

The Women, Infants, and Children (WIC) food program was established in 1974 by Congress. WIC was designed to ensure positive health benefits for pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk.

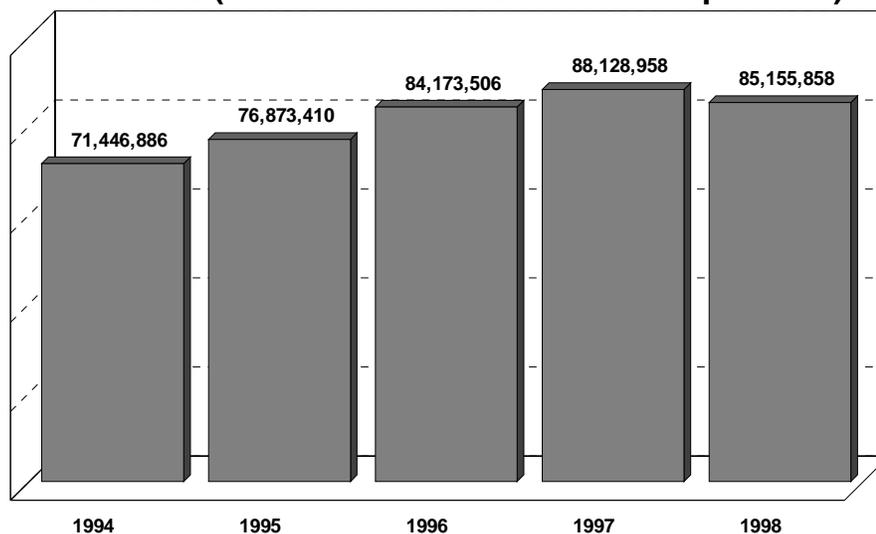
WIC recognizes two types of eligibility: 1) medically based risks such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes; 2) Diet-based risks such as inadequate dietary patterns.

WIC is not an entitlement program, but its benefits are targeted for the disadvantaged population as Congress appropriates the funding. The benefits of WIC are nutrient-dense food packages, nutritional education, and access to health services. WIC promotes foods that are frequently lacking in the target population's diet. These foods are high in iron, calcium, protein, and vitamins.

Nationally, Congress appropriated \$3.7 billion for WIC in 1997 and increased that amount to \$3.9 billion for 1998. The appropriation for 1998 also included a \$12 million increase for the WIC Farmers' Market Nutrition Program. In 1992, a WIC Farmers' Market Nutrition Program was created to provide additional coupons that can be used to purchase fresh fruits and vegetables in farmers' markets to WIC participants (*Family Economics and Nutrition Review*, 1998).

According to the Food Research and Action Center (FRAC), results have indicated positive benefits of participation in WIC. It is estimated that every dollar spent on WIC results in between \$1.77 and \$3.13 in Medicaid savings for newborns and their mothers. The program has been proven to increase the number of women receiving prenatal care, reduce the incidence of low-birth weight and fetal mortality, reduce anemia, and enhance the nutritional quality of the diet of participants (FRAC, 1998).

## Total WIC Expenditures In Tennessee (Federal Outlay and Formula Rebate) 1994-1998 (Fiscal Year from October to September)



Source: U.S. Department of Agriculture Food and Nutrition Service and Tennessee Department of Health Division of Nutrition Services. 1998 data is only a projection.