,693	564,847	452,839	544,701	429,777	567,763

⁷⁴ See appendix table C.15 for prepregnancy BMI for pregnant women in State agencies that submitted SDS data. See appendix tables C.16 and C.17 for weight gain during pregnancy for breastfeeding and postpartum women in State agencies that submitted SDS data.

Characteristic			Weight Data Present	Weight Data Missing	Height Data Present	Height Data Missing	Weight and Height Data Present	Weight and/or Height Data Missing
Number of Participants (continued)	Children's Age at Measurement	Infants	904,424	664,015	878,570	689,869	876,597	691,842
		Children	1,437,539	2,278,286	1,392,115	2,323,710	1,390,556	2,325,269
		1-year-old children	486,287	792,705	471,570	807,422	471,096	807,896
		2- to 4-year-old children	890,825	1,394,758	863,258	1,422,325	862,222	1,423,361
Percent of Participants	Participant Category	Breastfeeding Women	41.7	58.3	43.3	56.7	41.4	58.6
		Postpartum Women	46.1	53.9	48.8	51.2	45.8	54.2
		Total breastfeeding and postpartum women	43.4	56.6	45.4	54.6	43.1	56.9
	Children's Age at Measurement	Infants	57.7	42.3	56.0	44.0	55.9	44.1
		Children	38.7	61.3	37.5	62.5	37.4	62.6
		1-year-old children	38.0	62.0	36.9	63.1	36.8	63.2
		2- to 4-year-old children	39.0	61.0	37.8	62.2	37.7	62.3

Note: Percentages may not add to 100.0 because of rounding. The WHO growth charts for infants assume a full-term pregnancy (37–42 weeks). Because many infants are certified soon after birth and measured at the time of certification (27.6 percent were measured for WIC within 1 week of birth, and 41.1 percent were measured within 1 month of birth), the lengths and weights of premature infants may be considered biologically implausible values. Such values are included in the categories of missing measurement data. Children's age at measurement does not always match their participant category because the measurement date is not always the same as the certification date.

WHO = World Health Organization

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 6.2. WIC State Agency Anthropometric Data Reporting Procedures

Reporting Practice		Number of State Agencies	Percent
One Method	In-person only	4	4.5
	Medical referral only	14	15.7
	Self-reported only	10	11.2
	Previous data only	2	2.2
Two Methods	In-person and self-reported	4	4.5
	In-person and medical referral	24	27.0
	Self-reported and medical referral	11	12.4
	Self-reported and previous data	1	1.1
Three Methods	In-person, self-reported, and medical referral	12	13.5
Other	No data (missing for all participants)	1	1.1
	No response (State agency did not provide information on reporting practices)	6	6.7
Total		89	100.0

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 7. Anemia Status

As part of the nutritional risk assessment, State agencies test (or collect through referral data) the hemoglobin and/or hematocrit levels of participants aged 9 months and older to screen for anemia.⁷⁵ Anemia is a condition in which the body has too few red blood cells; it is associated with adverse maternal and child outcomes. Red blood cells contain hemoglobin, which carries oxygen throughout the body. Anemia, especially anemia caused by iron deficiency, is relatively common among pregnant women because the volume of blood in the body increases during pregnancy. Infants and very young children are also at risk of anemia caused by iron deficiency, especially infants who receive formula not fortified with iron and breastfed infants who do not receive iron-rich complementary foods starting at 6 months. All children require good dietary sources of iron to maintain iron status and prevent deficiency. To promote adequate iron intake, Federal regulations require minimum iron levels for breakfast cereal, infant cereal, and infant formula.

FNS established standard criteria for screening for anemia status using hemoglobin and hematocrit test results based on CDC recommendations in 1999 (CDC, 1998). The criteria vary by participant category, trimester of pregnancy, and age of the participant; participants with test results below the relevant threshold may be deemed at nutritional risk.

Because of waivers, policies, and procedures State agencies implemented beginning in March 2020 in response to the COVID-19 pandemic, hematological data submitted for WIC PC 2022 were often missing or unreliable. Across all State agencies, 79.4 percent of hematological data were missing for all women, and 84.3 percent of the data were missing for children (see table 7.1). During data collection, the study team asked the State agencies about their practices for reporting hematological data; State agencies used in-person, self-reported, medical referral, and previous data to report on hematological measurements in WIC PC 2022. Most commonly, State agencies reported some combination of in-person and medical referral hematological data for WIC PC 2022 (see table 7.2).

Because of the amount of missing and unreliable anthropometric data reported by State agencies for WIC PC 2022, this report does not include hematological data.

Table 7.1. Distribution of WIC Participants With Hematological Data Reported by Participant Category

Characteristic			Measurement Data Present	Measurement Data Missing	Total
Number of Participants	Participant Category	Pregnant women	119,954	398,861	518,815
		Breastfeeding women	120,902	493,843	614,745
		Postpartum women	72,170	310,625	382,795
		Total women	313,026	1,203,329	1,516,355
	Trimester at Hematological Test Among Pregnant Women	Children	560,552	3,008,807	3,569,359
		First trimester	63,550	195,334	258,884
		Second trimester	42,342	158,392	200,734
		Third trimester	14,062	44,616	58,678

⁷⁵ State agencies are not required to test for anemia at the time of certification among children who had a blood test that showed normal iron levels in the past year.

Characteristic			Measurement Data Present	Measurement Data Missing	Total
Percent of Participants	Participant Category	Pregnant women	23.1	76.9	100.0
		Breastfeeding women	19.7	80.3	100.0
		Postpartum women	18.9	81.1	100.0
		Total women	20.6	79.4	100.0
		Children	15.7	84.3	100.0
	Trimester at Hematological Test Among Pregnant Women	First trimester	24.5	75.5	100.0
		Second trimester	21.1	78.9	100.0
		Third trimester	24.0	76.0	100.0

Note: Percentages may not add to 100.0 because of rounding. The percentages of participants with measurement data present and missing by State agency are provided in appendix table B.28 (for children) and B.30 (for women).

