

WIC Participation

DEFINITION

This indicator reports the percent of New Hampshire infants and children ages 0 to 4 enrolled in the Special Supplemental Nutrition Program for Women Infants and Children (WIC).

CONTEXT

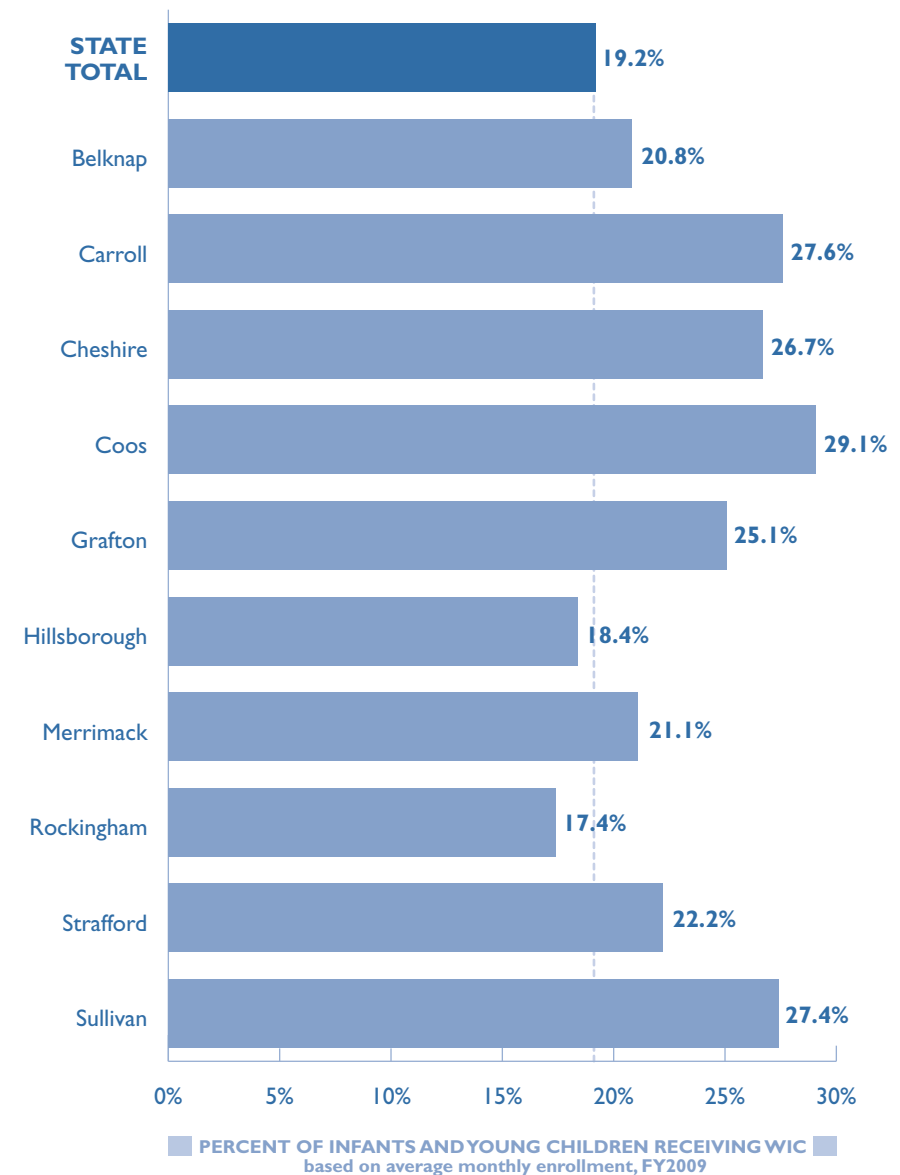
The WIC program, funded by the federal government, provides referrals, nutrition education and checks or vouchers that participants can use to buy nutritious foods and beverages. Although pregnant and breastfeeding women are also WIC eligible, this report focuses on enrolled children.

