THE STATE OF WIC

HEALTHIER PREGNANCIES, BABIES, AND YOUNG CHILDREN DURING COVID-19

FEBRUARY 2021
ACKNOWLEDGMENTS

The National WIC Association (NWA) is the non-profit voice of the 12,000 public health nutrition service provider agencies and the over 6.3 million mothers, babies, and young children served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). NWA provides education, guidance, and support to WIC staff; and drives innovation and advocacy to strengthen WIC as we work toward a nation of healthier families. For more information, visit www.nwica.org.

The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal innovator and entrepreneur Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.

The Kellogg Foundation is based in Battle Creek, Michigan, and works throughout the United States and internationally, as well as with sovereign tribes. Special attention is paid to priority places where there are high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the U.S. are in Michigan, Mississippi, New Mexico and New Orleans; and internationally, are in Mexico and Haiti. For more information, visit www.wkkf.org.

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# TABLE OF CONTENTS

**INTRODUCTION** .................................................................5  
Recommended Policy Actions ...............................................5

**CHAPTER ONE: THE CASE FOR WIC** ..................................7  
Overview of WIC’s Comprehensive Nutrition Services ...........7  
Access to Healthy Food .....................................................7  
Nutrition Education ............................................................7  
Breastfeeding Support .......................................................8  
Health Screenings ..............................................................8  
Referrals ............................................................................8  
Program Impacts on Health Outcomes .................................8  
Birth Outcomes ..................................................................8  
Breastfeeding Rates ..........................................................9  
Child Nutrition Outcomes ..................................................9  
Return on Investment ........................................................10  
Healthcare Cost Savings ...................................................10  
Economic and Societal Impacts ..........................................11  
Military Readiness ............................................................11

**SPOTLIGHT: WIC’S RESPONSE TO COVID-19** ...............12  
Emergency Waiver Authority .............................................12  
Participation Impacts of Remote Services ............................13  
Shopping Challenges .......................................................14  
Economic Relief .................................................................15

**CHAPTER TWO: WIC’S ROLE IN IMPROVING NUTRITION** ........16  
WIC Food Packages .........................................................16  
Food Package Review Process .........................................16  
Pending USDA Review .....................................................17  
Infant and Child Food Packages .......................................18  
Adult Food Packages .......................................................18  
Nutrition Education ..........................................................18  
Breastfeeding Promotion ..................................................19  
Breastfeeding Peer Counselor Program ............................21

**CHAPTER THREE: CONNECTING FAMILIES** .....................22  
WITH WIC AND HEALTHCARE ...........................................22  
Certifications and Clinic Processes .....................................22  
Physical Presence Requirements .......................................22  
Online Certification Tools ...............................................23  
Income Limits and Adjunctive Eligibility .............................24  
WIC Participation and Funding Trends ...............................25  
Barriers to WIC Participation ............................................25  
Increased Pressures on WIC Funding .................................26  
Partnerships with Healthcare ............................................27  
Strengthening Referrals ...................................................28  
Go-To WIC: Community-Clinical Linkages ........................29

**CHAPTER FOUR: HEALTHY AND MODERN** .................30  
OPTIONS FOR WIC SHOPPERS ........................................30  
New Options at Checkout .................................................30  
The WIC Transaction and Electronic Benefit Transfer/e-WIC ...30  
The Need for Online Purchasing ........................................31  
Alternative Checkout Models ............................................32  
Finding WIC Foods at the Store ........................................33  
Store Placement ................................................................33  
Shopper Education ..........................................................33  
Ensuring Program Efficiency and Integrity ..........................34  
Holding Vendors Accountable ..........................................34  
Containing Costs .............................................................35

**CHAPTER FIVE: ENHANCING EQUITY IN WIC** ...............36  
WIC’s Equity Roots ...........................................................36  
Racial Disparities in Maternal and Child Health ....................37  
Maternal and Infant Mortality ...........................................37  
Breastfeeding Rates ........................................................38  
Addressing Anti-Black and Anti-Indigenous Racism and Implicit Bias ........................................................................38  
Empowering Tribal Services ............................................39  
Social Determinants of Health ..........................................41  
Ensuring Family Economic Security ...................................41  
Prioritizing Community Health ........................................41

**CHAPTER SIX: PARTNERSHIPS WITH FARMERS** ............43  
WIC’s Impact on the Farm Sector ........................................43  
WIC at Farmers Markets ..................................................44

**APPENDIX: STATE PROFILES OF WIC SERVICES** ..........46

**WORKS CITED** ...............................................................138
It would be an understatement to say that WIC is the nation’s premier public health nutrition program. Decades of evidence-based research and reviews confirm that well-earned recognition.

To America’s families, though, WIC means so much more than science-based outcomes. To them, WIC is a safe and welcoming home where there is no shame or blame, where we share the joys and anxieties of parenting, where we celebrate with delight new babies and growing young children, and where we honor with pride moms and dads doing their best for their families. It is where families receive dependable health, nutrition, and social supports and guidance generously offered with love and care to the families we assist. With certainty, WIC families know that WIC is a hand up in the midst of a world of uncertainty.

For these reasons and many more, we are proud to share with you this inaugural State of WIC Report. It is published to help you appreciate the scope and depth of WIC services and our active engagement with families and communities. It is offered to share our gifts and strengths and to highlight our opportunities for growth. It is replete with recommendations to enhance the value and quality of WIC services. Why? There is so much more that we can do as public health nutrition experts and as a nation to transform lives and help our country continue to bend the moral arc of the universe towards health equity and justice.

Two essential traits that we invite you to know about WIC staff: We fall in love with the work that we do because we know we are making meaningful differences in the lives of the families we support; and second, we fall in love with the families we serve. So many of us dedicate our entire professional careers to being present for our young families. We are committed to helping them discover the importance of healthy nutrition, to buoy their health and wellbeing, and to helping them find their footing for their life’s journey.

It is in that spirit of dedication and love of all things WIC that we offer this State of WIC Report as a blueprint for action to help make WIC even more responsive to the needs of mothers, dads, babies, and young children.

We are confident that you will agree with us that there are no Red or Blue babies and young children, only the faces of our nation’s future. When we reach, teach, and keep families engaged with WIC, we know that their futures as individuals and families are healthier and brighter, and our future as a nation is healthier and brighter, too. We hope that this State of WIC Report will inspire you to action to help us strengthen WIC for all of our futures.

Yours Sincerely,

National WIC Association

BERRY KELLY
CHAIR, BOARD OF DIRECTORS

REV. DOUGLAS A. GREENAWAY
PRESIDENT & CEO
Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has provided healthy food, quality nutrition services, breastfeeding support, health screenings, and healthcare and social services referrals for millions of expectant and new parents, babies, and young children. Administered by the U.S. Department of Agriculture (USDA), WIC’s targeted, time-limited services are demonstrated to improve birth outcomes and support positive child growth and development, helping to grow a healthier next generation.

WIC stands at the intersection of food security and public health. First established to address the pernicious effects of early childhood malnutrition, WIC is distinguished from other federal nutrition programs through its integrated public health services and health screenings. These complementary supports are critical in achieving the improved health outcomes that set up WIC babies and young children for future life success. Since passage of the Patient Protection and Affordable Care Act, which reoriented the healthcare system toward preventive services, WIC’s successful nutrition intervention and established rapport with families have been increasingly leveraged to address systemic national health concerns, including childhood obesity, diabetes prevention, maternal and infant mortality, opioid and substance use, and lead exposure.

This inaugural report on the state of WIC services recognizes that the program stands at a crossroads. Comprehensive reform and targeted investment are needed to modernize WIC’s twentieth-century service delivery for new generations of twenty-first century expectant parents. Even in its earliest proposals, the Biden-Harris Administration has recognized this need with a call for $3 billion in multiyear investments for enhanced benefits, stronger outreach efforts, and program innovations. With necessarily amplified attention on the nation’s persistently poor maternal and infant health outcomes, increasingly driven by sharp and systemic racial and ethnic disparities, streamlined access to WIC services can work in tandem with broader healthcare reforms to ensure that all children in the United States are afforded a healthy start.

RECOMMENDED POLICY ACTIONS

ACCESS TO WIC SERVICES

Expand program access to address nutrition gaps. WIC’s effective nutrition intervention is demonstrated to improve dietary quality and access to healthy foods, prevent or mitigate chronic diet-related conditions, and strengthen subsequent pregnancy and child health outcomes. WIC should provide ongoing nutrition support until a child is eligible for the National School Lunch Program by extending eligibility to age six or the beginning of kindergarten. WIC should also improve overall adult health during the inter-pregnancy interval by extending postpartum eligibility to two years for both breastfeeding and non-breastfeeding participants. WIC’s public health services are also critical for the families of those serving in our armed services, and expanded access for military families could help prepare the next generation of servicemembers.

Strengthen the nutritional quality of WIC-approved foods. NWA led a decades-long effort to partner with the National Academies of Sciences, Engineering, and Medicine (NASEM) to align the available WIC food packages with the Dietary Guidelines for Americans, offering science-based healthier options to families to positively address childhood obesity and other diet-related trends. Increasing the value of the WIC food packages in a manner consistent with the 2017 NASEM recommendations will enhance access to fruits and vegetables, increase flexibility in the food packages to promote continued breastfeeding, and improve the overall dietary quality of WIC families.

Streamline certification processes. The annual certification appointment, which includes burdensome paperwork requirements, is one of the principal barriers to ongoing WIC participation. USDA has identified a 21 percent drop in coverage of eligible children at the one-year mark, and participation continues to decline until only one-fourth of eligible four-year-olds are certified in the program. Clinic processes could be streamlined by extending certification periods to two years, making permanent a COVID-19 flexibility that would extend certification periods for up to three months to promote family alignment, and enhancing partnerships with early childhood providers by waiving the income test through adjunctive eligibility with Head Start, FDPIR, and CHIP.

Enable remote certifications. State-based waivers issued through the Families First Coronavirus Response Act permitted most WIC providers to implement remote certification
appointments throughout COVID-19. Although a necessary measure during a pandemic, remote appointments are a significant step forward in reducing barriers to access, such as transportation, reconciling work schedules, and arranging childcare. The statutory physical presence requirements should be altered to permit video certifications and allow for telephone appointments when there is a barrier to access.

Invest in WIC technology infrastructure. WIC providers made a significant technological advance by implementing electronic-benefit transfer (EBT), or e-WIC, transactions nationwide, and State WIC Agencies continue to innovate new service-delivery models to streamline the clinic and shopping experiences. By establishing annual funding for technology and Management Information Systems (MIS) grants, WIC could integrate new projects into their clinic computer networks, enabling innovations like web-based participant portals, prescreening tools, text-messaging features, and additional transaction models like online purchasing and mobile payments.3

COORDINATING WITH HEALTHCARE

Streamline WIC access to electronic health information. Families raising young children should have consistent access to health information from both their physician and WIC provider, enabling accurate growth charts and reducing duplicative tests for young children. A joint USDA-HHS project to streamline electronic health information sharing between WIC providers and physicians would be a significant step forward in streamlining patient data and integrating WIC into a family’s overall healthcare experience.

Invest in WIC referrals and partnerships. As a critical point-of-contact, WIC plays an essential role in connecting families with healthcare services. Ongoing efforts to refer out from WIC should be enhanced by increased referrals to WIC, which will help connect the nearly 7 million eligible people who are not certified for WIC services.4 Dedicated funding to support local referral networks with physicians and state-driven data projects with Medicaid, IHS, and SNAP would strengthen WIC participation, reducing overall healthcare expenditures. Additional funding for WIC’s Breastfeeding Peer Counselor Program would support out-of-clinic placements with physicians, hospitals, and home visiting programs to deliver targeted breastfeeding support for new mothers.

Strengthen WIC funding for public health services. WIC’s nutrition education and breastfeeding support are critical parts of assuring improved health outcomes, but they are consistently underfunded by an outdated funding formula that allocates resources to State WIC Agencies. Over the past decade, flaws in the funding formula have exposed this underinvestment, with WIC limited by regulatory barriers that prevent the program from strategically investing resources in these critical services. Thoughtful flexibilities to increase WIC’s Nutrition Services & Administration (NSA) grant would assure investments in the wide range of nutrition services and related technology improvements needed to shape positive health outcomes in the current and next decade.

Leverage the WIC workforce to address chronic disease across populations. WIC’s professional staff of Registered Dietitians (RDs) and credentialed lactation consultants are trained and have the skills to provide a range of clinical healthcare services, including diabetes prevention, medical nutrition therapy, and lactation support. To further WIC’s documented health and nutrition success, Congress and the Administration should empower integrated healthcare services that bill to Medicaid, private health plans, and WIC to provide a full range of clinical nutrition services and breastfeeding support to both WIC participants and other families.

PRIORITIZE EQUITY IN WIC SERVICE DELIVERY

Modernize the WIC shopping experience. The rapid escalation of the SNAP online purchasing pilot has demonstrated the critical need to invest in WIC transaction models – including online purchasing, online ordering with curbside pickup, self-checkout, and mobile payments. These necessary technology innovations must also be paired with in-person supports at retail grocery stores to assist WIC participants with navigating the shopping experience and aid newly hired cashiers.

Address racial disparities in maternal health. Black and Indigenous women are more likely to face negative pregnancy outcomes – including a higher rate of mortality – than other racial and ethnic groups.5 Expanding access to WIC’s effective interventions can improve pregnancy outcomes overall. Anti-racism trainings for the WIC workforce and efforts to diversify the nutrition and lactation support fields can address the systemic racism in public health. The Administration should also reverse the public charge rule and take additional steps to assure that immigrants and mixed-status families have access to healthcare and other federal supports.

Support tribal administration of WIC services. WIC provides the option for tribes or inter-tribal organizations to administer WIC services as a State WIC Agency, with 33 Indian Tribal Organizations (ITOs) currently operating. Additional ITO funding and regulatory flexibilities could enhance the long-term viability of ITO State WIC Agencies, with specific vendor reforms related to food sovereignty enhancing the capacity of WIC to respond to historic inequities in agriculture, food production, and food access for Indigenous communities.

Resolve barriers to women’s economic security. WIC’s public health nutrition supports would be a beneficial service for families of any income, but 65 percent of current participants live below the federal poverty line.6 Nutrition works in tandem with other factors – including investment in childcare, household income, workplace conditions, and access to healthcare – to assure positive pregnancy outcomes. WIC participants benefit when policymakers strengthen protections for and invest in women’s economic security.
Since its inception, WIC’s nutrition services have helped ensure a healthier next generation. WIC’s food package, nutrition education, and breastfeeding support enhance the overall health of participants. From providing supplemental foods that meet the specific nutrient requirements of the life stage to the nutrition education and breastfeeding support targeted to the participant, WIC has a history of realizing positive nutrition and health outcomes.

OVERVIEW OF WIC’S COMPREHENSIVE NUTRITION SERVICES

WIC served nearly 6.4 million individuals in fiscal year 2019, the majority of which were children between ages one and five. WIC reached over 1.6 million infants in fiscal year 2019, which is estimated to be approximately 45 percent of all infants born in the United States. WIC provides five core services to improve health and nutrition outcomes for participating families:

ACCESS TO HEALTHY FOOD

WIC provides a monthly benefit to purchase healthy foods that supplement the diets of WIC mothers and young children, with an average value of $40.90 per month. There are seven core food packages, based on life stage and breastfeeding status, that are prescribed by WIC nutrition professionals and tailored to meet participants’ individual nutritional needs. Although WIC is a breastfeeding promotion program, two food packages provide infant formula for partially breastfed and fully formula-fed infants. WIC benefits, with few exceptions, can be redeemed at retail grocery stores by an electronic benefit transfer (EBT), or e-WIC, card.