The “Children” rows in this table include only children 12 months or older at the time of their hematological test.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 7.2. WIC State Agency Hematological Data Reporting Procedures

Reporting Practice		Number of State Agencies	Percent
One Method	In-person only	10	11.2
	Self-reported only	1	1.1
	Medical referral only	24	27.0
Two Methods	In-person and medical referral	33	37.1
	In-person and previous data	1	1.1
	Self-reported and medical referral	4	4.5
Three Methods	In-person, self-reported, and medical referral	4	4.5
Four Methods	In-person, self-reported, medical referral, and previous data	1	1.1
Other	No data (missing for all participants)	6	6.7
	No response (State agency did not provide information on reporting practices)	5	5.6
Total		89	100

Note: Percentages may not add to 100.0 because of rounding.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 8. Breastfeeding Initiation and Duration

Since the passage of the Child Nutrition and WIC Reauthorization Act (Pub. L. No. 101–147) in 1989, WIC has strengthened its breastfeeding promotion and support efforts. The legislation established an annual minimum for breastfeeding promotion and support expenditures (in FY 2022, State agencies were required to spend an average of \$43.03 per year for each pregnant and breastfeeding woman in addition to administrative and food package costs). State and local agencies developed a range of strategies to increase breastfeeding initiation and duration among participants, which included providing current, accurate breastfeeding information through individual or group education for participants and their families; sponsoring peer-counselor programs and support groups; creating breastfeeding-friendly clinic environments and community partnerships; and providing ongoing staff education and training.

Prior to 1998, State agencies were asked to report breastfeeding information only if their MIS contained the data. National estimates could not be calculated because many State agencies were unable to report this information. By 1998, State agencies had improved their reporting of breastfeeding data significantly, which facilitated the calculation of national estimates of breastfeeding initiation. State agencies were asked to collect these data on infants and children aged 6 to 13 months in April of the reference year beginning in 2004. Since then, national estimates of breastfeeding duration have been calculated only when sufficient data were collected (see chapter 2 for additional details).

Beginning in 2018, the presentation of WIC PC breastfeeding data has matched that of the national breastfeeding data reported for HHS’s Healthy People initiative (HHS, 2021b).⁷⁶ This initiative established target breastfeeding rates for each decade, using linear trend and projection analysis. For Healthy People 2030, the target breastfeeding rate was based on data collected through the CDC’s National Immunization Survey (NIS), and the baseline breastfeeding rate for projecting the 2030 target is from infants born in 2015. Table 8.1 shows the Healthy People 2030 breastfeeding duration objective and the baseline and target rate corresponding to duration results presented in this chapter.

Table 8.1. Healthy People 2030 Objectives for Breastfeeding Duration

Healthy People Objective	Baseline Rate 2015 (Percent)	Target Rate 2030 (Percent)
Increase the proportion of infants who are breastfed at 12 months ^a	35.9	54.1

Note: The baseline rate for 2030 is based on rates from infants born in 2015.

^a Comparable with breastfeeding duration at 12 months (15.4 percent; see tables 8.1 and 8.5)

Source: HHS, 2021b

Breastfeeding initiation reporting in WIC PC has generally improved over time. The 2022 estimate of the breastfeeding initiation rate was based on data from 84 State agencies with sufficient data (see table 8.2). In 2004—the first-year data were collected for this population—the breastfeeding initiation estimate was based on data from 67 State agencies with sufficient data (Barlett et al., 2006).

State agencies are asked to provide information on the length of time infants and children were breastfed.⁷⁷ Breastfeeding duration rates at 3 and 6 months were calculated using data from 81 State

⁷⁶ See also <https://www.healthypeople.gov/>.

⁷⁷ Breastfeeding duration was counted as missing for the following participants: (1) currently breastfed infants and children for whom the date breastfeeding data were collected was not reported; (2) currently breastfed infants and children who were younger than 22 weeks on the date the data were collected and whose duration estimates could be substantially underreported; and (3) ever-breastfed infants and children for whom duration was not reported.

agencies with sufficient data. Breastfeeding duration at 12 months was based on data from 79 State agencies with sufficient data.

Table 8.2. WIC Breastfeeding Data Reporting

Characteristic	Number	Percent
Total State Agencies	89	100.0
State agencies that reported initiation data for at least 75.0 percent of 6- to 13-month-old participants	84	94.4
State agencies that reported duration data for at least 75.0 percent of 9- to 13-month-old participants	81	91.0
State agencies that reported duration data for at least 75.0 percent of 12- to 13-month-old participants	79	88.8
Total 6- to 13-Month-Old Infant and Child Participants	1,001,572	100.0
Reported initiation data	991,858	99.0
Initiated breastfeeding (among those reporting)	694,642	70.0
Total 9- to 13-Month-Old Infant and Child Participants	568,240	100.0
Reported duration data	553,219	97.4
Breastfeeding at 3 months (among those reporting)	181,062	32.7
Breastfeeding at 6 months (among those reporting)	124,370	22.5
Total 12- to 13-Month-Old Child Participants	186,076	100.0
Reported duration data	181,247	97.4
Breastfeeding at 12 months (among those reporting)	27,943	15.4

Note: All data on participants exclude State agencies with less than 75.0 percent reporting on breastfeeding. The District of Columbia, Inter-Tribal Council of Nevada, Puerto Rico, South Dakota, and Wyoming were unable to provide initiation data for at least 75.0 percent of 6- to 13-month-old infants and children. The District of Columbia, Inter-Tribal Council of Nevada, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, South Dakota, and Wyoming were unable to provide duration data for at least 75.0 percent of 9- to 13-month-old infants and children. The District of Columbia, Indian Township (ME), Inter-Tribal Council of Nevada, Michigan, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, Santo Domingo (NM), and Wyoming were unable to provide duration data for at least 75.0 percent of 12- to 13-month-old infants and children or did not have any 12- to 13-month-old infants or children.

