

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Participant and Program Characteristics 2022 (Summary)

Background

The U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers 16 nutrition assistance programs with the mission to increase food security and reduce hunger—in partnership with cooperating organizations—by providing children and low-income people access to food, a healthy diet, and nutrition education in a manner that supports American agriculture and inspires public confidence.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered by FNS. 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 non-breastfeeding postpartum women; infants; and children up to age 5 years at nutritional risk and income-eligible for the program.

Since 1988, FNS has produced biennial reports on WIC participant and program characteristics (WIC PC) for program monitoring and managing WIC information needs. The 2022 WIC PC report summarizes demographic, income, and health-related characteristics of participants with active certifications in April 2022.

Key Findings

- Nearly 7 million (6.8 million) women, infants, and children were certified to receive WIC benefits as of April 2022, a decline of 3.4 percent from April 2020. Of these, 6.3 million participants were issued food benefits in both April 2020 and 2022, according to administrative data.
- In 2022, 57 percent of WIC participants reported an income below 100 percent of the Federal Poverty Guidelines (FPG), a decline from 64.3 percent in 2020.
- In 2022, dietary and anthropometric risks were the most common broad categories of nutritional risk assigned at WIC enrollment (62.4 percent and 32.0 percent respectively).
- In 2022, 70 percent of infant WIC participants were breastfed after birth, 32.7 percent at 3 months, 22.5 percent at 6 months, and 15.4 percent at 12 months. Breastfeeding initiation and duration varied by race and ethnicity. This compares similarly to 2020.

Methods

The data for this report are based on WIC administrative records collected from all 89 WIC State agencies (50 States, the District of Columbia, 5 U.S. territories, and 33 Indian Tribal Organizations). WIC PC 2022 is a census of WIC participants with active certifications in April 2022, including individuals who were not issued food benefits in April. In contrast, for administrative purposes, FNS measures monthly WIC participation based on the number of certified individuals issued food benefits each month.

For WIC PC 2022, State agencies provided most data elements with the same level of completeness as in previous years, except anthropometric (e.g., height/length and weight) and hematological measurement data (used to screen for anemia). Anthropometric and hematological measurement data were largely unreliable because of large amounts of missing data and varied State agency

practices for collecting and reporting these data during the COVID-19 public health emergency (e.g., using old data from previous certifications or self-reported data). Therefore, WIC PC 2022 does not include findings on anthropometric and hematological data.

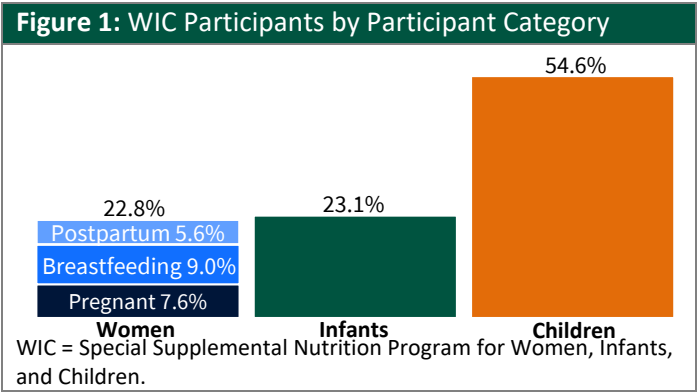
Findings

There were 6.8 million women, infants, and children certified to receive WIC benefits in 2022. This is a 3.4 percent decline from the same period in 2020 when 7.0 million participants were enrolled and a 13.2 percent decline from 2018 when 7.8 million participants were enrolled. Of these 6.8 million participants, 6.3 million were issued their WIC food benefits in April 2022, which is the same number that were issued benefits in April 2020. 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