WIC has the strongest nutrition requirements of any federal nutrition program, and the Healthy, Hunger-Free Kids Act of 2010 required an independent scientific review of the food package at least every decade. The 2009 changes to the WIC food packages strengthened the nutritional quality of available WIC foods, including the introduction of a distinct Cash Value Benefit (CVB) that provides a small monthly benefit for the purchase of fruits and vegetables.

NUTRITION EDUCATION

WIC provides individualized, participant-centered nutrition counseling that supports participants and their families in making healthy choices. Unlike other
federal nutrition programs, WIC’s tailored nutrition education is core to the program’s mission. It provides a consistent touchpoint for WIC families to receive advice and support from nutrition professionals. WIC nutrition education takes various forms, from online modules to group classes to one-on-one counseling, either in person or via a telehealth platform. WIC nutrition educators – including Registered Dietitians (RDs), nutritionists, and other professionals – help families navigate their capacities, strengths, and needs to shape positive dietary behaviors.

**BREASTFEEDING SUPPORT**

As the nation’s leading breastfeeding promotion program, WIC provides individualized support, prenatal education, and access to breast pumps to encourage and strengthen a mother’s choice to breastfeed. Structural and societal barriers, such as a rapid return to work after delivery, lack of workplace supports for breastfeeding, family and social pressures, and targeted marketing by the infant formula industry, create real and perceived barriers for low-income mothers as they consider breastfeeding. To help mothers overcome these significant barriers, WIC has built, over three decades, strong incentives to breastfeed – including the introduction of an enhanced food package for exclusively breastfeeding participants in 1992, an extension of program eligibility for breastfeeding participants in 2004, and critical investments in WIC’s Breastfeeding Peer Counselor Program in 2010 – all resulting in a 30 percent increase in breastfeeding initiation rates among WIC participants since 1998.

**HEALTH SCREENINGS**

WIC eligibility is determined based on an assessment of nutrition risk, and WIC clinic staff routinely screen for height/length and weight to measure adequate growth. WIC has a rigorous anemia screening protocol, to account for the higher rates of iron-deficiency anemia among the WIC-eligible population. WIC’s anemia screenings are effective in tailoring nutrition-oriented interventions, with WIC infants now outpacing non-WIC infants in healthy iron intake. For some families, these screenings have resulted in immediate life-saving medical interventions for vulnerable children. Select WIC agencies also partner with Medicaid to provide a range of other health screenings, including lead testing.

**REFERRALS**

WIC screens for a range of other health factors and makes appropriate referrals, including for immunizations, tobacco cessation and substance use, prenatal or pediatric care, postpartum depression and mental health, dental care, and social services. WIC serves as a gateway to primary and preventative care, with the healthcare needs of children participating in both Medicaid and WIC found to be better met than low-income children who are not participating in WIC. WIC participation is also associated with a higher likelihood of families showing up at well-child visits, higher rates of childhood immunization than non-participating low-income children, and higher rates of accessing dental care.

**PROGRAM IMPACTS ON HEALTH OUTCOMES**

**BIRTH OUTCOMES**

Prenatal WIC participation has a marked effect on the success of a pregnancy, especially for high-risk pregnancies. Recent research associates WIC participation with a 33 percent reduction in the risk of infant death within one year of delivery. Successful pregnancy outcomes are driven by the supplemental foods provided by WIC, which are tailored to increase intake of vital nutrients, including protein, folate, vitamin D, and iron. WIC’s nutrition support is vital in assuring healthy pregnancies by significantly reducing the risk of preterm birth and low birthweight, which are both associated with long-term health complications or infant mortality.

It is critical to connect pregnant participants with WIC services as quickly as possible, with over half of pregnant participants enrolling in their first trimester. Maternal nutrition before and during early pregnancy can significantly impact fetal development and the child’s long-term health. Maternal nutrition affects pregnancy outcomes both through micronutrient intake (e.g., folate intake affects the risk of neural tube defects) and chronic diet-related conditions such as obesity, high blood pressure, or type-2 diabetes.
Diet-related conditions like obesity are associated with several risk factors for maternal mortality, including preeclampsia\textsuperscript{40} and cardiovascular conditions.\textsuperscript{41} Since 39.7 percent of women in the United States between ages 20 and 39 have obesity,\textsuperscript{42} WIC’s individualized nutrition counseling and support is a critical intervention to strengthen nutrition outcomes during pregnancy, mitigate pre-conception barriers to healthy pregnancies, and ensure adequate nutrition as participants plan for a subsequent pregnancy.\textsuperscript{43}

**POLICY RECOMMENDATION:**
WIC’s postpartum eligibility should be extended to two years to strengthen inter-pregnancy nutrition outcomes.

**BREASTFEEDING RATES**
Dedicated program focus in promoting and supporting breastfeeding has led to a 30 percent increase in breastfeeding initiation rates for WIC infants since 1998.\textsuperscript{44} The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months, with continued breastfeeding as complementary foods are introduced through at least twelve months.\textsuperscript{45} Over the past two decades, WIC has more than doubled the rate of breastfeeding at twelve months,\textsuperscript{46} and WIC’s successful Breastfeeding Peer Counselor Program is associated with increases in the three key metrics of breastfeeding: initiation, duration, and exclusivity.\textsuperscript{47} WIC support – including peer counselors – are effective at addressing racial disparities in breastfeeding rates, especially among Black women.\textsuperscript{48}

**CHILD NUTRITION OUTCOMES**
The National WIC Association promoted reforms to the WIC food packages in 2009 that have been instrumental in strengthening child nutrition outcomes for children ages one to five. A comprehensive analysis by the Centers for Disease Control and Prevention (CDC) indicates decreases in the prevalence of overweight and obese children participating in WIC, from 32.5 percent in 2010 to 29.1 percent in 2016, in part due to the food package reforms.\textsuperscript{49} The childhood obesity rate for WIC toddlers is now aligned with the national childhood obesity rate for children age two to five.\textsuperscript{50}

**THE OBESITY RATE FOR WIC TODDLERS HAS DECLINED FROM 15.5% IN 2010 TO 13.9% IN 2016.**\textsuperscript{51}

WIC participation is also associated with improved diet quality,\textsuperscript{52} with children who have participated in WIC for their first 24 months of life scoring higher on the Healthy Eating Index.\textsuperscript{53} Enhanced options in the child food package after 2009 are also associated with higher dietary

**PREVALENCE OF OBESITY AMONG CHILDREN AGED 2-4 ENROLLED IN THE WIC PROGRAM FROM 2010-2016**\textsuperscript{51}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{prevalence_obesity_wic.png}
\caption{Prevalence of obesity among children aged 2-4 enrolled in the WIC program from 2010-2016.}
\end{figure}

**KEY**
-3%  0%  +3%

**ABBREVIATIONS**
AS = America Samoa; DC = District of Columbia; GU = Guam; CNMI = Commonwealth of the Northern Marianas Islands; PR = Puerto Rico; USVI = U.S. Virgin Islands.
quality, as a longitudinal study following over 1,300 WIC participants found that children who continue to participate in WIC after their first birthday have healthier diets than children who cease participation by the first birthday. WIC participation is associated with higher consumption of fruits, vegetables, and whole grains by participating children.

Although WIC’s food benefit is issued as an individual prescription, the food benefit and WIC’s complementary nutrition education can shape family dietary behaviors. Research indicates that WIC participation is associated with healthier purchasing habits by the family and increased availability of healthy foods in retail grocery stores, especially smaller retailers.

Despite WIC’s proven record of enhancing child nutrition, WIC eligibility ends on a child’s fifth birthday. The majority of children do not enter school until at least age five-and-a-half, and are therefore not yet eligible for sustained nutrition assistance through the National School Lunch Program and National School Breakfast Program.

**POLICY RECOMMENDATION:**
WIC’s child eligibility should be extended until age six or the beginning of kindergarten to create a seamless transition to school meals.

This gap exacerbates food insecurity for children as families must search for alternate sources for food, resulting in meals that do not account for the child’s nutritional needs or the family skipping meals all together. These new stressors can inhibit a child’s growth at the onset of entering the education system, an unfortunate outcome given WIC’s sustained role in improving cognitive development and academic performance among children.

**RETURN ON INVESTMENT**

**HEALTHCARE COST SAVINGS**

The United States spends 17.7 percent of its Gross Domestic Product on healthcare, almost twice as much as other developed countries. Despite this high spending, life expectancy in the United States is shorter, while the prevalence of chronic conditions is higher. WIC is a strong federal investment, with recent research indicating that every dollar spent on WIC services returns at least $2.48 in medical, education, and productivity costs. This analysis was limited to cost savings associated with preterm birth, suggesting that the program’s total cost savings are actually higher. This finding builds on decades of research, including landmark studies from the early 1990s, demonstrating Medicaid cost savings associated with prenatal WIC participation.

Preterm birth and additional birth complications, including low birthweight, are associated with higher rates of infant mortality and significant health, cognitive, and developmental conditions. Given the complexity of care for the first year after preterm birth, preterm births cost the United States over $26 billion each year, with average first-year medical cost estimated at $65,000 per infant. Even small interventions can make a significant difference – an increase of one pound at birth for a very low birthweight baby can save approximately $28,000 in first-year medical costs. WIC’s effective nutrition intervention to assure healthy births ensures immediate healthcare cost savings by ensuring healthier birth outcomes, while also securing long-term savings by mitigating or preventing lifelong health conditions.

WIC’s wide-ranging public health nutrition services reduce costs associated with additional healthcare efforts. Only 22 percent of infants in the United States are exclusively breastfed at six months as recommended. WIC’s breastfeeding promotion efforts are significant in
increasing breastfeeding rates among low-income infants\(^6\) and reducing racial disparities in breastfeeding.\(^7\) National efforts to improve breastfeeding are associated with significant healthcare savings, with $9.1 billion in estimated savings if 90 percent of WIC infants were breastfed for their first year.\(^7\)

WIC’s efforts to reduce childhood obesity have long-term effects on healthcare expenditures, as the additional incremental costs for medical care for each child with obesity is estimated at $19,000,\(^7\) with overall annual medical costs in the United States estimated at $147 billion.\(^7\) WIC also leads to additional Medicaid and healthcare cost savings, including lower dental-related Medicaid costs for participating children.\(^7\)

**ECONOMIC AND SOCIETAL IMPACTS**

WIC has a direct economic benefit, channeling $4.8 billion in WIC food benefits to over 48,000 authorized retail grocery vendors in communities across the United States.\(^7\) The majority of authorized stores are big box and larger retailers, but at least one-quarter of all WIC benefits are redeemed in small- and medium-sized stores.\(^6\) Although smaller in reach than the Supplemental Nutrition Assistance Program (SNAP), WIC reforms to increase access to healthy foods in 2009 were associated with changes to store stocking practices, indicating that retailers will adapt to meet program requirements.\(^7\) WIC’s efficient cost containment efforts generated at least $1.7 billion in savings in fiscal year 2019, bringing in sufficient non-taxpayer revenue to support over one fourth of WIC participants.\(^7\)

Early WIC participation can also help children succeed in school, with demonstrated associations between WIC participation, cognitive development, and academic success.\(^6\) The cognitive and academic impacts of WIC are long-lasting, with the persisting effects throughout school-age years similar in magnitude to other early childhood interventions, including Head Start.\(^6\)

**MILITARY READINESS**

The federal child nutrition programs were first established to address military readiness and assure the civilian population was fit to serve.\(^8\) The Department of Defense estimates that 71 percent of Americans aged 17 to 24 are ineligible for military service,\(^8\) largely due to the increase in overweight and obesity.\(^8\) Nutrition interventions for children from military families can be critical toward addressing national recruitment challenges, as parental service is a factor that may indicate future enlistment.\(^8\)

WIC provides targeted support to military families on some military bases through co-located clinics or mobile units, but WIC providers often note challenges in outreach to military families and navigating special income rules for military families. Over half of the approximately 72,000 infants born to military families each year\(^8\) are currently eligible for WIC benefits.\(^7\)

**Policy Recommendation:**

WIC adjunctive eligibility should be extended to waive the income test for all actively serving families, addressing national security preparedness while also reducing administrative barriers in serving active-duty parents, military spouses, and children.

“WIC OFFICES SERVE AS A PLACE FOR PREGNANT AND POSTPARTUM MOTHERS TO ASK QUESTIONS WHILE THEIR SPOUSE IS DEPLOYED, FOR FIRST-TIME DADS TO ASK IF THAT NOISE THEIR BABY IS MAKING IS NORMAL, OR FOR THE NEW SOLDIER WHO JUST FOUND OUT SHE IS PREGnant AND HAS NO CLue WHAT THE NEXT STEPs ARE. WE ARE MORE THAN A SUPPLEMENTAL NUTRITION PROGRAM FOR OUR MILITARY FAMILIES, WE ARE THEIR SUPPORT SYSTEM.”

RILEE SMITH, MA, CLC, CPA
WIC BREASTFEEDING COORDINATOR
ACTIVE-DUTY ALASKA NATIONAL GUARD AND ARMY SPOUSE
FAIRBANKS, ALASKA
In 2020, the COVID-19 pandemic presented one of the most significant public health challenges in WIC’s history. WIC providers adapted rapidly by modifying services to provide continued support for expectant and new parents, infants, and young children while minimizing risk of exposure to COVID-19 to participants, clinic staff, and their families. WIC providers had to act quickly, as access to WIC services typically requires physical presence at community-based clinics. These sweeping changes in WIC service delivery, including reliance on telehealth strategies and flexibilities around certification, have profound implications for the program’s future.

**EMERGENCY WAIVER AUTHORITY**

In mid-March, as public concern about the spread of COVID-19 reached a critical point, WIC providers began to reschedule appointments and close clinic doors. The immediate threat of the virus and the prospect of long-term social distancing raised complications, as WIC providers are required by federal law to conduct certain program operations in person— including onboarding new participants. Without legislative action, WIC providers could not have been responsive to the needs of existing participants, let alone the surge of newly eligible families due to the pandemic’s disruption to the national economy and job market.

Within days, Congress passed Families First Coronavirus Response Act, which included unprecedented waiver authority of statutory physical presence requirements and other regulatory barriers to access. State WIC Agencies swiftly applied for and received critical, though conditional, waivers necessary to adapt services, including waivers of the physical presence requirement for new participants. Physical presence waivers were paired with delays in requirements to conduct health screenings and assessments, including measurements of height/length, weight, and hemoglobin levels. Although the waivers allowed for increased flexibility and ongoing services during the pandemic, WIC providers were put in a similar position as healthcare providers – the delays in testing, screening, and referrals were...
leaving fewer children and families with the information necessary to assure optimal health.\textsuperscript{95}

With waiver flexibilities, WIC providers were able to adapt and provide uninterrupted services for families, but providers were quickly challenged by the short-term nature of waivers. The Families First Coronavirus Response Act vested USDA with waiver authority through September 30, 2020,\textsuperscript{76} but USDA only approved waivers through May 31, 2020.\textsuperscript{97} USDA’s short-term approach created barriers for State WIC Agencies as they simultaneously budgeted to scale up technology to sustain remote services, sought consistency in messaging oriented at participants and retail partners, and planned contingencies in case USDA failed to extend the waivers.