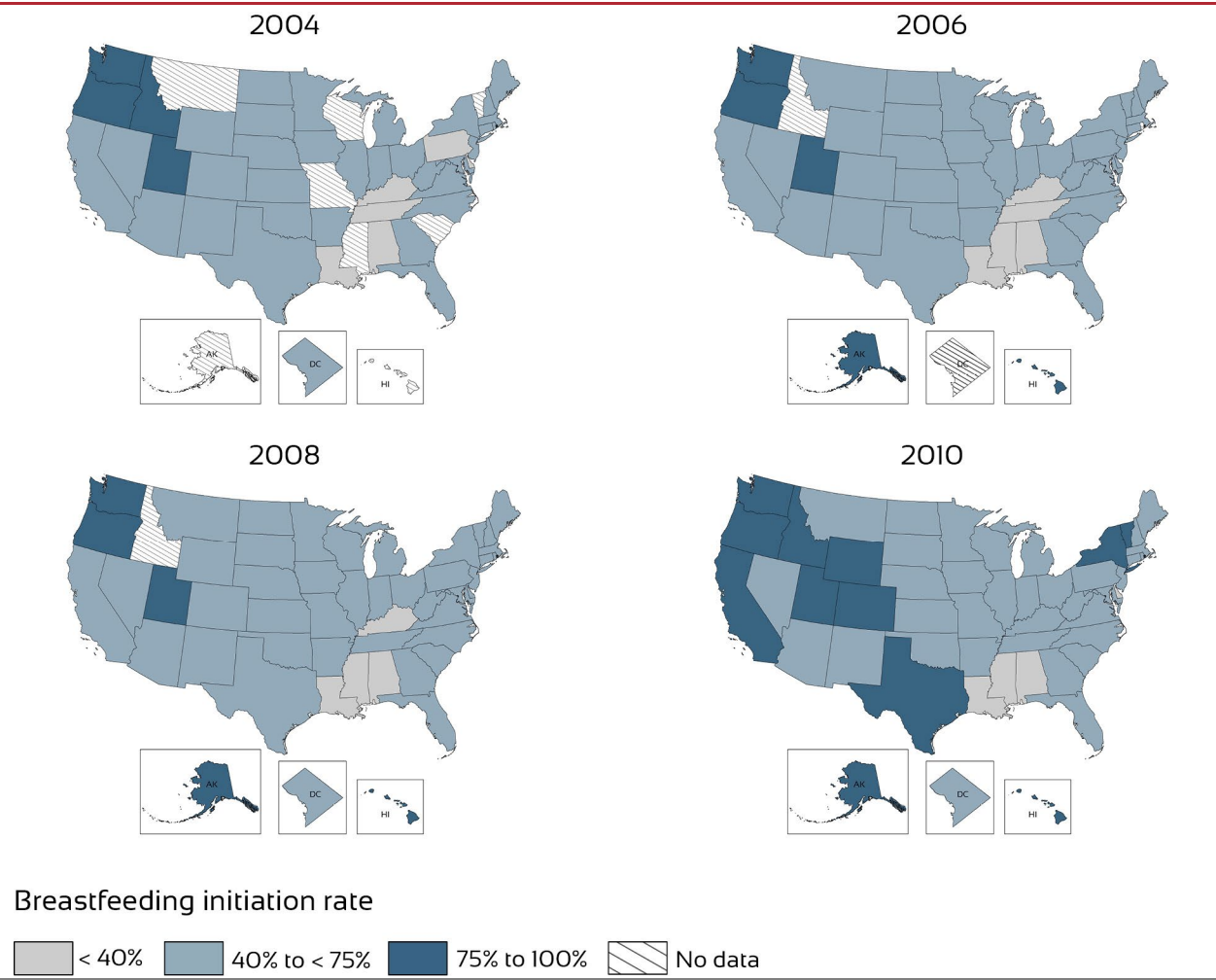
Source: USDA, Food and Nutrition Service, WIC PC 2022

A. Breastfeeding Initiation Rates

Seventy percent of all women with 6- to 13-month-old infants and children participating in WIC initiated breastfeeding (i.e., reported their infants as currently or ever breastfed). This percentage increased since 2004 and peaked in 2018 at 71.8 percent (see figures 8.1 and 8.2 and appendix table A.31).⁷⁸

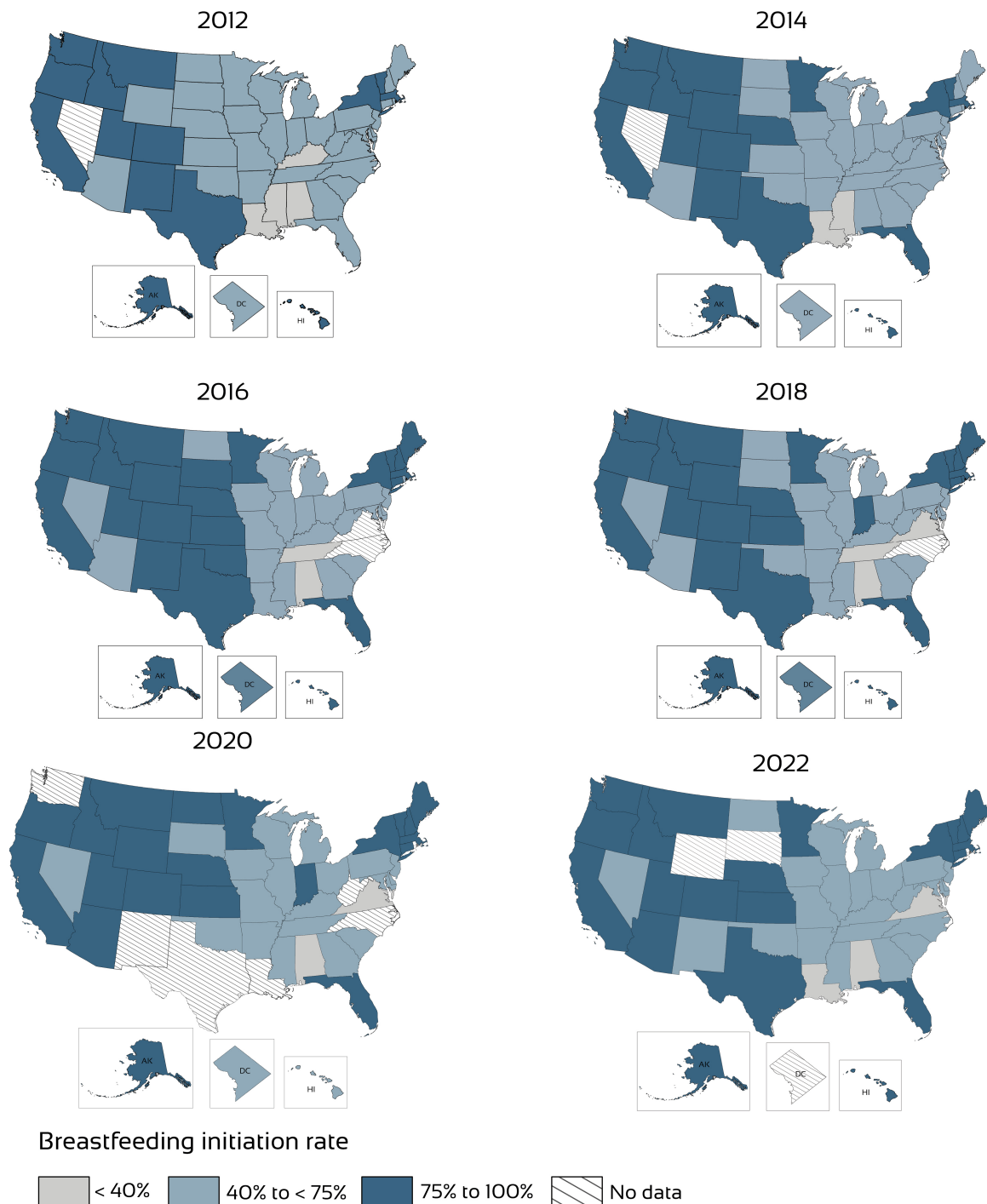
⁷⁸ Appendix figures A.1 and A.2 provide breastfeeding initiation rates from 1998 to 2022 for 7- to 11-month-old infants by State agency.