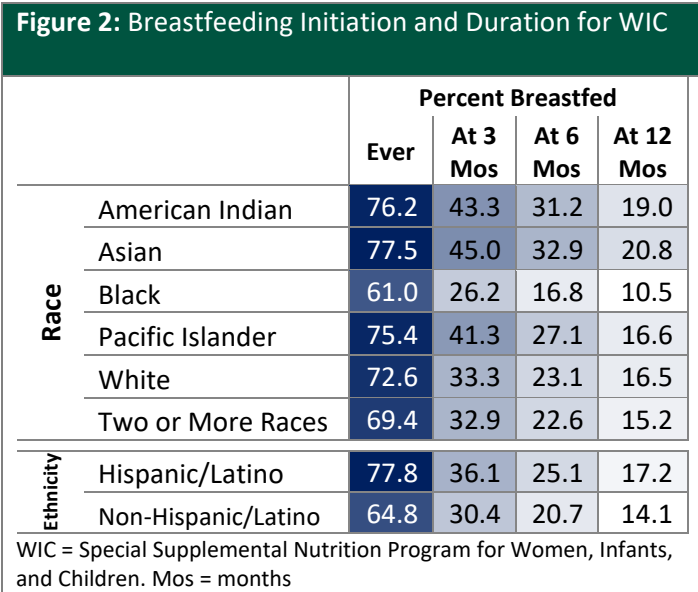
greater than participation as measured by FNS administrative data for April 2022.

Nearly 78 percent of all participants were infants and children under 5 years of age (Figure 1). The percentage of infants and children in the total WIC population has remained steady since 2010.

In 2022, the proportion of breastfeeding women exceeded that of non-breastfeeding postpartum women, continuing a trend first seen in 2012. Among all WIC participants, 7.6 percent were pregnant women, 9.0 percent were breastfeeding women, and 5.6 percent were non-breastfeeding postpartum women (Figure 1).

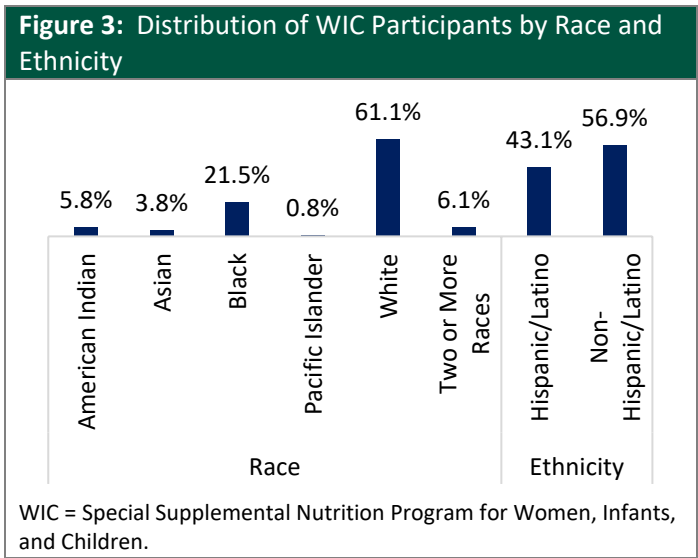


In 2022, breastfeeding initiation and duration rates remained steady and continued to vary by race and ethnicity. Seventy percent of infant WIC participants initiated breastfeeding. Among all infant WIC participants, 32.7 percent breastfed at age 3 months, 22.5 percent at age 6 months, and 15.4 percent at age 12 months. At all timepoints, Asian participants had the highest



breastfeeding rates while Black participants had the lowest breastfeeding rates (Figure 2). Hispanic/Latino participants had higher rates of breastfeeding initiation and at 3, 6, and 12 months than non-Hispanic/Latino participants.

The racial and ethnic characteristics of WIC participants in 2022 (Figure 3) were similar to 2020. Ethnicity is reported separately from race. In 2022, 43.1 percent of WIC participants were Hispanic or Latino.



Nearly all WIC participants (89.8 percent) had a household income at or below 185 percent of the FPG. In 2022, 3.8 percent had a household income above 185 percent of the FPG; household income data were not available for 6.4 percent of participants. In 2022, 57 percent of WIC participants reported an income below 100 percent of the FPG compared to 64.3 percent in 2020 and 69.5 percent in 2018. Thirty percent of all participants in 2022 had a reported income below 50 percent of the FPG. This differed across race categories; 20.1 percent of Asian and 39.8 percent of Black participants had reported income below 50 percent of the FPG.

Dietary and anthropometric risks were the most common broad categories of nutritional risk assigned at program enrollment (62.4 percent and 32 percent respectively). Among women, clinical/health/medical and dietary risks were most commonly assigned (60.1 and 42.6 percent, respectively). Dietary risks were reported most commonly for children (82.6 percent). Most infants (73.3 percent) were assigned the broad nutritional risk category of “other risks”, most commonly for the mother being at risk during pregnancy (69.6 percent of all infants).