About two weeks before the waivers were set to expire, USDA extended the waivers until June 30 and rolled out a process to require State WIC Agencies to resubmit waiver requests with additional justification.\textsuperscript{98} The requirement to reapply for waivers caused substantial paperwork burden on State WIC Agencies in the midst of the pandemic and raised public health concerns, as the Centers for Disease Control and Prevention (CDC) designated pregnant women as a population with increased risk of severe illness or adverse outcomes upon contracting COVID-19.\textsuperscript{99} Under increased pressure, including a bipartisan letter from the Senate Agriculture Committee,\textsuperscript{100} USDA extended the waivers without any further requests for justification through September 30, 2020, only one day before the waivers were set to expire.\textsuperscript{101}

In late September, USDA continued to delay a decision on extending WIC flexibilities. Less than two weeks before the waivers were set to expire, with pressure from the National WIC Association, Congress, and other stakeholders, USDA extended waiver flexibilities until 30 days after the expiration of the public health emergency declaration promulgated by the Secretary of Health and Human Services.\textsuperscript{102} Additionally, Congress included an extension of USDA’s authority to issue waivers in the continuing resolution that passed in late September, allowing USDA to issue new waivers through September 30, 2021.\textsuperscript{103} This long-term solution provided the clarity that WIC providers would have relied on from the start of the pandemic, allowing for consistent messages to participants that strengthened outreach and support ongoing WIC participation during the public health crisis.

**PARTICIPATION IMPACTS OF REMOTE SERVICES**

In March 2020, WIC providers swiftly implemented waiver flexibilities to ensure continued service for existing participants and onboard new families affected by the economic uncertainty related to the pandemic. The majority of State WIC Agencies instituted remote services, an effective and highly successful strategy to engage participants during the global pandemic. Initial evidence suggests that remote services are enabling increased participation, heightened engagement with existing participants, and greater flexibility and convenience for families. Building on earlier innovations to provide telephone or video conferencing for nutrition education, remote services are a success story of WIC efficiently adapting to meet the challenging circumstances of COVID-19.

Remote services are most practical in states that have already implemented electronic-benefit transfer (EBT), or e-WIC. In those states, since participants already have access to an EBT/e-WIC card, State WIC Agencies or local providers are able to remotely load benefits onto the card each month. Any other contact with WIC staff, including nutrition education and recertification appointments, could be handled by phone or video conferencing technology. In the few states that have not begun the EBT/e-WIC transition, the waiver authority allowed agencies to mail paper vouchers directly to participants’ homes.

As of October 2020, two-thirds of states are reporting an increase in participation since February 2020.\textsuperscript{104} The distribution among State WIC Agencies is uneven, with many states reporting increases between one and seven percent, and some states reporting double-digit increases ranging as high as 20 percent. This is a stark departure from prior trends, with WIC participation rates declining consistently since reaching a record high
of 9.2 million in 2010 during the Great Recession. WIC providers report that new participants include children who were previously certified but dropped off the program, families that were eligible before COVID-19 but not participating, and families that are newly eligible as a result of income loss during the pandemic.

There are two main indicators associated with the one-third of states that are still reporting declines in program participation. Over a dozen State WIC Agencies have offline EBT/e-WIC systems, which require that cards be manually reloaded at a clinic location. Many offline WIC providers instituted curbside services, allowing participants to remain in their cars while clinic staff, garbed in personal protective equipment, would retrieve the EBT/e-WIC card and reload it at a distance. USDA approved another set of waivers to allow benefit issuance for four months, instead of the more common three-month issuance, to reduce burdens on offline EBT/e-WIC states for both staff and participants. Despite innovative strategies to reduce exposure, the majority of states that are still registering participation declines during COVID-19 have offline EBT/e-WIC systems.

Additionally, several states were rolling out EBT/e-WIC systems in the midst of the pandemic, causing confusion and disruption for participants. At least one state, Hawaii, demonstrated participation increases after the EBT/e-WIC transition was completed over the summer.

In addition to the physical presence waivers, thirty-five State WIC Agencies were granted short-term extensions of child certification periods for up to 90 days. With WIC’s health assessments delayed, there is little to distinguish a recertification appointment from more frequent nutrition education touchpoints. Short-term extensions of child certification periods are useful for reducing administrative burden on overworked WIC clinic staff and, in some cases, aligning child certification periods with other family members’ certification periods. The waiver demonstrates the complexity of enabling remote certifications in a post-COVID environment, when measurements for height and weight and screening for hemoglobin levels will be required again. An essential part of enabling remote certifications in the long term will be enhanced coordination between physicians and WIC providers to facilitate information sharing and ensure that relevant health assessments are being conducted without duplication.

**POLICY RECOMMENDATION:** Technology investments should streamline electronic health information sharing between WIC providers and physicians to reduce needlessly duplicative testing and ensure accurate growth charts.

**SHOPPING CHALLENGES**

In March 2020, WIC participants reported increased challenges in navigating the shopping experience as the general public purchased excess groceries in fear of the pandemic and concerns about lockdowns or supply shortages. WIC’s prescriptive food package limited the options for WIC shoppers, even if similar brands or products were otherwise available. WIC participants were increasingly concerned about shortages of WIC contract-brand infant formula, with some alarming reports in the first weeks of the pandemic around diluted or homemade formulas, which pose significant risks to infant health.

With passage of the Families First Coronavirus Response Act, State WIC Agencies swiftly requested food substitutions for many prescribed WIC food items to enhance available options for WIC shoppers. Each State WIC Agency was granted food substitutions based on reported shortages in their state, leading to significant variations in waiver flexibilities across the country. Food substitutions were granted in nearly every food category, permitting additional package sizes and options. State WIC Agencies also independently reviewed their Approved Product Lists to add additional brands and products that were otherwise available.

For the most part, food substitution waivers were consistent with the nutritional integrity of the food package, with USDA denying State WIC Agency
requests to provide products that did not meet the whole-grain requirements. The one exception was fat content in milk and yogurt, with USDA permitting fifty-six State WIC Agencies to allow milk products with any fat content and seventeen State WIC Agencies to permit yogurt with any fat content. USDA did not approve any substitutions for infant formula, as State WIC Agencies enter into sole-source contracts with manufacturers and negotiate rebate prices independent of USDA.

In the early weeks of the pandemic, USDA took steps to scale up the online purchasing pilot for Supplemental Nutrition Assistance Program (SNAP). Authorized by the 2014 Farm Bill, the SNAP online purchasing pilot was already in the field when the pandemic worsened. USDA worked with Walmart, Amazon, and other retailers to rapidly escalate the pilot project to nearly all states. Although this action enhanced food access for millions of families, it exacerbated an inequity for WIC shoppers, who became the major population still required to conduct shopping in person. Although some stores have instituted special hours for pregnant shoppers and other at-risk customers, State WIC Agencies report that the disparity in transaction options between SNAP and WIC is having an effect both on participation and redemption of healthy WIC foods.

USDA was hesitant to issue waiver flexibilities that would empower innovation for new transaction models. Under existing regulations, WIC participants must redeem their benefits by signing or entering their PIN in the presence of a cashier. Despite several State WIC Agency requests, USDA did not approve a waiver of this regulation for three months. In July 2020, USDA announced a series of small-scale pilot projects for online ordering that would explore online purchases, although the pilot projects are not expected to be completed until at least 2023.

In April 2020, in the absence of USDA engagement, the National WIC Association formed an Online Ordering Working Group comprised of WIC providers, retailers, EBT/e-WIC processors, and other stakeholders interested in exploring the steps necessary to operationalize safe transactions during COVID-19. Several promising models have emerged in recent months to strengthen self-checkout and build out online ordering systems that enable in-store or curbside pickup. The Working Group has also initiated conversations on the steps necessary to build out a system to enable WIC online purchasing.

**POLICY RECOMMENDATION:**

USDA should partner with WIC providers and retailers to speedily implement online purchasing for WIC shoppers in all states no later than October 1, 2024.

**ECONOMIC RELIEF**

WIC waiver flexibilities provided by the Families First Coronavirus Response Act ensure that services can continue uninterrupted, but additional steps could be taken to enhance the federal economic response to COVID-19. Food insecurity rates in households with young children doubled in the initial months of the pandemic, from 14 percent to 28 percent. In January 2021, President Biden and Vice President Harris proposed a visionary investment of $3 billion in multi-year funding to strengthen WIC services, recognizing the program’s importance in aiding families during the pandemic and resolving inequities during the nation’s recovery. This funding would enhance food benefits, strengthen outreach, and drive innovation to modernize service delivery.

Enhanced benefits during the pandemic would complement efforts of SNAP and Pandemic-EBT to address the nation’s worsening hunger crisis. WIC’s Cash Value Benefit (CVB) allows for the purchase of fruits and vegetables, which had increased supply throughout the pandemic due to restaurant and school closures. The Biden-Harris proposal echoes bipartisan efforts by Reps. Kim Schrier (D-WA) and Ron Wright (R-TX) to champion a short-term option that increases the value of the CVB in a win-win solution that supports WIC families and fruit and vegetable growers.

"IN AN EFFORT TO PREVENT SPREAD OF THE PANDEMIC AND PROTECT THEIR COMMUNITIES, MANY OF THE PUEBLOS INSTITUTED LOCKDOWNS AND ENFORCED SET SHOPPING TIMES. FIVE SANDOVAL INDIAN PUEBLOS WIC CONTINUES TO SERVE FAMILIES REMOTELY AND HAS EXPLORED ONLINE ORDERING, CURBSIDE PICKUP, AND PROXY SHOPPING TO ADDRESS THE HIGHER RISK OF ADVERSE HEALTH OUTCOMES FACED BY WIC FAMILIES DUE TO COVID-19."

KAREN GRIEGO-KITE, FIVE SANDOVAL INDIAN PUEBLOS
Since its inception, WIC’s nutrition services have helped ensure a healthier next generation. WIC’s food package, nutrition education, and breastfeeding support enhance the overall health of participants. From providing supplemental foods that meet the specific nutrient requirements of the life stage to the nutrition education and breastfeeding support targeted to the participant, WIC has a history of realizing positive nutrition and health outcomes.

WIC FOOD PACKAGES

WIC’s professional nutrition staff prescribe food benefits through seven distinct food packages, which reflect the life stage and breastfeeding status of individual participants. The seven food packages outline the variety and minimum nutritional content of supplemental foods approved for WIC shoppers and are designed by the U.S. Department of Agriculture in a science-based process undertaken in collaboration with the National Academies of Sciences, Engineering, and Medicine (NASEM). State WIC Agencies have a certain degree of flexibility in implementing the food packages, by developing Approved Product Lists for specific brands and package sizes that align with the federal regulations.

FOOD PACKAGE REVIEW PROCESS

Under the Healthy, Hunger-Free Kids Act of 2010, the WIC food packages are subject to an independent, science-based review every decade. Under federal law, USDA must conduct a scientific review of available foods and amend the regulations to reflect nutrition science, public health concerns, and cultural eating patterns. This process is unique among the federal nutrition programs and has led to the strongest nutrition standards among any federal program.

Early in WIC’s history, Congress mandated that WIC foods contain nutrients lacking in the program’s target population and have relatively low levels of fat, sugar, and salt. After the early food packages were established in federal regulations in 1980, USDA did not evaluate changes in the WIC food packages again until the 2000s. During that time period, the WIC food packages generally did not provide access to fruits and vegetables and was inflexible to variation in cultural food preferences, especially for tribal populations.

In 1999, the National WIC Association (then, the National Association of WIC Directors) issued a report calling for a revision of the WIC food packages to achieve consistency with the Dietary...
Guidelines for Americans (DGAs). This report formed the basis for a decade-long process to review and revise the food packages in alignment with the latest nutrition science. USDA contracted with the National Academies’ Institute of Medicine (IOM) to obtain an independent, science-based review. The IOM report was published in 2005, taking into consideration the nutritional needs of the WIC population, embracing many of the National WIC Association’s recommendations, and recommending changes to the foods then offered through the WIC food packages. In 2007, based on the IOM review and recommendations, USDA issued an interim rule that revised the WIC food packages, requiring State WIC Agencies to implement the changes by 2009.

For the first time in the program’s history, the 2009 food package changes made fruits, vegetables, whole-wheat bread, and additional whole-grain options available to WIC shoppers. These additions were balanced with reductions in issuance of juice, eggs, milk, and formula, and the removal of whole milk for all participants except for one-year-old children. State WIC Agencies were also afforded the ongoing opportunity to request substitutions within the food package to address cultural eating patterns.

The 2009 food package changes are associated with improved inventory of healthier foods in WIC and non-WIC authorized retail grocery stores, leading to improved access to healthy foods for WIC participants and the shopping public. This has led to increased consumption of whole grains, fruits, and vegetables, and decreased consumption of whole milk, as well as increased breastfeeding initiation among WIC participants.

In January 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) completed its most recent review of the WIC food packages. USDA has not yet acted on these recommendations, instead prioritizing completion of the 2020-2025 Dietary Guidelines for Americans (DGAs). For the first time, the DGAs will include specific recommendations for pregnancy, lactation, and early childhood through twenty-four months. In July 2020, the Dietary Guidelines Advisory Committee issued its scientific report. The Committee does not independently evaluate the WIC food packages, but its general nutrition recommendations for pregnancy, lactation, and early childhood are consistent with the specific recommendations made in the 2017 NASEM report.

**Policy Recommendation:** USDA should swiftly undergo rulemaking to update the variety, quality, and value of WIC-approved foods, consistent with the 2017 NASEM recommendations and 2020 DGAs.

**Highlights of NASEM’s 2017 Recommendations for the WIC Food Package**

- Increase dollar amount of Cash Value Benefit for fruit and vegetable purchases
- Require broader array of options in each food category consistent with cultural preferences and special dietary needs
- Individually tailor infant food packages to support continued breastfeeding
- Add fish for women and child food packages
- Reduce amounts of juice, milk, legumes, and peanut butter
- Reduce amounts of infant cereals, infant fruits and vegetables, and infant meats
- Improve alignment of all WIC foods with dietary guidance

In developing the 2017 report, NASEM was tasked to identify strategies to adjust available WIC foods that were cost-neutral to the current value of the food packages. In 2019, the average value of the food package was $40.90 per month, less than one-third of the average monthly benefit for the Supplemental Nutrition Assistance Program (SNAP). The Cash Value Benefit for fruits and vegetables – one of the most redeemed elements of the food package – comes out to only $2.25

"The nutritional quality of the WIC food package is really the cornerstone of our program. We provide specific, nutritious foods at a critical time for women and children. In my 23 years with the program, the science-based food package changes have been a wonderful step forward, but we have more work to do. Benefits don’t stretch like they used to, and increased value for the nutritious foods would go a long way toward supporting healthy outcomes.”

TRACY KELLEY, BS, CLC
WIC PROGRAM DIRECTOR
HOME NURSING AGENCY, ALTOONA, PENNSYLVANIA
per week for adults and $2.75 per week for children. An increased value for the WIC food packages would both broaden access to nutritious foods and retain participants for the duration of program eligibility, shaping childhood dietary outcomes and setting the stage for future life success.