New Hampshire infants and children under age five are eligible for WIC if family income does not exceed 185 percent of the federal poverty level, and if a medical provider believes the child meets federal guidelines for “nutrition risk.” The annual income limits for April 2010 to June 2011 range from \$26,955 for a family of two, to \$47,712 for a family of five, with an allowance of \$6,919 for each additional family member. Applicants receive a free health screening from a nurse, nutritionist or doctor to determine if a child could have a “medically-based risk” such as unhealthy body weight, or a “dietary risk” such as a protein-deficient diet. The state may limit benefits to children who have the lowest risk level if funding is inadequate to provide benefits to all child applicants (NH DHHS 2010a and 2010b).

WIC participants can use vouchers to purchase milk, cheese, eggs, tofu, soymilk, peanut butter, canned and dried beans, peas, canned fish, fruit juice, whole grain bread, brown rice, oatmeal, corn or whole wheat tortillas, cereal, fruit and vegetables (fresh, frozen, or canned); infant foods and infant formula. The companion Farmer’s Market Nutrition Program (FMNP) provides WIC participants with coupons for fresh fruit, vegetables and herbs at farmers’ markets from June through October (USDA 2010b).

The U.S. Department of Agriculture (USDA), the federal agency that administers the WIC program, uses the term “food insecure” to describe households which were “uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food.” Research shows that food insecure children are more likely to have poor mental, physical and chronic health problems including anemia, anxiety, depression, hospitalization and suicides as well as behavioral problems and poor school performance (Nord 2009).

WIC Average Monthly Enrollment
By County, FY 2009



Studies consistently illustrate the benefits to children enrolled in WIC programs compared to eligible children who are not participants. For example, children enrolled in WIC have better overall nutrition and consume more iron reducing their likelihood of anemia. Research indicates WIC children have better growth rates, are more likely to receive recommended immunizations, and may perform better in school. Pregnant and breastfeeding mothers enrolled in WIC experience lower rates of infant mortality, preterm births and low birth weight babies, giving their children a healthier start in life (USDA 2009).

NEW HAMPSHIRE FINDINGS

In New Hampshire 28.5 percent of infants and children under age 5 received WIC benefits in at least one month during Fiscal Year 2009. Average annual enrollment for children under 5 for Fiscal Year 2009 was 14,426 or 19.2 percent of the child population under age 5. Average monthly enrollment during the year varied from a high of 29.1 percent in Coos County to a low of 17.4 percent for Rockingham County. Enrollment rates in Rockingham and Hillsborough counties were below the state average of 19.2 percent. In general, children living in rural counties were more likely to receive WIC benefits. The average monthly food cost benefit for WIC participants in New Hampshire for FY 2009 was \$39.45 compared to a national average of \$42.40 (USDA 2010a). (see chart on previous page)

Among U.S. states, New Hampshire had the second lowest rate of food insecurity from 2007 to 2009 with 8.9 percent of households reporting the lack of adequate food (USDA 2010c). Food insecurity is the disrupted eating pattern or reduced intake of food due to limited resources. A recent New Hampshire study estimated the state's 2009 food insecurity rate at 13 percent; the authors suggest this significantly higher food insecurity rate may be tied to the state's difficult economic conditions. In 2009, food insecurity ranged from just over 5 percent for Carroll County to more than 20 percent for Coos and Strafford Counties. The study found larger households, younger households, and low-income households are more likely to be food insecure. The study also found that food insecurity correlates to those who live five miles or more from the nearest grocery store (over 96 percent of New Hampshire households live less than five miles to the nearest grocery store) and therefore, to car ownership. The highest rates of food insecurity in New Hampshire are found in Belknap, Coos, Hillsborough and Strafford Counties (Stracuzzi and Ward 2010).

SOURCE OF DATA FOR ILLUSTRATION/METHODOLOGY

New Hampshire Department of Health and Human Services (NH DHHS). 2010a. WIC Nutrition Program, Division of Public Health Services.

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