Figure 8.1. Breastfeeding Initiation Rates for 6- to 13-Month-Old Infants and Children Participating in WIC by State: 2004–2010



Source: USDA, Food and Nutrition Service, WIC PC 2022

Figure 8.2. Breastfeeding Initiation Rates for 6- to 13-Month-Old Infants and Children Participating in WIC by State: 2012–2022



Source: USDA, Food and Nutrition Service, WIC PC 2022

Asian infants were the most likely to initiate breastfeeding (77.5 percent), whereas Black infants were the least likely (61.0 percent; see table 8.3)—a 16.5-percentage-point difference in initiation rates. There was a 13.0-percentage-point difference between Hispanic/Latino and non-Hispanic/Latino 6- to 13-month-old infants and children who initiated breastfeeding (77.8 and 64.8 percent).

Breastfeeding initiation rates varied among the States, ranging from 31.0 percent in Alabama to 88.4 percent in Hawaii (see appendix table B.32). The median initiation rate across the 48 reporting States was 72.8 percent.

Table 8.3. Breastfeeding Initiation for 6- to 13-Month-Old Infants and Children Participating in WIC

Characteristic			Total Participants With Initiation Data	Ever or Currently Breastfed		
				Yes	No	Not Reported
Number of 6- to 13-Month- Old Infant and Child Participants	Total for State Agencies That Reported Data		991,858	694,642	297,216	9,714
	Race	American Indian	42,889	32,693	10,196	201
		Asian	32,281	25,021	7,260	227
		Black	232,453	141,738	90,715	2,487
		Pacific Islander	7,669	5,781	1,888	53
		White	595,143	432,157	162,986	5,837
		Two or more races	72,139	50,078	22,061	765
		Race not reported	9,284	7,174	2,110	144
	Ethnicity	Hispanic/Latino	402,280	312,916	89,364	3,267
		Non-Hispanic/Latino	589,004	381,485	207,519	6,434
		Ethnicity not reported	574	241	333	13
Percent of 6- to 13-Month- Old Infant and Child Participants	Total for State Agencies That Reported Data		100.0	70.0	30.0	1.0
	Race	American Indian	100.0	76.2	23.8	0.5
		Asian	100.0	77.5	22.5	0.7
		Black	100.0	61.0	39.0	1.1
		Pacific Islander	100.0	75.4	24.6	0.7
		White	100.0	72.6	27.4	1.0
		Two or more races	100.0	69.4	30.6	1.1
		Race not reported	100.0	77.3	22.7	1.6
	Ethnicity	Hispanic/Latino	100.0	77.8	22.2	0.8
		Non-Hispanic/Latino	100.0	64.8	35.2	1.1
		Ethnicity not reported	100.0	42.0	58.0	2.3

Note: The “Yes” and “No” columns are out of participants with initiation data; percentages may not add to 100.0 because of rounding. The percentage “Not Reported” is out of all 6- to 13-month-old infants and children (see table 8.2). This table includes data for State agencies that reported data on breastfeeding initiation for at least 75.0 percent of all infants and children aged 6–13 months. The following State agencies did not have any 6- to 13-month-old infants or children or did not meet this reporting standard: the District of Columbia, Inter-Tribal Council of Nevada, Puerto Rico, South Dakota, and Wyoming.

Source: USDA, Food and Nutrition Service, WIC PC 2022

B. Breastfeeding Duration

Since 2018, WIC PC reports have included data on the proportion of infants and children with reported data (and within certain age groups) who were breastfed at several benchmark ages (3, 6, and 12 months).

1. Breastfeeding Duration Among 9- to 13-Month-Old Infants and Children

Breastfeeding cessation data are typically collected retrospectively when an infant or child has an appointment or is issued a new food package. The 3- and 6-month benchmark analyses are restricted to 9- to 13-month-old infants and children to minimize the amount of missing data.

About one-third of 9- to 13-month-old infants and children were breastfed at 3 months (32.7 percent), and about one-quarter were breastfed at 6 months (22.5 percent; see table 8.4). The proportion of 9- to 13-month-old infants and children who were breastfed at 3 months and 6 months remained stable since 2018 (see appendix table A.33).

The proportion of 9- to 13-month-old infants and children who were breastfed at 3 months and 6 months varied across race and ethnicity in 2022. Asian participants had the highest rates of breastfeeding at 3 months and 6 months compared with participants of other races. Black participants had the lowest rates of breastfeeding at 3 months and 6 months. Hispanic/Latino participants had higher rates of breastfeeding at 3 months and 6 months than non-Hispanic/Latino participants.

Breastfeeding rates at 3 months varied among the 44 States reporting these data, ranging from 13.8 percent in Alabama to 63.5 percent in Utah (see figure 8.3 and appendix table B.33). Breastfeeding rates at 6 months ranged from 8.2 percent in Alabama to 50.6 percent in Vermont (see figure 8.4).