**POLICY RECOMMENDATION:**
The value of the WIC food packages should be increased to provide greater access to nutritious foods.

**INFANT AND CHILD FOOD PACKAGES**
The WIC packages ensure adequate nutrient intake for proper child growth, including macronutrients like carbohydrates and proteins that build healthy tissue and over a dozen micronutrients, among them vitamins and minerals that strengthen development of bones, teeth, vision, and the musculoskeletal, nervous, digestive, reproductive, and immune systems.135

USDA defines three distinct food packages for infants: fully formula-fed, partially (mostly) breastfed, and fully breastfed. At six months, all three food packages phase in infant foods – specifically, infant cereal and infant fruits and vegetables.136 The fully breastfed package doubles the quantity of infant fruits and vegetables and provides for infant meats. Infant foods are the least-redeemed items in the food package, informing the NASEM recommendation to reduce issued quantities and allow substitution for canned fish or Cash Value Benefit for fruits and vegetables.137

The first two food packages provide for a prescribed amount of iron-fortified infant formula (either milk or soy), which can only be redeemed through the brand specified in a State WIC Agency’s sole-source contract.138 Iron fortification of formula is key for preventing iron-deficiency anemia, which can impact infant neurological development, cognitive function, and immune function.139 WIC routinely screens for anemia, filling a significant gap in physician testing.140 WIC may provide non-contract formula, certain nutritionalis, or additional supplemental foods for infants with specific medical conditions, if documentation from a medical professional is provided.141

There is only one child food package, for participants aged one to four. The child food package includes prescribed amounts of juice, milk, eggs, whole grains, legumes, and peanut butter, as well as a $9 per month Cash Value Benefit for fruits and vegetables.142 As a result of the 2009 food package changes, whole milk is only provided to one-year-old children, and older children and adults are prescribed lowfat (1%) or nonfat milks.143 Reduced fat (2%) milk is only authorized for participants with certain conditions and upon an individualized nutrition assessment.144

**ADULT FOOD PACKAGES**
The final three food packages are for adults: pregnant and partially breastfeeding participants; non-breastfeeding postpartum participants; and fully breastfeeding participants. Similar to the child food package, the adult food packages all provide specific quantities of juice, milk, cereal, eggs, legumes, and peanut butter; as well as an $11 per month Cash Value Benefit for fruits and vegetables.145 The WIC food packages include key micronutrients such as folate, vitamin C, calcium, and protein that contribute to healthy pregnancy outcomes, including extending the gestational period and assuring healthy birthweight.146

The fully breastfeeding food package was established in 1992 as part of a comprehensive effort initiated by Congress to reorient WIC as a breastfeeding promotion program.147 The enhanced value of the package, intended to incentivize breastfeeding, includes cheese and canned fish, as well as additional quantities of milk, eggs, and whole grains.

**NUTRITION EDUCATION**
WIC supports families in making healthy changes to their lifestyles through nutrition education that can take various forms, from online modules to group classes to one-on-one counseling. The nutrition education in WIC helps families connect the dots among health, growth, and development. The nutrition counseling approach used by WIC staff is participant-centered and highlights
their capacities, strengths, and needs, rather than their problems or negative behaviors.

In 1978, early in WIC’s history, nutrition education was established as a core component of WIC services. Nutrition education programming was to be provided to all adult participants and made available to parents and caretakers of participating children, including fathers and grandparents. Nutrition education is meant to be easily understood by participants and bears a practical relationship to the participant’s nutritional needs, household situations, and cultural preferences, including information on how to select and prepare food for themselves and their families. WIC nutrition education is a main factor in retaining families through a child’s fourth birthday, as parents find value in the education, information, and advice provided by WIC’s nutrition professionals.

WIC nutrition education has been effective at empowering families to make informed decisions. Over the decades, WIC nutrition education has led to a decrease of over 40 percent in the families who introduced complementary foods earlier than six months (from 62 percent to 20 percent), which is the timeframe recommended by the American Academy of Pediatrics. Similarly, WIC nutrition education messages are critical in raising awareness about the 2009 food package changes, orienting participants toward healthier options, and influencing shopping behaviors that encourage better and more-educated choices.

Nutrition education is typically provided at a community-based WIC clinic, either in a one-to-one individualized counseling session or at a group class (e.g., a cooking demonstration). There is no statutory or regulatory requirement that nutrition education be provided at the WIC clinic. In recent years, State WIC Agencies have created alternatives to in-person counseling to promote convenience for participating families. Over 30 geographic State WIC Agencies have built out online nutrition education platforms to permit participants to access relevant messages and materials from their homes. State WIC Agencies have explored additional strategies, including out-of-clinic food demonstrations, telephone and video conferencing appointments, video classes, and two-way texting platforms.

Since the COVID-19 pandemic, nearly all State WIC Agencies have instituted remote nutrition education, primarily by telephone appointment. Some State WIC Agencies, such as Virginia, are building out longer-term platforms to continue online nutrition education sessions after the COVID-19 flexibilities expire. Consistent with findings from pre-COVID research into online nutrition education platforms, WIC providers have reported higher attendance and engagement with nutrition education offered by phone or other remote means.

**NEARLY 60 PERCENT OF WIC STAFF PROVIDING NUTRITION EDUCATION ARE REGISTERED DIETITIANS (RDS).** For more than two decades, State WIC Agencies have noted the increased challenges of retaining RDS, as WIC salaries are not currently competitive with clinical placements or private practice. RD placement within WIC may become more difficult as a new requirement to have a graduate degree in order to obtain the RD credential goes into effect in 2024.

**BREASTFEEDING PROMOTION**

After years of local and national activism and advocacy by the National WIC Association and other breastfeeding partners to elevate breastfeeding support within WIC’s nutrition education curriculum, USDA issued the results of a three-year study in 1988 that outlined the range of creative and successful practice models at WIC sites across the country. This report inspired Congressional action to establish WIC as a breastfeeding promotion program, including dedicated funding for breastfeeding promotion activities. In 1992, following NWA’s urging and Congressional directives, USDA...
established the fully breastfeeding food package in the most substantive change to the WIC food packages between 1980 and the 2009 reforms. The 1992 fully breastfeeding food package included increased amounts of juice, cheese, legumes, and peanut butter, as well as canned fish and carrots, marking the first appearance of a vegetable in the WIC food packages.165

WIC’s breastfeeding workforce – including International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Educators (CLEs), Certified Lactation Consultants (CLCs), and peer counselors – is a trusted source of breastfeeding information, with a USDA study noting that WIC staff are the second-most-common group that women speak to regarding breastfeeding, after husbands or partners.166 Women who attend WIC breastfeeding support groups are twice as likely to make a breastfeeding plan than those who do not.167

WIC supports breastfeeding through education, including classes, support groups and teaching tools, and hotlines, as well as peer and professional lactation support staff. Over the last two decades, in recognition of the mounting evidence demonstrating the health benefits of breastfeeding, WIC has established a number of breastfeeding initiatives, including a highly successful peer counselor program, evidence-based promotional campaigns, food package incentives, training curricula, provision of breast pumps, and partnerships with hospitals to both limit the distribution of infant formula and provide bedside support from WIC breastfeeding staff.168

Due to WIC’s increased commitment and investments in breastfeeding promotion and support, the percentage of WIC moms who have initiated breastfeeding has increased 30 percent over two decades, from 42 percent in 1998 to 72 percent in 2018.169 Breastfeeding duration has also improved as WIC’s lactation professionals and peer counselors actively encouraged and supported continued breastfeeding. In 2017, 26 percent of WIC participants are still breastfeeding at seven months postpartum, as opposed to only 12 percent in 1997.170 WIC’s support is critical, as approximately 92 percent of mothers, across all socioeconomic lines, report feeding problems by day three postpartum.171

WIC’s professional lactation support is provided by designated breastfeeding experts, with USDA recommending that

“PRIOR TO THE PANDEMIC, AN ARKANSAS PEER COUNSELOR CONDUCTED ROUNDS AT A LOCAL HOSPITAL. NOW, SHE USES ZOOM TO HELP BREASTFEEDING MOMS IN THE LABOR AND DELIVERY UNITS. IN 2020, WE’VE BEEN ABLE TO EXPAND OUR BREASTFEEDING SUPPORT BY CREATING THREE NEW PEER COUNSELOR POSITIONS IN NORTH ARKANSAS DUE TO INCREASED FUNDING. EVEN DURING COVID-19, WIC BREASTFEEDING STAFF PARTNER WITH LOCAL PHYSICIANS TO HELP MONITOR INFANT WEIGHT GAIN AND SUPPORT MOTHERS THROUGH THEIR BREASTFEEDING JOURNEY.”

KAYLA FULLER, MS, RD, LD
WIC BREASTFEEDING PEER COUNSELOR COORDINATOR
ARKANSAS DEPARTMENT OF HEALTH

BREASTFEEDING INITIATION RATES FOR WIC PARTICIPANTS184
the role be held by IBCLCs. The IBCLC designation is the highest credential in the field of lactation management, and IBCLCs are demonstrated to have a strong effect on breastfeeding outcomes, including for low-income Black and Latina women. IBCLCs also reduce the utilization of healthcare resources for certain conditions, like otitis media (inner ear infections), presenting further healthcare cost savings in addition to high-value breastfeeding support. Research consistently affirms WIC’s breastfeeding model, with higher initiation rates when support is paired between IBCLCs and peer counselors.

Due to the rigorous requirements for IBCLC credentialing, salaries that are not competitive with clinical practice, and the limited availability of IBCLCs in rural communities, only 71 percent of WIC agencies have an IBCLC on staff. For the remainder of WIC agencies, other credentialed breastfeeding staff are designated as breastfeeding experts, including Certified Lactation Educators (CLEs) and Certified Lactation Consultants (CLCs). The diversity of credentialed breastfeeding staff ensures professional support for WIC mothers in every community, especially rural areas, immigrant communities, and communities of color.

IN 2020, CONGRESS INVESTED A 50% INCREASE IN WIC’S BREASTFEEDING PEER COUNSELOR PROGRAM.

POLICY RECOMMENDATION: Increasing the annual investment in WIC’s Breastfeeding Peer Counselor Program can enhance the number of available peer counselors and support out-of-clinic partnerships with hospitals, physician offices, and home visiting programs, while also supporting workforce development opportunities for peer counselors to obtain professional credentials.

Since its establishment in 2004, Congress has consistently increased the investment in the BFPC Program. The initial investment of $20 million was expanded in the Healthy, Hunger-Free Kids Act of 2010. The increased annual appropriations level at $60 million was finally elevated in 2020 to the full funding of $90 million authorized by the Healthy, Hunger-Free Kids Act. This funding has been utilized by State WIC Agencies to address coverage gaps, increasing the number of local agencies with access to peer counselors while reducing disparities for rural participants.

POLICY RECOMMENDATION: Increasing the annual investment in WIC’s Breastfeeding Peer Counselor Program can enhance the number of available peer counselors and support out-of-clinic partnerships with hospitals, physician offices, and home visiting programs, while also supporting workforce development opportunities for peer counselors to obtain professional credentials.

BREASTFEEDING PEER COUNSELOR PROGRAM

One of WIC’s most effective breastfeeding promotion strategies is the Breastfeeding Peer Counselor (BFPC) Program. Building on local models before being scaled up nationally in 2004, the BFPC Program uses an evidence-based peer-to-peer model that connects participants with paraprofessional breastfeeding counselors who come from the same neighborhoods and speak the same languages as WIC participants. WIC peer counselors, who are often current or former WIC participants with experience breastfeeding their own children, provide counseling services in person, in groups, over the phone, via video call, through texting or chatting, and/or during home visits.

Peer counselors understand the difficulties surrounding breastfeeding and provide realistic and practical guidance as a result of shared personal backgrounds and experience in ways that most health professionals cannot. In addition, the use of peer counselors is more cost effective than professional lactation staff. WIC’s breastfeeding support activities are strongest when credentialed lactation support professionals, peer counselors, and nutrition staff work together to provide a seamless continuum of care for WIC families. The BFPC Program is demonstrated to increase breastfeeding initiation, duration, and exclusivity among WIC participants. Pregnant and postpartum participants with access to a peer counselor report that they highly value the peer support and are especially appreciative of the peer counselor’s accessibility. Peer counselors are particularly effective at increasing breastfeeding initiation and duration rates among Black WIC participants. WIC is well positioned to strengthen workforce development for peer counselors if adequate support is built into the program. Some State WIC Agencies had explored models to incentivize peer counselors in obtaining higher lactation support credentials, including Certified Lactation Consultant (CLC) and International Board Certified Lactation Consultant (IBCLC). The peer counselor experience could also encourage counselors to further their work and explore careers in nursing and healthcare. By creating a pipeline for
CHAPTER THREE: CONNECTING FAMILIES WITH WIC AND HEALTHCARE

WIC’s effective services are demonstrated to improve pregnancy, birth, and early childhood outcomes, but only 51.1 percent of eligible participants are certified for WIC.188 Prior to the COVID-19 pandemic, WIC participation has declined since reaching an historic high of 9.2 million in 2010 at the height of the Great Recession.189 With the majority of State WIC Agencies reporting participation increases during COVID-19, WIC providers are poised to reach a new generation of participants if they are empowered with the flexibilities and technology necessary to deliver quality services in the twenty-first century.

CERTIFICATIONS AND CLINIC PROCESSES

Even though WIC providers have implemented remote appointments during COVID-19, WIC traditionally provides in-person services at community-based clinics. Participants are required to physically come to the clinic at least once every six months for health screening and assessments, but participants are often more frequently present at their WIC clinic for nutrition counseling and other touchpoints. Over a dozen State WIC Agencies require more frequent in-person contact for program participation, as electronic-benefit transfer (EBT), or e-WIC, cards must be manually reloaded at the clinic every three months.190 Appointments alternate between certification appointments and nutrition education sessions. WIC staff augment in-person visits with additional contact, through phone, texting, e-mail, and online platforms. These technologies are utilized during the COVID-19 pandemic to substitute for in-person services during the public health emergency.

PHYSICAL PRESENCE REQUIREMENTS

In 1998, Congress instituted requirements that WIC participants – including infant and child participants – be physically present for certification appointments.191 At the time, certification periods only lasted six months. Participants quickly identified the physical presence requirement at certifications as a burden, with structural barriers such as scheduling, transportation, and obtaining childcare or time off work interfering with continued WIC participation.192 Certification appointments have been shown to be as
long as two hours. As a result, Congress extended certification periods from six months to one year for breastfeeding participants in 2004\textsuperscript{194} and for children in 2010.\textsuperscript{195}

When implemented in 1998, the physical presence requirement was specifically introduced as a program integrity measure, coupled with other punitive anti-fraud measures for participants and vendors.\textsuperscript{196} Together, these provisions exceeded the boundaries necessary to protect the integrity of program services and sensationalized the extraordinarily low instances of participant fraud and abuse.\textsuperscript{197} Unsurprisingly, the first recorded participation declines in WIC program history occurred in the years following introduction of physical presence.\textsuperscript{198}

**POLICY RECOMMENDATION:** Certification requirements should be streamlined by extending certification periods to two years for all participants and increased flexibility to promote family alignment of certification periods.

