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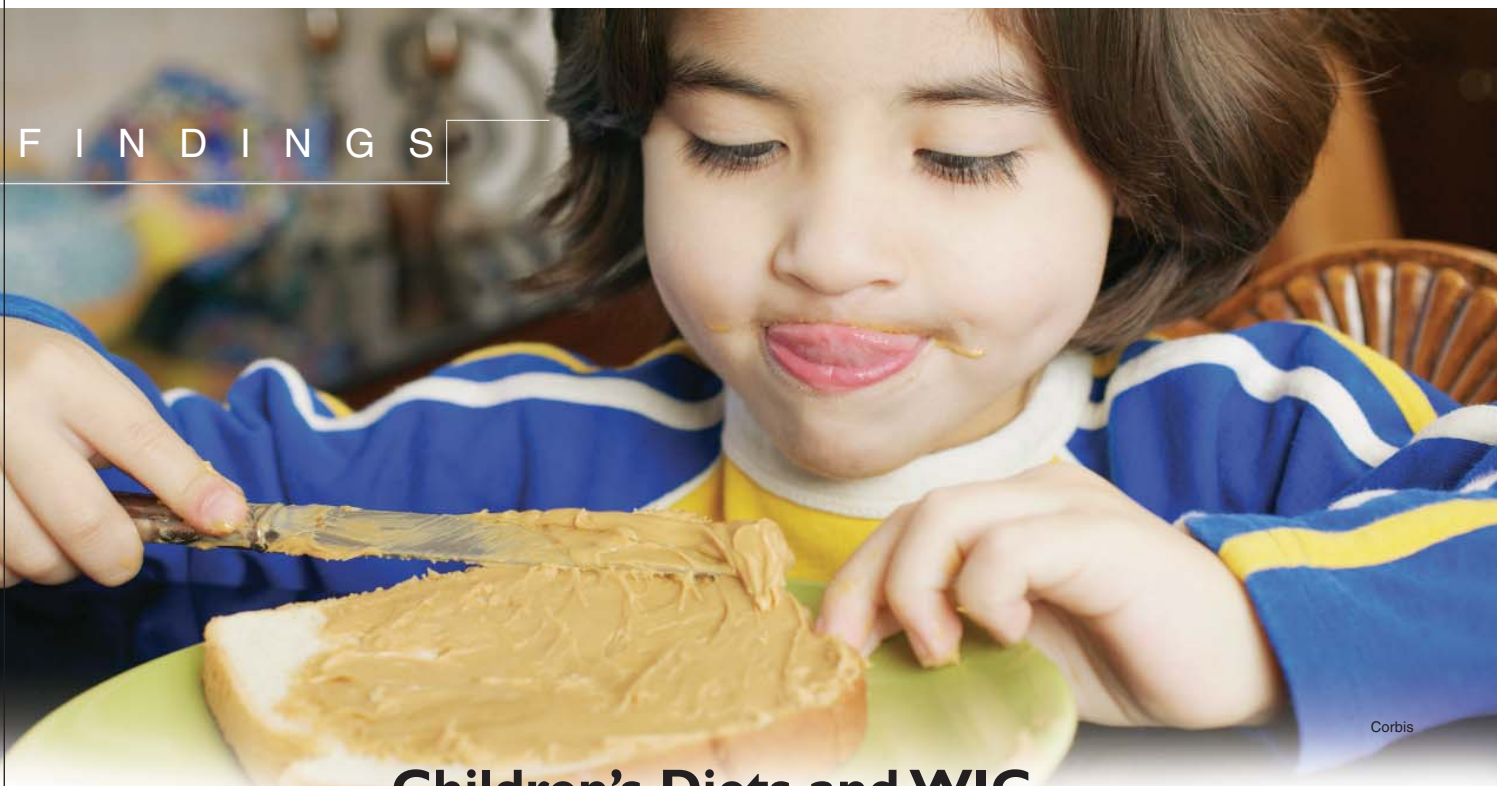
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Corbis

Children's Diets and WIC

About a quarter of U.S. children ages 1-4 participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC provides low-income women, infants, and children with supplemental foods, along with nutrition education and health care referrals. WIC foods are high in five target nutrients—protein, iron, vitamins A and C, and calcium—that were lacking in the diets of low-income mothers and young children in the early 1970s when the program was created. Included in the children's package of WIC foods are low-sugar cereal, fruit and vegetable juices, eggs, milk, cheese, peanut butter, and dried beans or peas.

WIC food packages have remained basically unchanged since the program's beginning. Meanwhile, food consumption patterns and dietary standards have changed and the prevalence of overweight and obesity have increased. USDA is in the process of redesigning WIC food packages in response to these changes (a proposed rule on the food packages is expected to be published sometime this year). Two recent ERS publications have analyzed the nutrient intakes of children and WIC's effect on food choices to help inform USDA's decisions on possible changes to the packages.

An ERS study found that participating in WIC affects children's consumption of some foods but not of others—an important first step in considering changes to the package. WIC children drank more WIC-approved juice and fewer other nonmilk beverages, such as soft drinks, than did eligible nonparticipating children and children from higher income families. WIC children also ate more WIC-approved cereal. Participation in WIC had little or no association with greater consumption of milk, cheese, peanut butter, and beans. Including these foods in the package may not influence consumption directly, but the

value of the foods represents a savings in food spending for low-income households that might allow them to purchase more of other foods. Although WIC children consumed significantly more calories from WIC foods than did eligible nonparticipating children, the difference in total calories consumed was not significant. These results suggest that WIC foods replace non-WIC foods in the diets of participating children rather than adding to their food consumption.

Research sponsored by ERS used Dietary Reference Intakes—the new, revised dietary standards developed by the National Academy of Sciences' Institute of Medicine—to assess the intake of a variety of nutrients by WIC children as well as children not participating in the program. The studies found that protein, calcium, and vitamins A and C are no longer lacking in the diets of preschool children, but iron blood-level indicators are still low for some children. In addition, new concerns have emerged. For example, some children are consuming too many calories but not enough vitamin E and fiber, and some are not getting the recommended balance of fat, carbohydrates, and protein. \mathbb{W}

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This finding is drawn from . . .

Children's Consumption of WIC-Approved Foods, by Victor Oliveira and Ram Chandran, FANRR-44, USDA, Economic Research Service, February 2005, available at www.ers.usda.gov/publications/fanrr44/

Nutrient Adequacy of Children Participating in WIC, by Katherine Ralston, EB-8, USDA, Economic Research Service, April 2006, available at www.ers.usda.gov/publications/eb8/