Figure 8.3. Percentage Breastfeeding at 3 Months Among 9- to 13-Month-Old Infants and Children Participating in WIC by State: 2018–2022

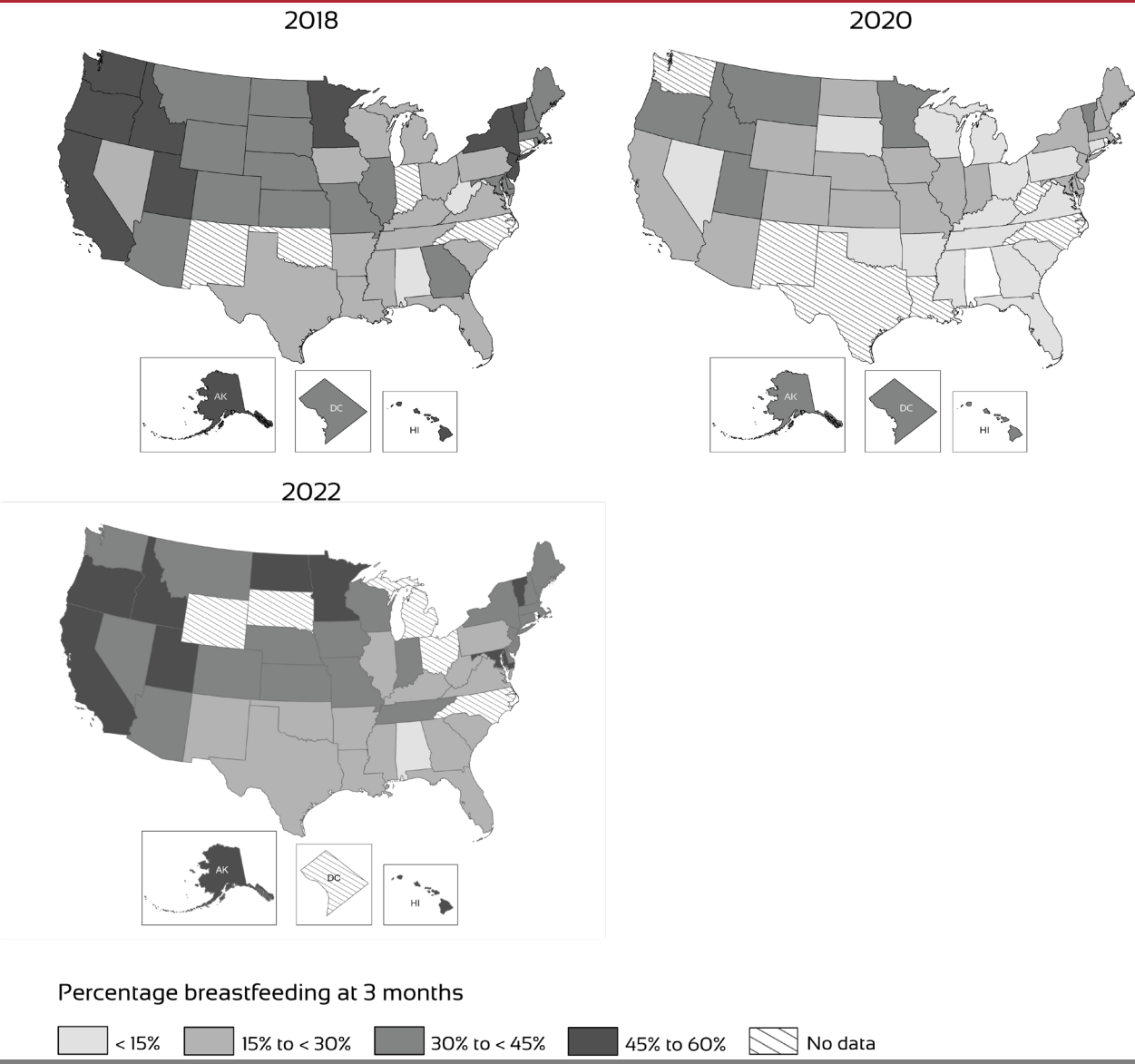
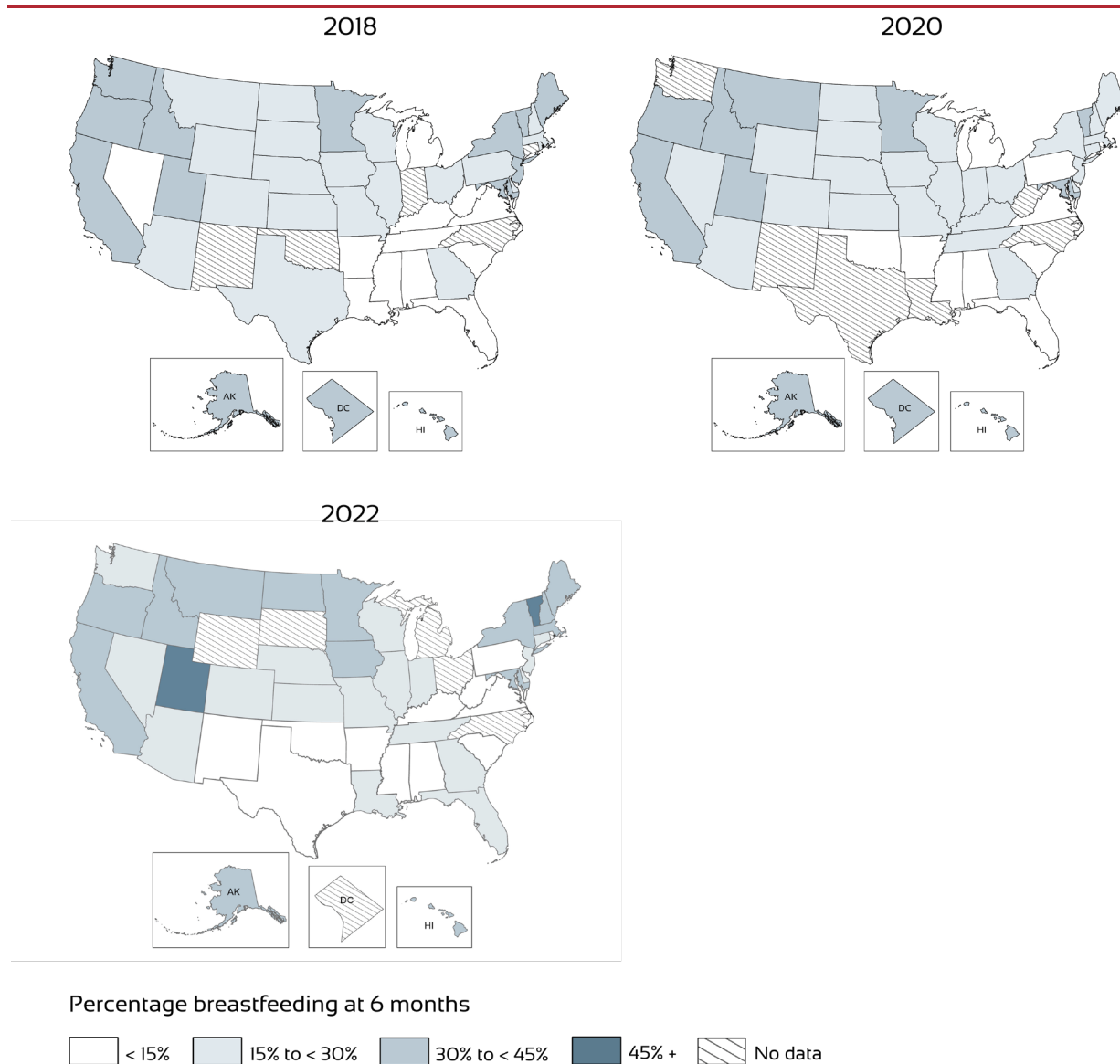