COVID-19 waivers of statutory physical presence requirements have enabled greater innovation as State WIC Agencies leverage telehealth options to reach WIC-eligible families.\textsuperscript{199} The certification appointment includes four core components:

- **ELIGIBILITY SCREENING:** WIC staff reviews documents to verify an applicant’s identity, residency, and income. These can be paper documents or photos of documents shown on a screen (e.g., a smartphone or WIC computer connected to state Medicaid or SNAP system).

- **HEALTH AND NUTRITION ASSESSMENT:** WIC nutrition professionals conduct an interview to assess health history, eating behaviors, and nutritional risks. A specific nutrition risk must be identified to be eligible for WIC services.\textsuperscript{200} Participants are measured for height/length and weight and blood tested to screen for hemoglobin levels and iron-deficiency anemia.

- **NUTRITION EDUCATION:** Individualized nutrition education counseling is provided during a certification appointment, based on the health and nutrition assessments and the participant’s concerns, interests, and priorities.

- **REFERRALS AND BENEFIT ISSUANCE:** Participants must agree to rights and responsibilities, a lengthy and burdensome recitation of terms of program participation.\textsuperscript{201} Where appropriate, WIC staff will refer participants for healthcare or other services. WIC nutrition staff will assign a food package and tailor it to the participant’s needs, and then issue an electronic benefit transfer (EBT)/e-WIC card.

Many of these steps can be accomplished through telehealth or online platforms, with over thirty State WIC Agencies already leveraging online nutrition education platforms to deliver education outside of the certification appointment.\textsuperscript{202} WIC providers may explore strategies at the mid-certification appointment, which repeats many of these processes without the statutory physical presence requirements. Streamlining the initial and mid-certification appointments is a key priority for WIC providers, as repeated trips to the clinic can disincentivize continued participation. This is especially critical for families with multiple children participating in WIC, where the individual children’s certification periods may not be aligned.

**ONLINE CERTIFICATION TOOLS**

The COVID-19 pandemic was a catalyst for WIC providers to invest in and build out technologies that streamline certification processes.\textsuperscript{203} As WIC participants are already accustomed to utilizing technology in their daily lives and regular interactions with healthcare providers, technology platforms are critical in providing a modern, twenty-first century experience.\textsuperscript{204} In addition, technology can enable more focused time on core nutrition content instead of administrative processes, as well as alleviate burdens such as bringing the correct documents to clinic, overcoming transportation barriers, and resolving staffing shortages, especially in rural communities.\textsuperscript{205}
Tools that streamline certifications vary in their scale and approach, from small process changes that improve clinic flow to more complex online participant portals where documents can be uploaded securely in advance of a certification appointment.206 One of the core challenges of scaling up online certification tools is integrating the technology with existing WIC computer platforms, known as Management Information Systems (MIS).207 WIC MIS are complex computer platforms that manage participant records, including demographic and anthropometric data, nutrition education touchpoints, food prescriptions, and remaining balance on an electronic benefit transfer (EBT), or e-WIC, card.

Many State WIC Agencies transitioned to new MIS platforms to enable the switch from paper vouchers to EBT/e-WIC cards.208 Similar to online certification tools, EBT/e-WIC needed to integrate seamlessly with MIS software to enable participant-facing technologies that streamlined the WIC experience. Since online certification tools are more focused than the nationwide switch to EBT/e-WIC, State WIC Agencies lack the flexibility to overhaul their MIS systems to implement targeted clinic-oriented technology projects. Online certification tools must therefore integrate with existing MIS software, which may be older than systems used in the private sector. As states move beyond EBT/e-WIC implementation, both software and equipment may become outdated and require replacement, a costly endeavor that would deplete State WIC Agency Nutrition Services & Administration (NSA) funds.

Congress could revisit its strategy of the early 2010s to provide regular, dedicated set-aside funding for MIS projects that drive forward WIC innovation.

**POLICY RECOMMENDATION:**
WIC should provide annual funding to State WIC Agencies to enhance and improve technology platforms that streamline the clinic experience, especially state-based Management Information Systems (MIS).

**INCOME LIMITS AND ADJUNCTIVE ELIGIBILITY**
WIC was piloted as a supplemental food program in 1972 and scaled up nationally in 1974, trusted with limited funding to reshape nutrition outcomes.211 In 1978, Congress adopted an upper income limit to ensure that the limited appropriated funding was targeted at low-income individuals with the highest nutritional risk.212 Even when implementing an income limit, Congress firmly instructed that "every effort should be made to ensure that the program reaches as many nutritionally and economically deprived individuals as possible."213 WIC income thresholds were tied to the limits for free and reduced-price school meals, which are currently 185 percent above the federal poverty line214 – currently estimated at $23,606 for a single parent or $48,470 for a family of four.215

In 1989, Congress instituted adjunctive eligibility to waive the income test for applicants who receive food stamps (now, the Supplemental Nutrition Assistance Program, or SNAP), who are part of a family that receives Aid to Families with Dependent Children (now, Temporary Assistance for Needy Families, or TANF), who receive Medicaid, or who are part of a family where a pregnant woman or infant receives Medicaid.216 These provisions remain a critical method of streamlining certifications,217 with 80.1 percent of participants reporting participation in either SNAP, TANF, or Medicaid.218 More than three-quarters of WIC participants, 76.8 percent, are enrolled in Medicaid.219 The lower recorded rates of SNAP and TANF participation suggest challenges in accurately measuring cross-enrollment between these programs.220

**POLICY RECOMMENDATIONS:**
To reduce burdens to ongoing child participation, adjunctive eligibility should be enhanced to include Head Start, the Children’s Health Insurance Program (CHIP), and the Food Distribution Program on Indian Reservations (FDPIR).
Recognizing that the income test can be a significant barrier to participation, USDA provides an additional option to waive the income test for certain benefit programs that are at or below the prescribed income limits. Some State WIC Agencies have succeeded in designating Head Start, the Children’s Health Insurance Program (CHIP), or the Food Distribution Program on Indian Reservations (FDPIR) as adjunctively eligible programs, but the administrative burden of the process is significant and several states are unable to align income standards across programs. As with the initial introduction of adjunctive eligibility in 1989, Congress could make the policy decision to align these programs to streamline certification and enhance collaboration between WIC and early childhood programs.

**WIC Participation and Funding Trends**

Consistent declines in participation since the program reached a record high of 9.2 million participations in 2010 pose one of the most significant challenges to WIC since its establishment in 1974. WIC served approximately 6.4 million participants in fiscal year 2019, marking a decline of 2.8 million participants over nearly a decade. This is the most pronounced decline in program history, with the only other recorded declines (totaling only 215,000 participants) occurring in 1998-2000, after implementation of physical presence and other burdensome certification requirements.

In addition to participation declines, WIC is seeing the lowest coverage rate (51.1 percent in 2017) in over a decade. WIC coverage rates are the percentage of estimated eligible individuals who are certified for and receiving WIC services. With the estimated eligible population relatively static, fluctuating between 13.8 million and 15 million over the past twelve years, the participation declines indicate that WIC is serving a smaller share of those who are eligible.

In 2016, the National WIC Association (NWA) launched a National Recruitment and Retention Campaign, a multi-platform strategic marketing approach designed to raise awareness, drive enrollment, and improve public perceptions of WIC. The targeted, tested messages and branding used in the National Campaign are disseminated through digital advertisements, print advertisements in pregnancy and new-parent magazines, and point-of-care literature in OB/GYN offices, hospital maternity wards, and pediatrician offices. The National Campaign operates a web-based clinic locator, SignUpWIC.com, to connect families directly with their community WIC provider. NWA partners with 62 of the 89 State WIC Agencies to amplify the National Campaign and reach new eligible families.

**BARRIERS TO WIC PARTICIPATION**

Both initial access to WIC service and continued participation for the duration of eligibility are hindered by societal and structural factors. Although many barriers are consistent with challenges endured by other federal programs, WIC consistently has lower coverage rates than similar nutrition assistance programs like the Supplemental Nutrition Assistance Program (SNAP) (84 percent) and means-tested health programs like Medicaid (93.7 percent for children in 2016).

One of the most significant societal factors impacting WIC participation is anti-immigrant rhetoric and federal policy change surrounding immigrant access to public benefits. Since children born in the United States are citizens at birth, the federal government has strong incentives to assure healthy births and positive child development. For these reasons, Congress consistently determined that WIC should continue to serve families regardless of citizenship and immigration status, even as severe restrictions were imposed on Medicaid and SNAP.

In pursuing a deliberate strategy to reduce immigrant access to benefits, the Trump Administration ultimately came to the same conclusion and explicitly excluded WIC from review in public charge determinations. The final result followed years of uncertainty,
where national outlets reported that WIC could be included in public charge. The associated chilling effect discouraged participation by immigrants and mixed-status families, with the Hispanic coverage rate sharply falling by 6.3 percent in 2017. In the face of unrelenting attacks on immigrants and the repeated threats to immigration policy, WIC has struggled to reassure immigrant and mixed-status families of the safety of WIC participation.

Social stigma also plays a significant role in accessing WIC services. White, non-Hispanic families participate in WIC at rates that are nearly 20 percent lower than Black and Hispanic families. This may reinforce societal misconceptions about WIC, with reported confusion about eligibility and ingrained concern about taking services from someone who is more in need, even though WIC is funded to serve all eligible families. This concern is reinforced when federal spending bills are not passed in a timely manner, as at least three State WIC Agencies limited access to WIC during the 2013 government shutdown. Historic use of waiting lists and priority risk systems continue to undermine messaging to eligible participants.

Structural factors and program requirements can also deter participation, especially the yearly certification appointments. In-person requirements for certification appointments implicate a range of barriers, including scheduling difficulties, access to transportation, and obtaining childcare or time off work. The certification appointment at the first birthday is especially burdensome, as it aligns with transitions in infant feeding habits and the expiration of infant formula benefits. The first-year certification appointment is associated with a 21 percent reduction in the coverage rate, from 79 percent of eligible infants to 58 percent of eligible one-year-old children. Child coverage rates continue to decline as the children age and additional certification appointments must be held, until only one-quarter of eligible four-year-olds are served. Additional efforts to streamline certification and clinic services, including introducing online tools and platforms, can mitigate other barriers at the clinic, including wait times at clinics.

**POLICY RECOMMENDATION:** The public charge rule should be reversed to address the chilling effect on immigrant participation in federal programs like WIC.

Stigma and program requirements intersect in presenting challenges in the shopping experience. Due to the prescriptive nature of the food package, participants must often navigate the store on their own to select approved items that will not complicate the final transaction. Cashier attitudes, turnover, and unfamiliarity with WIC can be significant barriers to assuring a smooth shopping experience. Recent technology innovations, including the transition to electronic-benefit transfer (EBT), or e-WIC, cards, as well as shopping apps that can help identify approved items at the shelf, are helpful tools to mitigate difficulties for WIC shoppers.

**INCREASED PRESSURE ON WIC FUNDING**

WIC is a discretionary program funded through the annual appropriations process in Congress. Participation declines throughout the 2010s spotlighted structural flaws in the funding formula that apportions federal funds to State WIC Agencies. State WIC Agencies receive two grants each year: the Food grant and the Nutrition Services & Administration (NSA) grant. The Food grant is limited to the issuance of benefits to participants for the purchase of supplemental foods. The only exception, instituted in 1998, permits Food funds to cover the purchase of breast pumps.

The NSA grant covers all WIC costs that are not associated with direct food benefits, including a wide range of expenses such as nutrition education, breastfeeding support, technology procurement and administration, outreach and partnerships, clinic rent and management costs, and salaries for the entire WIC workforce. Program administration costs are kept fairly low, constituting only 11 percent of the overall WIC budget, even as core management costs, such as retaining credentialed professional staff like Registered Dietitians (RDs) and International Board Certified Lactation Consultants (IBCLCs), continue to rise.

**“THE CHANGE TO THE PUBLIC CHARGE RULE WAS A GREAT CHALLENGE FOR OUR CLINICS. MANY OF THE FAMILIES WE SERVE COME TO WIC NOT JUST FOR SERVICES, BUT FOR THE HUMAN CONNECTION AND CRITICAL HEALTHCARE REFERRALS. ALTHOUGH WIC WAS NOT INCLUDED IN THE PUBLIC CHARGE RULE, WE SAW DEVASTATING EFFECTS ON OUR PARTICIPATION. FAMILIES BECAME FEARFUL OF SEEKING SERVICES.”**

**ALIYA HAQ**

INTERNATIONAL COMMUNITY HEALTH SERVICES

SEATTLE, WASHINGTON
Despite its essential role in providing for WIC’s core mission, the NSA grant comprises only 36.2 percent of WIC spending, leaving limited funding to invest in strengthening WIC’s nutrition education and breastfeeding programming. Only 11.2 percent of WIC spending goes to these critical services (7.4 percent for nutrition education and 3.8 percent for breastfeeding support), leaving WIC providers in a position of stretching every dollar to the fullest extent.

Concurrent with participation declines, State WIC Agencies assumed new costs in transitioning from paper vouchers to electronic-benefit transfer (EBT), or e-WIC, transaction systems. WIC providers estimate that the cost of running an EBT/e-WIC system, including transaction fees and targeted subsidies to retailers for transaction devices, can run at about twice the costs associated with a paper voucher model. Although Congress appropriated funding to support the transition to EBT/e-WIC systems, no new flexibilities in the funding formula accounted for the long-term costs of maintaining the new systems. While EBT/e-WIC is undoubtedly a step forward for the program in modernizing the shopping transaction and providing convenience for participants, the additional costs have fallen on the NSA budget and exhausted limited resources even further.

POLICY RECOMMENDATION:
Thoughtful flexibility to increase WIC’s Nutrition Services & Administration (NSA) grant will enhance WIC funding for nutrition education and breastfeeding support. Without enhanced investment in NSA, WIC’s track record of success will be jeopardized.

PARTNERSHIPS WITH HEALTHCARE
As the Patient Protection and Affordable Care Act realigned the healthcare system toward prevention, WIC’s targeted intervention at the earliest stages positions the program as a critical support for positive lifelong health outcomes. Increased collaboration between WIC and physicians reinforces messages

“I AM FROM A SMALLER RURAL NORTH DAKOTA AGENCY AND WE’VE SEEN A SIGNIFICANT REDUCTION IN OUR BUDGET THE PAST COUPLE OF YEARS. EVEN AS OUR PARTICIPANT NUMBERS DECLINE, OUR COSTS CONTINUE TO INCREASE TO PAY FOR QUALIFIED STAFF TIME AND TRAVEL TO PROVIDE ACCESSIBLE WIC SERVICES TO OUR SEVEN-COUNTY SERVICE AREA. ‘OLD’ COSTS, LIKE THOSE ASSOCIATED WITH MANAGING INCREASINGLY MORE COMPLEX MIS SYSTEMS, AND ‘NEW’ COSTS LIKE SHOPPER APPS, ONLINE NUTRITION EDUCATION SERVICES AND EBT HAVE ADDED MORE COMPETITION FOR THE LIMITED NSA DOLLARS COMING TO THE STATE.”

SHERI HATTEN, RD, LRD, CLC
LAKE REGION WIC DIRECTOR
DEVILS LAKE, NORTH DAKOTA
about preventive health, guiding families toward healthier choices that will avert or manage chronic conditions and reduce overall healthcare expenditures. With the renewed emphasis on prevention, WIC’s professional workforce can be better integrated into the healthcare system and utilized in innovative ways to more efficiently provide preventive care.

