

The U.S. Department of Agriculture reports a monthly average benefit per eligible Tennessean in FY 2001 of \$36.97. It reports Tennessee's total WIC participation in FY 2001 as 149,490 persons (USDA, 2002).

The Food and Nutrition Services of the U.S. Department of Agriculture and other non-government entities have conducted studies that prove that WIC is one of the nation's most successful and cost-effective nutrition intervention programs.

Following are some highlights of the positive outcomes for WIC participants:

Improved birth outcomes and savings in health care costs such as:

- ✓ Longer pregnancies;
- ✓ Fewer premature births;
- ✓ Lower incidence of moderately low and very-low-birth-weight infants;
- ✓ Fewer infant deaths;
- ✓ Greater likelihood of receiving prenatal care; and
- ✓ Savings in health care costs from \$1.77 to \$3.13 for each dollar spent on WIC.

Improved diet and diet-related outcomes such as:

- ✓ Higher mean intakes of iron, vitamin C, thiamin, niacin, and vitamin B6, without an increase in food energy intake, indicating an increase in the nutrient density of the diet;
- ✓ Positive effects on the intakes of nutrients without an adverse effect on fat and cholesterol;
- ✓ More success than other cash income or Food Stamps at improving preschoolers' intake of key nutrients; and
- ✓ Declining rates of iron deficiency anemia.

Improved infant feeding practices because WIC promotes breastfeeding as the optimal method of infant feeding.

Immunization rates and regular source of medical care:

- ✓ A regular schedule of immunizations is prescribed for children from birth to 2 years of age, which coincides with the period when many low-income children participate in WIC.

Improved cognitive development, as participation in the WIC program has been shown to:

- ✓ Improve vocabulary scores for children of mothers who participated in WIC prenatally; and
- ✓ Significantly improve memory for numbers for children enrolled in WIC after the first year of life.

Improved preconceptional nutritional status. One study found that:

- ✓ Women enrolled in WIC during both pregnancy and postpartum periods delivered infants with higher mean birthweights in a subsequent pregnancy than women who received WIC prenatally only; and
- ✓ Women who received postpartum benefits had higher hemoglobin levels and lower risk of maternal obesity at the onset of the subsequent pregnancy.

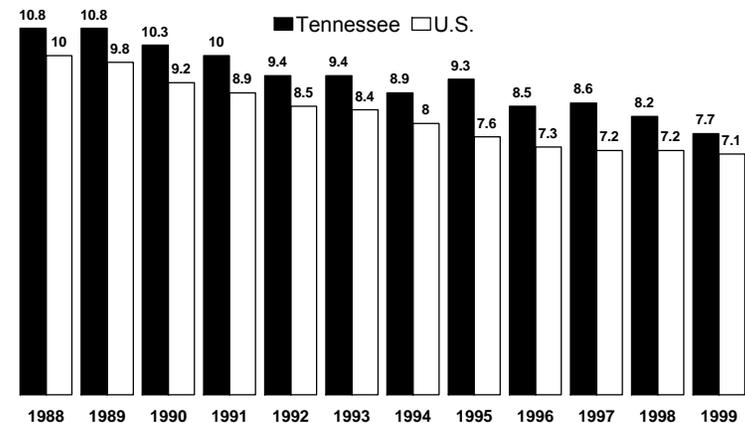
Other Improved Outcomes:

- ✓ WIC participation has also been shown to increase the likelihood of children having a regular provider of medical care and improved growth rates (Food and Nutrition Services, U.S. Department of Agriculture).

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a federal grant program with Congress authorizing a specific amount of funds each year for the program (USDA, 2002).

Infant Mortality Rate (Per 1,000 Live Births)

Twelve-Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation (2002) Kids Count Data Book, State Profiles of Child Well-Being. Baltimore: The Annie E. Casey Foundation.