Figure 8.4. Percentage Breastfeeding at 6 Months Among 9- to 13-Month-Old Infants and Children Participating in WIC by State: 2018–2022



Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 8.4. Distribution of Infants and Children Breastfeeding at 3 and 6 Months Among 9- to 13-Month-Old Infants and Children Participating in WIC as of April 30, 2022

Characteristic			Total Participants With Duration Data	Breastfeeding at 3 Months	Breastfeeding at 6 Months
Number of 9- to 13-Month-Old Infant and Child Participants	Total for State Agencies That Reported Data		553,219	181,062	124,370
	Race	American Indian	24,948	10,798	7,794
		Asian	18,654	8,388	6,132
		Black	126,610	33,228	21,291
		Pacific Islander	4,374	1,806	1,184
		White	333,290	111,095	76,949
		Two or more races	40,026	13,158	9,029
		Race not reported	5,317	2,589	1,991
	Ethnicity	Hispanic/Latino	227,861	82,308	57,132
		Non-Hispanic/Latino	325,021	98,676	67,182
		Ethnicity not reported	337	78	56
Percent of 9- to 13-Month-Old Infant and Child Participants	Total for State Agencies That Reported Data		100.0	32.7	22.5
	Race	American Indian	100.0	43.3	31.2
		Asian	100.0	45.0	32.9
		Black	100.0	26.2	16.8
		Pacific Islander	100.0	41.3	27.1
		White	100.0	33.3	23.1
		Two or more races	100.0	32.9	22.6
		Race not reported	100.0	48.7	37.4
	Ethnicity	Hispanic/Latino	100.0	36.1	25.1
		Non-Hispanic/Latino	100.0	30.4	20.7
		Ethnicity not reported	100.0	23.1	16.6

Note: This table includes data for State agencies that reported data on breastfeeding duration for at least 75.0 percent of all 9- to 13-month-old infants and children. The following State agencies did not have any 9- to 13-month-old infants or children or did not meet this reporting standard: the District of Columbia, Inter-Tribal Council of Nevada, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, South Dakota, and Wyoming.

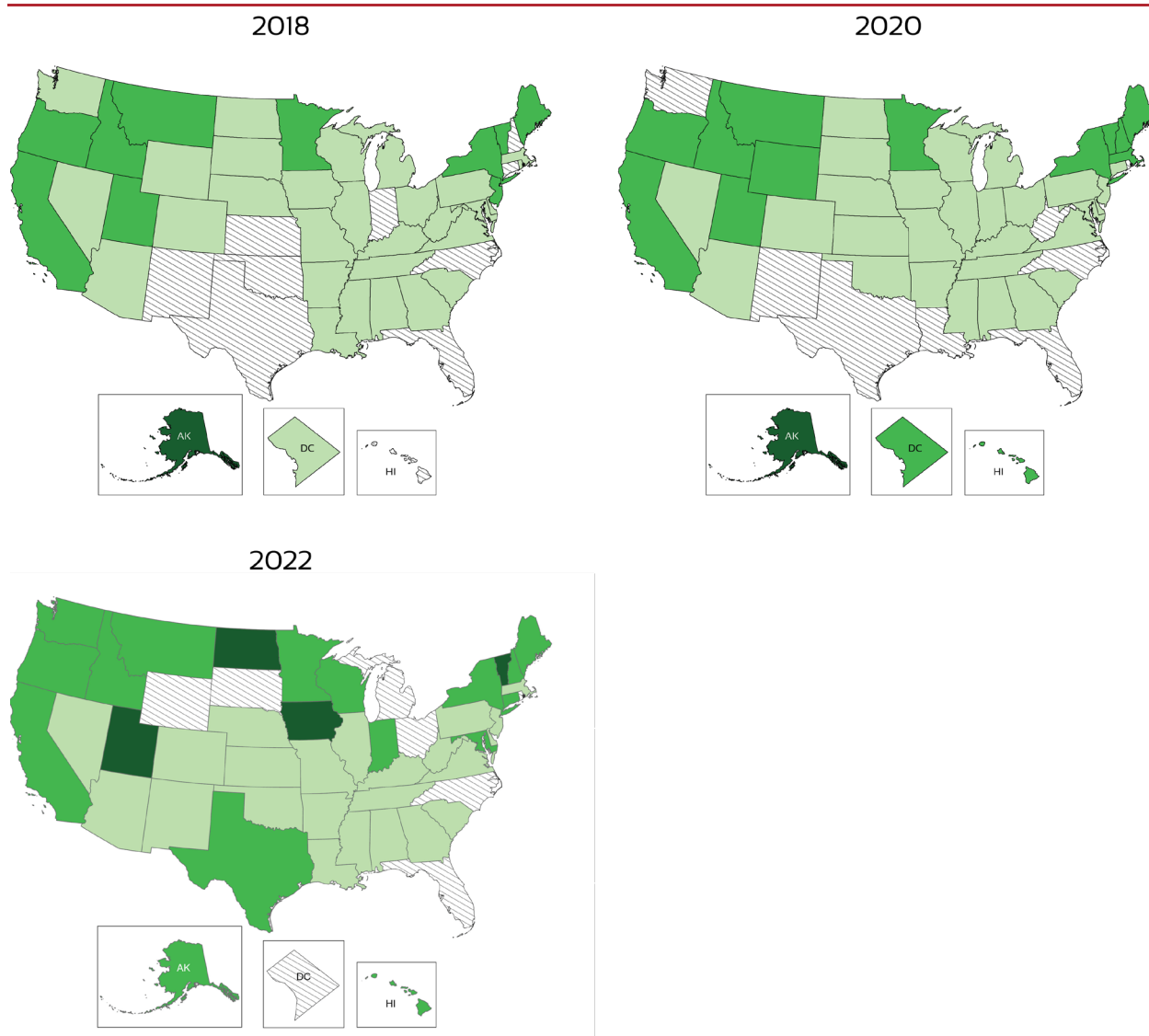
Source: USDA, Food and Nutrition Service, WIC PC 2022

2. Breastfeeding Duration Among 12- to 13-Month-Old Children

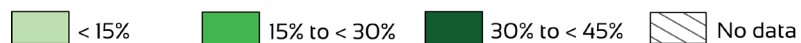
Among 12- to 13-month-old children, 15.4 percent were breastfed at 12 months (see table 8.5). Asian participants had higher rates of breastfeeding at 12 months than participants of other races. Hispanic/Latino participants had higher rates of breastfeeding at 12 months than non-Hispanic/non-Latino participants. The proportion of 12- to 13-month-old children who were breastfed at 12 months increased from 2020 to 2022 (12.7 versus 15.4 percent; see appendix table A.34).