**STRENGTHENING REFERRALS**

One of the core services provided by WIC is to conduct health screenings and make referrals to healthcare and other social services. WIC clinics routinely screen for food insecurity, healthcare coverage, immunizations, access to dental care, tobacco cessation, opioid and substance use, postpartum depression, and other health issues, resulting in appropriate referrals to Medicaid, SNAP, Head Start, pediatricians, dentists, mental health providers, and other programs and services. WIC is a vital point-of-contact for many services, as WIC staff’s consistent contact with WIC families provides a critical opportunity to raise awareness about available programs and services.

WIC makes referrals in a variety of ways, including by providing information directly to participants, asking participants to directly follow-up with the service, hiring patient navigators or family support coordinators to assist WIC families in connecting with services, or integrating data systems with other programs to generate automated referrals. With WIC participation declining, similarly strong referral policies from other programs could have a pronounced effect on breaking through societal misconceptions about the availability of WIC services and reinforce the continued value of WIC services as children grow older. Trusted medical professionals – including physicians, OB/GYNs, pediatricians, and nurses – can have a significant impact on influencing patient decisions to follow up on a referral to specific services.

In 2015, the National WIC Association utilized funding from the Centers for Disease Control and Prevention (CDC) to strengthen referral networks at WIC clinics in Illinois, Michigan, New Jersey, Texas, and Virginia. WIC providers created green prescription pads to screen for food insecurity, breastfeeding support, or medical risk. The pads were distributed to community partners, including healthcare providers, Head Start, grocery stores, and military bases. The low-cost, effective tool was utilized to refer families to their local WIC provider.

Community partnerships will look different for each WIC provider, and strong referral networks depend on consistent collaboration between WIC and healthcare providers. In some states, the State WIC Agency will establish or facilitate an advisory council to provide a regular forum for coordination and partnership with the medical community, including maternal health, pediatric health providers, and HMO providers. This can lead to innovative partnership, such as Medicaid covering the costs of transportation for WIC participants to get to the WIC clinic.

State governments can also partner on a broad range of projects that promote cross-enrollment between programs like WIC, SNAP, and Medicaid. State-driven projects to develop universal applications or screening tools are effective at reducing paperwork burdens for applicants, although states must account for the challenge of WIC’s in-person requirements. Even more limited partnerships, such as New Hampshire’s efforts to design a WIC dashboard within the SNAP online application tool, can connect families with WIC services or provide WIC with relevant information to conduct follow-up outreach to eligible families.

**POLICY RECOMMENDATION:**

WIC should be provided dedicated funding to enhance collaboration with physicians, Medicaid, SNAP, IHS, and other maternal and early childhood partners to strengthen WIC participation.

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“WIC IS A CRITICALLY IMPORTANT PROGRAM PROVIDING NUTRITIONAL SUPPORT IN THE FIRST YEARS OF LIFE AS WELL AS LINKAGES WITH HEALTHCARE PROVIDERS. PEDIATRICIANS AND WIC WORK CLOSELY TOGETHER TO ENSURE THE NUTRITIONAL NEEDS OF CHILDREN AND THEIR FAMILIES ARE MET, ESPECIALLY NOW AS FAMILIES FACE CHALLENGES DUE TO THE COVID-19 PANDEMIC. THIS COLLABORATION COULD BE STRENGTHENED THROUGH BETTER DATA SHARING OF HEALTH-RELATED INFORMATION. BOTH PRIMARY CARE AND WIC CAN BE MORE EFFECTIVE AT PROVIDING EDUCATION AND SERVICES IF THEY ARE ABLE TO EASILY SHARE INFORMATION LIKE THE PATIENT’S WEIGHT, LENGTH OR OTHER MEASUREMENTS, INCLUDING THE BLOOD COUNTS ROUTINELY MEASURED DURING IN-PERSON WIC VISITS.”

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**POLICY RECOMMENDATION:**

WIC should be provided dedicated funding to enhance collaboration with physicians, Medicaid, SNAP, IHS, and other maternal and early childhood partners to strengthen WIC participation.
Some State WIC Agencies have explored more ambitious data-sharing projects to identify eligible families through Medicaid or SNAP administrative data. More than three-quarters of WIC participants, 76.8 percent, are enrolled in Medicaid, suggesting that eligible individuals who are not certified may also be accessing Medicaid. Federal data indicates that only 33.3 percent of WIC participants access SNAP, which suggest challenges in accurately measuring cross-enrollment between WIC and SNAP and offers opportunities for greater collaboration with SNAP administrators.

To address inequities in serving Indigenous communities, future collaborations should also be inclusive of the Indian Health Service (IHS) and other tribal services.

One of the key challenges to enhanced data sharing is the need for robust memorandums of understanding (MOUs) between relevant agencies that govern data management. In several states, SNAP, Medicaid, and WIC are positioned in three different state departments. Complex agreements that may implicate data privacy laws like the Health Insurance Portability and Accountability Act (HIPAA) take time to negotiate before any data sharing can commence. Many states – including small, rural states – lack resources to manage complex data-sharing projects or capacity to analyze the data in a meaningful manner.

**GO-TO WIC: COMMUNITY-CLINICAL LINKAGES**

WIC clinics are operated by nearly 1,800 local agencies and can be located in a variety of venues, including hospitals, federally qualified health centers (FQHCs), county health departments, and standalone clinics. No matter the venue, WIC providers have routinely partnered with medical and public health stakeholders in the community to raise awareness about WIC and address community health concerns, including providing services to low-income and vulnerable populations.

As a result of the Patient Protection and Affordable Care Act’s emphasis on prevention, WIC providers, especially those co-located at hospitals or FQHCs, have strengthened community-clinical linkages to partner more effectively with the healthcare system and public health agencies. Community-clinical linkages are more formal partnerships that support community access to resources that help prevent, manage, or reduce risks of chronic disease. Integrated care is essential during pregnancy, as families often receive support from a range of healthcare providers and community groups, especially if there are underlying chronic conditions such as type-2 diabetes.

**POLICY RECOMMENDATION:**

USDA and the Department of Health and Human Services (HHS) should explore opportunities that leverage the WIC workforce to provide clinical nutrition and breastfeeding services that can be billed to Medicaid and private health plans, efficiently streamlining the provision of clinical healthcare services while facilitating collaboration and cost-sharing between WIC and health centers.

WIC providers in Washington State and California have implemented effective models to leverage the WIC workforce in providing preventive services. At a FQHC in Washington State, WIC splits the time for Registered Dietitians with other clinical nutrition and chronic disease management services that bill Medicaid, including diabetes prevention programs and medical nutrition therapy. An agency in California formed a coalition with hospitals and physician groups to coordinate breastfeeding support across Los Angeles, ensuring consistent, quality support through numerous entry points.

Under the Patient Protection and Affordable Care Act, health plans were required to cover chronic disease management and preventive services. The WIC workforce is rich in nutrition and breastfeeding expertise and in some states, is the largest employer of breastfeeding and nutrition support staff. As the healthcare system adjusts toward prevention, the WIC workforce is well positioned to provide additional services that can be billed to Medicaid or private insurance plans to improve overall health outcomes.
CHAPTER FOUR: HEALTHY AND MODERN OPTIONS FOR WIC SHOPPERS

In nearly every state, WIC families have increased access to healthy foods through a traditional retail grocery shopping experience. With $4.8 billion in WIC food benefits flowing to over 48,000 authorized vendors each year, WIC shoppers are an essential customer base for many stores and have a demonstrated impact on shaping retail grocer behaviors, including on product stock, pricing, and healthy food access. Increased attention has been paid to reducing challenges in the shopping experience, especially through streamlined and more modern transaction options. Substantial efforts driven by the Healthy, Hunger-Free Kids Act of 2010 phased out paper vouchers in nearly all states and retailers are already partnering with WIC providers to strengthen both technology systems and in-person supports that address structural barriers to program access.

NEW OPTIONS AT CHECKOUT

Over the past decade, WIC streamlined transactions at retail grocery stores with the introduction of electronic-benefit transfer (EBT) technology, also known as e-WIC. Even with this progress, significant barriers remain to a quality shopping experience equivalent to non-WIC consumers, as participants continue to report stigma, inadequate cashier training, and difficulty finding approved foods. These challenges were exacerbated during the COVID-19 pandemic, with WIC shoppers unable to access modern shopping options like online purchasing and home delivery. Enhanced partnerships between WIC providers and retailers are critical to implementing additional innovations that will provide a quality shopping experience for all WIC families.

THE WIC TRANSACTION AND ELECTRONIC BENEFIT TRANSFER/ E-WIC

For decades, WIC participants redeemed benefits with paper vouchers that
prescribed certain quantities of approved foods. Since WIC purchases are tied to quantities of redeemed products instead of the store’s actual sale point, the transaction is more complicated to account for the appropriate reimbursement levels to credit to the retailer.286 WIC transactions must confirm that the product being purchased is within the WIC food package, prescribed specifically to the participant, and not yet redeemed in that month.285 For this reason, paper vouchers required participants to redeem all listed items or otherwise forfeit prescribed foods.286

EBT/e-WIC is a major improvement that resolves several of the challenges of redeeming paper vouchers for participants and retailers. The paper voucher model was often stigmatizing, requiring participants to divide their WIC and non-WIC purchases at checkout.297 Cashier turnover and inadequate cashier training could delay timely processing of WIC transactions, leading to shaming of WIC customers by cashiers or other store patrons.288 EBT/e-WIC transactions are simpler and more discreet, reducing stigma by electronically processing the WIC transaction.289 When a cashier scans a product’s barcode, the point-of-sale system matches an item’s Price Look-Up Code (PLU) or Universal Product Code (UPC) to the WIC State Agency’s Approved Product List (APL) and Management Information System (MIS), verifying that a specific item is approved for redemption by the cardholder.290

The transition to EBT/e-WIC ensures greater program integrity by streamlining vendor monitoring and providing significant electronic data.291 Since WIC transactions still reimburse based on quantity as opposed to a store’s sales point,292 EBT/e-WIC simplifies the vendor reimbursement process, reducing burden on retailers to document and request reimbursement by creating a technology interface that resolves transactions and promptly reimburses WIC retailers.293

EBT/e-WIC systems are often integrated with other point-of-sale software within a single device, allowing for split-tender transactions with SNAP EBT and credit/debit cards.294 In some cases, smaller local vendors and retailers necessary to ensure participant access in food deserts, rural areas, and underserved communities may have a stand-alone device that exclusively processes WIC EBT/e-WIC transactions. Retailers do not have to assume the cost of stand-alone devices, deferring instead to State WIC Agencies to assume new costs if retailers are unable to implement an integrated system.295

EBT/e-WIC is a more efficient transaction system than paper vouchers, but the complicated technology has required State WIC Agencies to assume new technology costs. State contracts with technology vendors generally stipulate monthly transaction processing fees that are calculated based on participation, with some states paying millions of dollars in fees each year. State WIC Agencies estimate that the cost of operating an EBT/e-WIC system is approximately double the administrative costs of running a paper voucher system, diminishing funds under WIC’s Nutrition Services & Administration (NSA) grant for other public health services.296

Wyoming became the first state to adopt EBT/e-WIC in 2002, with seven other state agencies adopting the technology by 2009: Michigan, Nevada, New Mexico, Texas, Cherokee Nation, the Inter-Tribal Council of Nevada, and Pueblo of Isleta.297 Inspired by NWA and stakeholder advocacy, drawing from the proactive efforts of these agencies, and recognizing the inequities posed by a nationwide mandate for SNAP EBT that went into effect in 2002,298 the Healthy, Hunger-Free Kids Act of 2010 required that all WIC agencies implement WIC EBT/e-WIC by October 1, 2020.

The process of implementing EBT/e-WIC was not straightforward. Many state agency computer systems could not interface with the new EBT technology, requiring an overhaul of state Management Information Systems (MIS) that store participant records and manage clinic processes. As a result, a few State WIC Agencies received an exemption to continue to use paper vouchers beyond October 2020 until their MIS and/or EBT/e-WIC projects are completed in the near future.299

THE NEED FOR ONLINE PURCHASING

Online purchasing, paired with home delivery, is a convenient and flexible model well suited for the busy lives of WIC participants – who share many of the same time challenges as non-WIC families. Online purchasing – available to non-WIC households, including those participating in SNAP – could reduce burdens on the shopping experience related to childcare responsibilities, accessibility for pregnant participants on bed rest, and the convenience of being able to reconcile shopping needs with home food inventory.300 Although online purchasing would be a significant step forward for the program, home delivery is not unprecedented in WIC and is an acceptable food delivery method under current program rules.301 Between the program’s inception in 1974 and EBT/e-WIC implementation in 2016, Vermont operated a home delivery model where WIC trucks would deliver foods directly to participants’ homes.302

USDA WILL CONVENE A TASK FORCE AND ISSUE RECOMMENDATIONS ON HOW TO IMPLEMENT ONLINE PURCHASING BY SEPTEMBER 30, 2021.

One of USDA’s earliest efforts to address the COVID-19 pandemic was to rapidly expand the online purchase pilot for the Supplemental Nutrition Assistance Program (SNAP), allowing over 90 percent of SNAP households to access remote purchasing options through Walmart, Amazon, and other retailers.303 This decision was a public health imperative to reduce exposure
to COVID-19, but was also revolutionary in resolving food-access inequities and promoting options for SNAP shoppers. USDA was only able to scale up this pilot program to a national level given years of prior planning, after Congress required development of this technology in the 2014 farm bill. USDA has not sought similarly bold solutions to simplify the WIC shopping experience during COVID-19, despite the Centers for Disease Control and Prevention (CDC) identifying heightened health risks during pregnancy. In the initial months, USDA resisted issuing emergency waivers of program rules that prohibit online purchases and require participants to redeem benefits in the presence of a cashier. In the absence of USDA action, the National WIC Association convened a workgroup of WIC providers, retailers, and technology vendors to identify steps necessary to implement online purchasing technology in WIC, including intelligent online ordering to account for appropriate food substitutions within the scope of allowable WIC foods.

**POLICY RECOMMENDATION:**
In addition to implementing online purchasing by 2024, additional funding should be provided to empower State WIC Agencies to quickly implement other modern transaction models, like mobile payments, curbside pickup, and self-checkout.

In July 2020, after months of pressure, USDA announced a multi-year pilot project of alternative transaction models in five states that would extend through 2023. Especially since there are only four EBT/e-WIC processing companies serving State WIC Agencies, parallel USDA-led action is needed to coordinate the appropriate stakeholders to swiftly implement national-scale solutions. In December 2020, Congress authorized a short-term task force on alternative transaction models to issue actions and recommendations by no later than September 30, 2021.

**ALTERNATIVE CHECKOUT MODELS**

Even before the COVID-19 pandemic, retailers were already exploring integrating WIC into existing models that simplify the shopping experience and modernize the WIC transaction in accordance with general business practices. With pressing public health concerns during the COVID-19 pandemic and no imminent solution on online purchasing, WIC providers and retailers collaborated in 2020 to advance alternative transaction models that reduced in-store time. Unlike online purchasing, these innovations did not require regulatory flexibility to enact.

In 2020, WIC retailers took steps to increase self-checkout lanes and enhance online ordering platforms paired with in-store or curbside pickup. These measures build on the success of EBT/e-WIC to reduce typical barriers to successful WIC shopping experiences and mitigate stigmatizing delays at checkout. In-store or curbside pickup is an area of particular interest, as it sets the foundation for online purchasing models and is more readily operationalized by smaller grocers who may not wish to invest in online purchasing platforms. Although curbside pickup is especially effective at reducing in-store time and minimizing exposure to COVID-19, curbside models require additional costs to grocers, who must procure handheld point-of-sale devices to conduct the transaction while shoppers remain in their car.

With many retailers imposing special shopping hours for vulnerable groups like pregnant people, State WIC Agencies have also highlighted proxy shopping as an effective strategy for safe shopping. Participants or caretakers of participating children are permitted to designate another individual to conduct shopping on their behalf, which can reduce barriers such as transportation, childcare, or when pregnant participants are on bed rest. Although proxies were often encouraged at the individual level, some states – such as Nevada – partnered with community health stakeholders like Catholic Charities and food banks to leverage proxy shopping to enable home delivery models during COVID-19.

"THE COVID-19 PANDEMIC HAS ACCELERATED THE NEED TO CREATE AN EQUITABLE WIC SHOPPING EXPERIENCE. THAT IS WHY NEW MEXICO WIC IS PARTNERING WITH FTS SOLUTIONS TO OFFER A STATEWIDE SHOPPING SOLUTION THAT WILL ENABLE WIC FAMILIES TO PLACE ORDERS ONLINE AND PICK UP THEIR PRODUCTS AT A PARTICIPATING RETAIL STORE. FLEXIBILITY AND PEACE OF MIND SHOULD BE AVAILABLE FOR ALL, INCLUDING WIC SHOPPERS."

SARAH FLORES-SIEVERS, BS, MPA WIC AND FARMERS MARKET DIRECTOR NEW MEXICO DEPARTMENT OF HEALTH
FINDING WIC FOODS IN THE STORE

Although checkout can be the most stigmatizing part of the WIC shopping experience, the prescriptive nature of the WIC food package can cause challenges in identifying WIC-approved products in the store. Unsuccessful shopping trips can limit the effect of WIC participation, driving families to underutilize the benefit or even exit the program. Both in-person and technology strategies can streamline the WIC shopping experience, guiding families toward approved foods without isolating WIC participants from the general shopping public.

STORE PLACEMENT

Each State WIC Agency establishes an Approved Product List (APL) that identifies specific brands and package sizes of WIC-approved foods. State APLs specify particular product barcodes, known as Universal Product Codes (UPCs) or Price Look-Up Codes (PLUs), that are programmed into the EBT/e-WIC system and enabled for redemption by WIC shoppers. State WIC Agencies update the APL regularly, sometimes daily, to account for reformulation of products and inclusion of new items. State WIC Agencies consistently communicate with retailers and food manufacturers to assure all stakeholders have up-to-date PLUs and UPCs, a necessary step to ensure that WIC items are appropriately stocked and labeled in the store.

Retail stores may apply shelf tags, labels, or stickers to identify specific products as WIC-approved. State policy varies significantly, with some states requiring specific labels and others requiring that all items are labeled on the shelf. Within states, there may also be variation as retailers adopt corporate-branded shelf tags. While shelf tags can help focus shoppers on approved items on the shelf, they can also result in confusion when shelf tags are relocated by customers or when shelves are restocked differently without accounting for the tag.

In some cases, retail stores have adopted WIC aisles or corners that combine approved items across food categories. While some stores explicitly mention WIC, others have used broader framing such as “healthy corner” to decrease perceived stigma for WIC shoppers. Recent research suggests that the convenience of finding approved items may quickly outweigh the stigma associated with shopping in a WIC-designated space of a retail grocery store.

SHOPPER EDUCATION

The complexity of navigating the shopping experience, and the importance of reducing barriers at checkout, requires partnership between retailers and local WIC providers to support current and new participants. State WIC Agencies generally develop a shopping guide that is provided to participants during their certification visit, highlighting the specific products by food category that can be purchased at approved WIC vendors. Preparing participants for the shopping experience during certification is limited by the other elements of the appointment, including health screenings, nutrition education, and the paperwork requirements to screen for identity and income.

Recognizing the need for additional support, State WIC Agencies were increasingly exploring in-person shopping support at retail grocery locations before the COVID-19 pandemic. WIC staff – sometimes in partnership with former participants – will conduct walkthroughs of retail locations with a new participant to explain the placement of approved WIC foods and troubleshoot any issues.
with a WIC transaction. The increased WIC presence at store locations is also beneficial for the retailer, enhancing limited cashier training and providing a contact at the local WIC site separate from program monitors.

**POLICY RECOMMENDATION:**
WIC should fund state-driven vendor liaison programs to provide in-person shopping support for new participants.

The high level of technology literacy among new parents has led many State WIC Agencies to explore shopping apps. There are at least a dozen apps, including a few specifically contracted with or developed by State WIC Agencies, to provide in-person support for WIC shoppers by listing approved WIC retail locations, providing real-time updates on the participant’s EBT/e-WIC balance, and using the mobile phone to scan barcodes to identify whether a product is WIC-approved.327 WIC shopping apps can be paired with clinic-driven innovations, such as remote nutrition education or appointment reminders.328 Although WIC shopping apps can make the shopping experience easier and are associated with higher redemptions,329 economic and structural factors such as limited access to mobile data, phone memory, and phone sharing among household members may reduce participant utilization during shopping.

**ENSURING PROGRAM EFFICIENCY AND INTEGRITY**

WIC’s strong return on investment is driven by a commitment to efficient, targeted services. Over the past several decades, WIC has taken innovative steps to reduce overall costs and hold retailers and food manufacturers accountable for administrative requirements. Through strong partnerships with the retail community, WIC saves taxpayers billions of dollars without reducing services by ensuring effective delivery of food benefits.

**HOLDING VENDORS ACCOUNTABLE**

WIC partners with approximately 48,000 unique vendors to ensure that WIC participants can shop in traditional retail settings.330 Although 98 percent of WIC vendors are also authorized to conduct SNAP transactions, there are significant differences in vendor authorization and management between the two federal nutrition programs.

WIC vendors are more likely to be large retailers and national chains, with larger stores constituting 63 percent of all WIC vendors and conducting 77 percent of all WIC sales.331 National chains can more readily meet the administrative requirements to become approved WIC vendors, although one-quarter of WIC vendors are smaller retailers.332 This is a different dynamic from SNAP, which authorizes a greater percentage of smaller vendors and convenience stores.333

WIC requires retailers to maintain a minimum stock of WIC-approved products.334 Although the federal regulations only require stores to carry fruits, vegetables, and whole-grain cereals, many State WIC Agencies will require vendors to carry additional items – including infant-specific items like formula and baby foods.335 The 2009 food package changes positively shaped...
In response to instances of vendor fraud uncovered in the 1990s, the National WIC Association supported legislative action to strengthen regulation of vendors that predominately catered to WIC participants, including banning incentives for WIC shoppers in these WIC-only/ Above-50-percent (A-50) stores. In recent years, promising new models of A-50 stores that establish partnerships with WIC providers while balancing program integrity concerns have emerged.

Policymakers must consider how to strengthen regulation of A-50 stores to ensure that they do not disproportionately affect WIC participants. This includes addressing concerns about the perceived quality of the WIC food package by removing trusted or desired brands from the reach of WIC shoppers. The most notable cost-containment measure was WIC’s adoption of sole-source contracting with infant formula manufacturers, implemented in the Child Nutrition and WIC Reauthorization Act of 1989. As the infant formula market is highly concentrated, the small number of manufacturers will bid aggressively for the WIC contracts, which have a spillover effect in prominent store placement and sales to non-WIC consumers. After over three decades of cost containment, State WIC Agencies are reporting significant rebates in excess of 90 percent of the wholesale price – generating over $1.7 billion in program savings in fiscal year 2019.

**POLICY RECOMMENDATION:**
WIC vendor contracts should be extended to five years to promote alignment with SNAP, as well as other reforms to streamline vendor authorization between the two programs.
WIC is designed and administered to remedy health equity disparities in pregnancy, birth, and early childhood. Motivated by infant and child malnutrition in both rural and urban areas with extreme poverty, the rapid escalation of WIC services across the country demonstrated the widespread need for targeted nutrition support and increased education for expectant parents and their children. Over 45 years later, WIC continues to tackle contemporary barriers to healthy child development, including systemic racial disparities and social determinants of health.

NATIONAL WIC ASSOCIATION HEALTH EQUITY STATEMENT
Health equity is the ability of all individuals and families to achieve optimal health, irrespective of their identity, race, ability or class. This requires equitable access to nutritious foods, breastfeeding support, chronic disease prevention and management services, safe living environments, and good jobs with fair pay. It necessitates removing obstacles to families’ short- and long-term health and wellbeing including poverty, discrimination, and institutional racism and other forms of bias expressed through housing, healthcare, education, labor, and other public policies.

WIC’S EQUITY ROOTS
WIC was established in 1974 in the midst of a decade of social reform, driven by the civil rights movement and Poor People’s Campaign, to end poverty and create opportunity for all Americans. In 1967, then-NAACP Legal Defense Fund attorney Marian Wright (later Edelman) accompanied Senators Robert Kennedy (D-NY), Joseph Clark (D-PA), and George Murphy (R-CA) on a tour to three Mississippi Delta counties to understand the nature of poor birth outcomes, child malnutrition, and the “shocking, widespread, and unconscionable” poverty that existed in the United States.

That trip led to the creation of a Select Committee on Nutrition and Human Needs and the 1969 White House Conference on Food, Nutrition, and Hunger. Wright Edelman’s forceful focus on the needs of infants and children led the White House
Conference to issue a recommendation that “special attention be given to the nutritional needs of low-income pregnant women and preschool children.”

Advocates, legislators and USDA officials, and physicians soon crafted plans to build food commissaries attached to neighborhood clinics to enhance access to healthy foods. Simultaneous projects emerged through a USDA commissary established in Atlanta and a voucher program designed by Dr. David Paige of Johns Hopkins University in Baltimore. By the time the first WIC clinic was established in Pineville, Kentucky, in January 1974, WIC’s critical role in addressing health and food access disparities was already firmly established. WIC carries this strong tradition of public health activism today in delivering critical nutrition and breastfeeding support that addresses present challenges, including high rates of childhood obesity and persistent racial and systemic barriers to optimal health.

Racial disparities persist in the perinatal period and beyond. Black infants are more than twice as likely as white infants to die in their first year of life, and Indigenous children face similarly high rates of infant mortality. WIC’s prenatal support is an effective intervention to extend the length of pregnancies and ensure healthy birthweights for Black infants.

Although WIC’s time-limited intervention cannot reverse years of toxic stress and weathering, improved maternal nutrition could address some of the risk factors for poor pregnancy outcomes.

WIC providers, as a consistent point-of-contact throughout pregnancy, refer families to appropriate healthcare services and reinforce positive messages about ongoing prenatal care. WIC’s nutrition intervention is complemented by comprehensive prenatal care, including access to prenatal vitamins, ultrasound screenings, genetic counseling, amniocentesis, and other core services that support healthy pregnancies. The combined effect of WIC participation and access to prenatal care is especially critical for the nearly one-quarter of pregnant participants who are assessed to have general obstetrical risks.

RACIAL DISPARITIES IN MATERNAL AND CHILD HEALTH

MATERNAL AND INFANT MORTALITY

Between 1990 and 2015, the maternal mortality rate in the United States increased by 56 percent. The increased rates demonstrated persistent racial disparities, with Black women at least three times as likely and Indigenous women at least twice as likely to die of pregnancy-related complications than white women between 2011 and 2016. These disparities are even more concerning since the Centers for Disease Control and Prevention (CDC) estimates that approximately 60 percent of maternal deaths should be preventable.

Racial disparities, especially for Black women, are driven by systemic racism, both in the provision of maternal care and in social determinants of health. Racism and racial discrimination – including implicit or unconscious bias – can lead providers to overlook the pain of a pregnant or birthing woman, ignore or misdiagnose symptoms, and delay care. The toxic stress of chronic exposure to racism, accumulated over time resulting in weathering, is a critical factor in Black maternal deaths in the United States. Direct causes of maternal death, often resulting from weathering, include cardiovascular conditions, infection or sepsis, hemorrhaging, and hypertensive disorders and preeclampsia. The 2009 food package reforms and WIC’s individualized nutrition counseling lead to improved maternal nutrition, including increased vitamin D and iron intake, which reduces the risk of pregnancy-induced hypertension and preeclampsia. Diet-related conditions like obesity are associated with additional risk factors for maternal mortality, such as cardiovascular conditions.

“DURING MY TIME AS CHAIR OF NWA’S MATERNAL MORTALITY IN WIC TASK FORCE, I WORKED WITH COLLEAGUES ACROSS THE NATION TO DEVELOP RECOMMENDATIONS FOR IMMEDIATE IMPLEMENTATION BY WIC AGENCIES. IT WILL TAKE A CONCERTED EFFORT TO MOVE THE NEEDLE AND IMPROVE MATERNAL HEALTH OUTCOMES. TO QUOTE A SENTENCE FROM THE TASK FORCE REPORT, ‘WIC IS A VITAL MECHANISM TO HELP REDUCE MATERNAL MORTALITY [BUT] IT WILL INVOLVE A COLLABORATIVE EFFORT FROM INDIVIDUALS, ORGANIZATIONS, AND LEGISLATORS NATIONWIDE.’ WE ARE READY AND WILLING. WILL YOU JOIN US?”

TONCÉ JACKSON, ED.D., MPH, RDN, CLE
SENIOR HEALTH EQUITY MANAGER, PHFE WIC
LOS ANGELES, CA
BREASTFEEDING RATES

WIC’s balanced approach between professional lactation support and peer counseling is effective at increasing breastfeeding rates, providing tailored support that navigates racial and ethnic disparities, lack of information, and intergenerational trauma that may inhibit successful breastfeeding. Although low-income mothers breastfeed at lower rates than the general population, WIC has made significant progress over the past two decades by increasing initiation rates by 30 percent and doubling the duration rate at 12 months. Strengthening WIC’s breastfeeding programming is a core piece of closing racial gaps in breastfeeding initiation, duration, and exclusivity.

Nationally, Black and Indigenous women have lower rates across all three breastfeeding metrics than other racial and ethnic groups and are the only two racial groups with less than 80 percent breastfeeding initiation. Higher rates for Hispanic and Asian populations may not fully account for the impact of higher breastfeeding rates among immigrant women. While 83.2 percent of infants are breastfed nationally, only 71.8 percent of WIC infants are ever breastfed. The racial gaps are narrower among WIC participants, with Black WIC participants over 5 percent closer to the national average than the overall Black population.

WIC’S COMBINATION OF PROFESSIONAL AND PEER SUPPORT CLOSES RACIAL DISPARITIES IN BREASTFEEDING INITIATION AND DURATION.

Racial disparities are shaped by historic trauma and the emergence of commercial formula in the early twentieth century. Traditional breastfeeding practices for Indigenous women were disrupted by assimilation policies, including boarding schools for Indigenous children that separated mothers from their children. For Black women, the historic legacy of slavery and wet-nurse practices were coupled with higher rates of maternal employment in the early twentieth century that disincentivized breastfeeding, paving the way for decades of targeted and deceptive marketing by infant formula manufacturers. Black women were especially susceptible to infant formula marketing in hospital settings, with samples given out at maternity wards to influence feeding behaviors. In-hospital formula feeding is associated with significantly reduced breastfeeding duration and earlier weaning.