Breastfeeding rates at 12 months among the States ranged from 5.5 percent in Alabama to 46.1 percent in North Dakota (see figure 8.5 and appendix table B.34). Among States with reported breastfeeding duration at 12 months, no State met the Healthy People 2030 target, but three States (North Dakota, Vermont, and Utah) exceeded the baseline (35.9 percent; HHS, 2021b).

Figure 8.5. Percentage Breastfeeding at 12 Months Among 12- to 13-Month-Old Children Participating in WIC by State: 2018–2022



Percentage breastfeeding at 12 months



Source: USDA, Food and Nutrition Service, WIC PC 2022

Table 8.5. Distribution of Children Breastfeeding at 12 Months Among 12- to 13-Month-Old Children Participating in WIC as of April 30, 2022

Characteristic			Total Participants With Duration Data	Breastfeeding at 12 Months
Number of 12- to 13- Month-Old Infant and Child Participants	Total for State Agencies That Reported Data		181,247	27,943
	Race	American Indian	8,830	1,681
		Asian	6,776	1,410
		Black	38,821	4,092
		Pacific Islander	1,454	241
		White	110,616	18,205
		Two or more races	13,222	2,008
		Race not reported	1,528	306
	Ethnicity	Hispanic/Latino	76,463	13,129
		Non-Hispanic/Latino	104,721	14,806
		Ethnicity not reported	63	8
Percent of 12- to 13- Month-Old Infant and Child Participants	Total for State Agencies That Reported Data		100.0	15.4
	Race	American Indian	100.0	19.0
		Asian	100.0	20.8
		Black	100.0	10.5
		Pacific Islander	100.0	16.6
		White	100.0	16.5
		Two or more races	100.0	15.2
		Race not reported	100.0	20.0
	Ethnicity	Hispanic/Latino	100.0	17.2
		Non-Hispanic/Latino	100.0	14.1
		Ethnicity not reported	100.0	12.7

Note: This table includes data for State agencies that reported data on breastfeeding duration for at least 75.0 percent of all 12- to 13-month-old children. The following State agencies did not have any 12- to 13-month-old children or did not meet this reporting standard: the District of Columbia, Indian Township (ME), Inter-Tribal Council of Nevada, Michigan, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, Santo Domingo (NM), and Wyoming. The 12- to 13-month-old children included in this table consist primarily of children who have had their 1-year certification visit.

Source: USDA, Food and Nutrition Service, WIC PC 2022

Chapter 9. Comparison of the WIC Population With the Overall U.S. Population

This chapter provides several benchmark comparisons between the WIC population and the overall U.S. population. With the exception of age at childbirth, which is drawn from vital statistics data, U.S. population estimates and 95 percent confidence intervals are drawn from nationally representative samples from several surveys. In each case, the selected data sources provide the most recent available estimates for these measures. All parameters for the WIC population are from WIC PC 2022. Each section in this chapter notes the differences in collection and reporting between the survey data and WIC PC data.

A. Race and Ethnicity

Table 9.1 shows the race and ethnicity of the overall U.S. population as reported in the 2017–2021 American Community Survey (ACS) compared with the WIC population in 2022. The ACS data represent individuals in more than 11 million households. The response categories for reporting race and ethnicity varied between the ACS and WIC PC 2022 data: (1) The ACS allowed respondents to write in “some other race,” whereas WIC participants were restricted to specific race categories; and (2) race and ethnicity were not reported for a small number of WIC participants (0.9 and 0.1 percent).

The distribution of race and ethnicity in the WIC population was statistically significantly different from the distribution in the overall U.S. population. Smaller percentages of WIC participants were White or Asian, and greater percentages of WIC participants were Black, American Indian, and Hispanic/Latino. The difference in racial and ethnic distribution was particularly large for the American Indian category; 5.8 percent of WIC participants fell into this category compared with less than 1 percent of the U.S. population. This difference likely resulted, in part, from State agency variations in race reporting for Hispanic/Latino participants (see chapters 2 and 3 for additional details).

Table 9.1. Percentages of WIC Participants (2022) and the U.S. Population (2017–2021) by Race and Ethnicity

Characteristics		U.S. Population ^a		WIC Participants ^b
		Estimate	95 Percent Confidence Interval	Population Parameter
Race	American Indian	0.8	0.7, 0.9	5.8
	Asian	5.7	5.6, 5.8	3.8
	Black	12.6	12.5, 12.7	21.5
	Pacific Islander	0.2	0.1, 0.3	0.8
	White	68.2	68.1, 68.3	61.1
	Some other race	5.6	5.5, 5.7	N/A
	Two or more races	7.0	6.9, 7.1	6.1
	Race not reported	N/A	N/A	0.9
Ethnicity	Hispanic/Latino	18.4	18.3, 18.5	43.1
	Non-Hispanic/Latino	81.6	81.5, 81.7	56.9
	Ethnicity not reported	N/A	N/A	< 0.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.

N/A = not applicable

^aSource: U.S. Census Bureau, n.d.-a

^bSource: USDA, Food and Nutrition Service, WIC PC 2022

B. Age at Childbirth

Table 9.2 presents data on women's age at the time of childbirth within the WIC population and for the U.S. population as a whole. Age at childbirth is not directly reported in the WIC PC data. To approximate age at childbirth for the WIC population, the study team used the ages of breastfeeding and postpartum women at certification. This measure assumes that breastfeeding and postpartum women were certified close to the birth of their child and overestimates age at childbirth to the extent that breastfeeding and postpartum women delay certification after giving birth. The parameters for U.S. women are drawn from vital statistics data for 2021.

Overall, WIC participants were more likely to give birth at younger ages: Compared with the U.S. population, WIC participants were more likely to have given birth between the ages of 15 and 29 and less likely to have given birth between the ages of 30 and 39.

Table 9.2. Distribution of Women WIC Participants (2022) and Women in the U.S. Population Who Gave Birth (2021) by Age Group

Age Group at Childbirth	U.S. Women Who Gave Birth in 2021 ^a	WIC Participants ^b
Younger than 15	0.1	< 0.1
15–19	4.0	6.8
20–24	17.7	26.4
25–29	27.9	29.1
30–34	30.4	22.4
35–39	16.2	11.8
40–44	3.4	3.2
45 or older	0.3	0.2
Age not reported	N/A	< 0.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding.

N/A = not applicable

^aSource: Osterman et al., 2023

^bSource: USDA, Food and Nutrition Service, WIC PC 2022

C. Poverty Status

Table 9.3 presents data on income as a percentage of the poverty level for the overall U.S. population, people in families, and people in families with children younger than 6 (i.e., age eligible for WIC), alongside WIC participants with reported income in 2022. The U.S. population data were drawn from the 2022 Current Population Survey's Annual Social and Economic Supplement (CPS-ASEC), which reported on income for a nationally representative sample of 152,732 individuals during calendar year 2021.

The measure reported for WIC participants is based on income as a percentage of the Federal Poverty Guidelines issued annually by HHS, which consider household income and size and are used to determine WIC eligibility. In contrast, the measure reported for the overall U.S. population is based on income as a percentage of the Federal poverty thresholds issued annually by the U.S. Census Bureau, which consider household income, size, and age composition. This measure is included in the CPS-ASEC.

Compared with individuals in U.S. families with related children younger than 6, WIC participants were more likely to be in low-income households. While 60.7 percent of WIC participants had income below

the Federal Poverty Guidelines, only 15.3 percent of families with related children younger than 6 in the overall U.S. population had income below the Federal poverty thresholds. A small percentage of WIC participants (3.1 percent) had income greater than 200 percent of the Federal Poverty Guidelines, which likely resulted, in part, from the adjunctive eligibility for Medicaid among participants in States with higher income thresholds for Medicaid. Among individuals in U.S. families with related children younger than 6, 64.1 percent had income greater than 200 percent of the Federal poverty thresholds.

Table 9.3. Poverty Status of WIC Participants Who Reported Income (2022) Versus the Overall U.S. Population (2021)

Percent of Federal Poverty Measure	Overall U.S. Population ^a		Individuals in U.S. Families ^a		Individuals in U.S. Families With Related Children Younger Than 6 ^a		WIC Participants With Reported Income ^b
	Estimate	95 Percent Confidence Interval	Estimate	95 Percent Confidence Interval	Estimate	95 Percent Confidence Interval	Population Parameter
Total (N)	328,191,340		264,793,668		66,835,039		6,367,027
Less than 100	11.6	11.4, 11.7	9.6	9.4, 9.8	15.3	14.8, 15.7	60.7
100–less than 130	4.6	4.5, 4.7	4.1	3.9, 4.2	6.4	6.0, 6.7	15.9
130–less than 150	3.3	3.2, 3.4	3.0	2.9, 3.1	3.9	3.7, 4.1	8.7
150–less than 185	5.8	5.7, 6.0	5.4	5.2, 5.5	7.6	7.3, 7.9	10.5
185–less than 200	2.3	2.3, 2.4	2.3	2.2, 2.4	2.7	2.6, 2.9	1.4
200 or more	72.4	72.1, 72.7	75.7	75.4, 75.9	64.1	63.5, 64.7	3.1

Note: Percentages may not add to 100.0 and subtotals may not add to totals because of rounding. The Federal poverty thresholds issued by the U.S. Census Bureau and used in the analysis of the overall U.S. population are based on family income, size, and age composition. The Federal Poverty Guidelines issued by HHS and used in the analysis of the WIC population are based only on family income and size as reported by State agencies. Poverty guideline cutoffs are slightly different from those provided in table 4.6 to be comparable with Current Population Survey (CPS) tabulations. The CPS poverty thresholds reflect respondents' 2021 income.

HHS = U.S. Department of Health and Human Services

^a Source: U.S. Census Bureau, n.d.-b

^b Source: USDA, Food and Nutrition Service, WIC PC 2022

D. Breastfeeding

Table 9.4 provides data on breastfeeding initiation and the percentage of infants breastfed at 6 months from CDC's NIS and WIC PC 2022 data. NIS data are collected from a nationally representative sample of households with children aged 19 to 35 months; data presented here were collected in 2020–2021 for 20,906 infants and young children born in 2019. For both data sources, infants with missing data were excluded from estimates.⁷⁹

Infant WIC participants were less likely to initiate breastfeeding than infants in the overall population; 70.0 percent of infant WIC participants were ever breastfed compared with 83.2 percent of infants in the U.S. population. Similarly, 22.5 percent of infant WIC participants were breastfed at 6 months compared with 55.8 percent of infants in the overall U.S. population.

⁷⁹ As in chapter 8, all infants and children from State agencies that provided data on fewer than 75.0 percent of the focal group were excluded from analysis. The District of Columbia, Inter-Tribal Council of Nevada, Puerto Rico, South Dakota, and Wyoming were unable to provide initiation data for at least 75.0 percent of 6- to 13-month-old infants and children and are excluded from the initiation rate measure. The District of Columbia, Inter-Tribal Council of Nevada, Ohio, Pueblo of San Felipe (NM), Puerto Rico, Rhode Island, South Dakota, and Wyoming were unable to provide duration data for at least 75.0 percent of 9- to 13-month-old infants and children and are excluded from the calculation of the percentage of infants breastfed at 6 months.

Table 9.4. Breastfeeding Initiation Rates and Percentage Breastfed at 6 Months Among Infant WIC Participants (2022) and Infants in the Overall U.S. Population (2020–2021)

Breastfeeding Measure	U.S. Population ^a		WIC Participants ^b
	Estimate	95 Percent Confidence Interval	Population Parameter
Initiation rate	83.2	82.2, 84.2	70.0
Percent breastfed at 6 months	55.8	54.5, 57.1	22.5

^a Source: CDC, n.d.

^b Source: USDA, Food and Nutrition Service, WIC PC 2022

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