In 1991, the Baby Friendly Hospital Initiative (BFHI) was established to improve breastfeeding support in maternity care settings, including hospitals. BFHI is effective at reshaping hospital policies to ban infant formula marketing at the bedside and prioritize time in the recovery room for breastfeeding initiation. However, BFHI accreditation is voluntary and may not be prioritized by hospitals associated with underserved communities, including Black neighborhoods shaped by decades of redlining, housing discrimination, and underinvestment. Between 2011 and 2014, every hospital administered by the Indian Health Service received BFHI status.

Without WIC’s education and support, intergenerational patterns will only reinforce existing racial disparities. The choice to breastfeed or pursue alternative infant feeding practices is often shaped by personal experience and family history. Prior family experience, support, and engagement from partners or parents is an important factor in addressing common concerns that inhibit or cease breastfeeding including stress about breast milk supply and difficulty latching. WIC counseling and encouragement navigates through a participant’s prior experiences and perceptions, and WIC staff consistently engage family members – including fathers, grandparents, and siblings – to support a participant’s choice to breastfeed.

ADDRESSING ANTI-BLACK AND ANTI-INDIGENOUS RACISM AND IMPLICIT BIAS

Higher risk of adverse outcomes, persistent disparities, and historical traumas of abusive medical practices erode trust in the healthcare system among people of color, especially Black and Indigenous women. Black and Indigenous patients’ high level of distrust of physicians can be especially acute during prenatal care due to specific history of abusive gynecological practices, including forced or coerced sterilization, on Black and Indigenous women.

Black and Indigenous patients’ high level of distrust for physicians may be ameliorated when there is greater interaction with medical professionals of the same demographic background, raising dual priorities of diversifying the medical profession while also improving the ability of white providers to establish trust with patients across racial lines. In recent years, medical providers are increasingly evaluating the effectiveness of anti-racism and implicit bias trainings to identify and remedy problematic behaviors in service delivery that fuel outcome disparities.

POLICY RECOMMENDATION:
The WIC workforce, especially frontline providers of nutrition and breastfeeding support, should, in addition to acquiring cultural competencies, undergo anti-racism and implicit bias trainings to enhance WIC service delivery.

WIC providers are exploring similar strategies to both diversify the workforce and enhance the provision of nutrition education and breastfeeding support by implementing diversity, inclusion, and equity trainings at clinic sites. Credentialed nutrition and breastfeeding professionals are overwhelmingly white – including an estimated 81.1 percent of Registered Dietitians (RDs). Although International Board Certified Lactation...
Consultants (IBCLCs) are predominantly white,\textsuperscript{402} there is a greater range of diversity among Certified Lactation Educators (CLEs) and Certified Lactation Consultants (CLCs).\textsuperscript{403}

**POLICY RECOMMENDATION:**

USDA and State WIC Agencies should partner with credentialing programs and universities to enhance degree programs and professional development opportunities that incentivize diversity in the fields of dietetics, nutrition, and lactation support.

A successful model of WIC workforce diversification is best exemplified by the Breastfeeding Peer Counselor Program established in 2004. It necessarily includes a paraprofessional subset of the WIC workforce that is drawn from the same neighborhoods and communities as current participants and better reflects the lived experience of the people served by WIC, including shared challenges, backgrounds, and languages.\textsuperscript{404} Increased efforts to create professional pathways for peer counselors, including higher credentialing in lactation support or healthcare, is an effective strategy toward further diversifying the workforce pipeline in WIC and the broader public health sector.

**EMPOWERING TRIBAL SERVICES**

The 2010 decennial Census reported that 5.2 million people identified as American Indian or Alaska Native alone or in combination with another race.\textsuperscript{405} There are 574 federally recognized American Indian Tribes and Alaska Native Villages, all inherently sovereign entities with their own political and tribal structure, entitled to a government-to-government relationship with the United States.\textsuperscript{406}

Even before the first WIC clinic opened, Congress prioritized the rights of tribes and inter-tribal groups to scale up their own WIC programs at equivalent status
to geographic states. Designated as Indian Tribal Organizations (ITOs), tribal WIC programs partner with federal programs like the Indian Health Service (IHS) and the Food Distribution Program on Indian Reservations (FDPIR) to enhance nutrition and health outcomes on tribal lands. In addition to tribally operated programs, geographic State WIC Agencies may contract with local providers that support the needs of urban and rural Indigenous populations. In 2018, both ITOs and other State WIC Agencies served over 696,000 Indigenous participants, approximately 9 percent of all WIC participants.

Thirty-three tribes or inter-tribal councils currently operate as ITO State WIC Agencies, representing only a fraction of the federally recognized tribal nations. ITO status is an important step in tribal exercise of sovereignty, empowering tribes to manage their own programs and tailor services for Indigenous families in a culturally appropriate manner. This responsibility is not without challenges, as tribal agencies report financial and staffing difficulties, onerous reporting requirements, and high operating costs, especially with the increased technology infrastructure needed to implement electronic-benefit transfer (EBT), or e-WIC, systems. For example, Seneca Nation discontinued operations independent of the New York State WIC Agency in 2019 as a result of financial and staffing challenges.

**POLICY RECOMMENDATION:** Additional funding and regulatory flexibilities should be explored to support Indian Tribal Organizations (ITOs) and empower tribal administration of WIC services.

Targeted services tailored to Indigenous populations are critical to alleviating high rates of food insecurity and chronic health conditions like type-2 diabetes, lower rates of breastfeeding initiation, and challenges accessing healthcare services. Indigenous populations may lack trust in federal programs and healthcare providers given historical trauma rooted in displacement from ancestral lands and coercive or abusive practices, including high rates of sterilization of Indigenous women, which could drive the higher rates of Indigenous maternal mortality and poor birth outcomes. Indigenous women are more than twice as likely as white women, and perhaps as much as four times as likely, to die from pregnancy-related complications.

Tribally managed services tailored to Indigenous cultural perspectives are critical to achieving optimal health outcomes. Early peer counselor programs, drawn from Indigenous communities and able to navigate cultural sensitivities and practices, were demonstrated to improve breastfeeding initiation and duration for Indigenous participants and helped build the evidence base to scale up peer services nationally. ITO State WIC Agencies were also critical in driving the National WIC Association’s advocacy to reform the WIC food packages and provide culturally appropriate substitutions, an option enacted in the 2009 regulatory changes and that, in 2017, the National Academies for Sciences, Engineering, and Medicine (NASEM) recommended strengthening.

Tribes are increasingly taking steps to strengthen local food systems and environments to empower local investment and address high rates of food insecurity and chronic disease. Increased efforts to assert tribal sovereignty over food systems improves production of and access to foods that are historically and culturally preferred, many of which are nutrient-rich. Greater variety of food options, when paired with nutrition education grounded in Indigenous cultural practices, can positively impact children’s diet quality. WIC, FDPIR, and other federal programs can be partners in elevating and strengthening tribal-led movements to enhance traditional and culturally appropriate food access and attain food sovereignty.

“A LOT OF OUR MOMS ARE YOUNG, FIRST TIME MOMS WHO ARE OFTEN NERVOUS TO SEEK HEALTH SERVICES. THEY MAY NOT REACH OUT TO ANY ONE FOR SERVICES EXCEPT FOR WIC. WINNEBAGO WIC BEING HERE REALLY HELPS NEW MOMS FEEL COMFORTABLE BECAUSE WE ARE ALSO NATIVE AMERICAN, WHICH HELPS ESTABLISH A SENSE OF TRUST AND SUPPORT. AS WIC PROVIDERS, WE HELP BRIDGE THE GAP BETWEEN OUR FAMILIES AND PRIMARY HEALTH CARE THROUGH OUR REFERRALS. OUR FAMILIES COME TO WIC THINKING THEY ARE JUST GOING TO RECEIVE SUPPLEMENTAL FOOD, BUT THEN THEY REALIZE ALL THE SERVICES THAT WINNEBAGO WIC PROVIDES AND THE SUPPORTIVE ENVIRONMENT WE HAVE FOSTERED.”

BENITA PAYER, WIC PROGRAM DIRECTOR WINNEBAGO TRIBE OF NEBRASKA
POLICY RECOMMENDATION:
Increased vendor flexibilities and deliberate efforts to encourage smaller tribal retailers and producers to seek authorization for WIC or WIC Farmers Market Nutrition Program would complement broader food sovereignty efforts.

SOCIAL DETERMINANTS OF HEALTH

WIC’s effective nutrition intervention must be considered in the context of comprehensive measures to address children’s health, development, and future opportunity. Health outcomes are so often shaped by social determinants of health, geography, and community conditions that control access to social and economic opportunities, including access to healthy foods, healthcare, and safe workplaces. WIC providers consistently collaborate with community partners to strengthen local food systems and supports, but broader policy change is needed to address structural racism, alleviate poverty, and provide opportunity regardless of rural or urban settings, neighborhood, or ZIP code.

ENSURING FAMILY ECONOMIC SECURITY

The modern economy is not structured to account for the realities of raising children. Women constituted a majority of the workforce before the COVID-19 pandemic, but more women exited the workforce as a result of childcare responsibilities and the economic disruption throughout 2020. Even if not a majority, the substantial number of working women of childbearing age requires strong labor and workplace policies that balance health and familial considerations with job responsibilities. The American College of Obstetricians and Gynecologists recommend work flexibilities or accommodations to account for the range of precautions for high-risk jobs, shift work, and physically demanding tasks. These accommodations are necessary to avert negative pregnancy outcomes, including health risks to the mother, preterm birth, and miscarriage.

The United States is the only industrialized country that does not provide paid family leave for new parents. The initial weeks of an infant’s life are critical for bonding, establishing parent-child relationships, and laying the foundation for how children learn. In addition to these key cognitive and developmental milestones, the initial weeks are also critical for breastfeeding success, with rapid return to work shortening breastfeeding duration. In addition to positive health outcomes, paid parental leave models also ensure ongoing employment and family income, reducing stressors on new parents and ensuring greater productivity when parents return to work.

Healthy pregnancies must also be complemented with long-term family economic security, as even temporary experiences of child poverty can have long-term developmental and health effects. 17.4 percent of children under the age of six lived in poverty in 2018 – over four million children. Younger adults are having a harder time accumulating the financial resources needed to support families than past generations, in part driven by stagnating wages, underemployment, and substantial student debt. Broader economic reforms to raise wages and targeted measures for low-income families, like the Child Tax Credit, strengthen family economic security and enhance children’s overall health and development.

PRIORITIZING COMMUNITY HEALTH

Community determinants shape children’s development and family supports, with an association between a child’s ZIP code and risk factors for adverse birth outcomes. A history of underinvestment in rural and certain urban communities, in part driven by segregation and racial discrimination in housing practices, can impact the prevalence of food security and health outcomes. Food swamps – areas with a high-density of restaurants or stores selling high-calorie fast food or junk food – are associated with higher rates of obesity and may lack a broad range of available healthy foods. The 2009 food package changes – which shaped stocking practices in authorized WIC retail grocery stores – are associated with expanded access to healthy foods in low-income neighborhoods.

Other metrics of community development, including broadband

"INTERNET CONNECTIVITY PRESENTS CHALLENGES IN REMOTE OR RURAL COMMUNITIES FOR BOTH CLIENTS AND CLINICS, ESPECIALLY AS STAFF WORKS FROM HOME DURING THE PANDEMIC. WIC HAD TO INVEST IN NEW TECHNOLOGY, SUCH AS MOBILE HOTSPOTS, TO SUPPORT ONGOING OPERATIONS. SOME CLINICS WERE COMPLETELY CLOSED WITHOUT THE ABILITY TO PROVIDE REMOTE SERVICES, AND ITCA HAD TO STEP IN AND PROVIDE DIRECT SERVICES TO ENSURE NO DISRUPTION TO BENEFITS."  

Mindy Jossefides, WIC Program Director  
Inter-Tribal Council of Arizona
Community safety influences child development and may impact family stability and economic security. Racist policing practices and police brutality have significant impacts on the mental health and social development of Black children, and punitive immigration policies have led to mental health conditions in young children from immigrant and mixed-status families, especially when a parent has been detained or separated from the family.

Comprehensive reforms to policing and immigration enforcement that address abusive or dangerous practices, ensure accountability, and prioritize justice for affected families are needed to promote family stability and assure positive child development.

Within households, intimate partner violence is associated with increased risks to pregnancy, including low birthweight and preterm birth, as well as negative health effects for children and even infants who witness violence. Intimate partner violence is often tied to economic control, and ending the violence may leave the affected parent and any children vulnerable to poverty and economic insecurity. WIC providers make referrals to domestic violence shelters and other social services that support families in ending violence and assuring the safety of young children.

Community safety is also at increased risk if there are firearms present. The presence of firearms in the house escalates the risk of injury or death in intimate partner violence cases for both women and children. Children discovering and playing with unsecured firearms in the home is the most common form of unintentional firearm-related death. The National WIC Association concurs with the 2015 Call to Action from health professional organizations identifying firearm-related injury and death as a major public health problem.

In 2015, 7 percent of communities had unsafe water systems, but approximately 12 percent of all children live in communities with unsafe water. Low-income children are at risk of increased intake of contaminants through water, with children participating in WIC being three to four times more likely to have unsafe blood lead levels than the general child population. Safe water systems are especially critical for the health of formula-fed WIC infants. Similarly, maternal or early exposure to air pollutants can impact fetal development and pregnancy outcomes, including higher risk of preterm birth or miscarriage while also contributing to long-term health conditions in children, such as asthma and respiratory conditions.

During the Flint Water Crisis, Michigan WIC tested for lead exposure, distributed bottled water, and counseled on safe infant formula preparation.
WIC purchases are the last link in a dedicated food supply chain that grows, produces, and distributes healthy foods to retail grocery locations across the country. As with other federal nutrition programs, WIC retail purchases flow back to the farm sector and invest in America’s agricultural production. The partnership between agriculture and WIC participants is a vital underpinning to the program’s success, but further collaboration is needed to open the WIC market to small farmers.

WIC’s historic connections with agriculture were revitalized by the 2009 changes to the WIC food package, which expanded the food products available for purchase by WIC consumers to include fruits, vegetables, and whole-grain foods. These expanded options brought in a greater variety of farmers and producers to the WIC supply chain, ensuring that federal funding flowed back to different sectors of the farm economy.

USDA estimated that the 2009 food package changes resulted in an annual revenue of $1.3 billion for the farm sector based on $4.6 billion in WIC retail purchases.\textsuperscript{467} The changes to the WIC food package and greater variety of available foods were estimated to increase farm revenues connected to WIC by $331 million each year.\textsuperscript{468}

Farm revenues are evenly split between livestock and crop producers, with the dairy industry drawing 45 percent of WIC-related revenues.\textsuperscript{449} Dairy producers benefitted the most from the 2009 food package changes, with an estimated additional $147.4 million in annual revenues, even though the changes reduced the allowances of milk and cheese for WIC shoppers.\textsuperscript{470} The second-largest increase in revenues was associated with fruit and vegetable producers, who are estimated to claim nearly $300 million in annual revenues due to the introduction of WIC’s Cash Value Benefit.

WIC fuels a segment of the farm workforce, with over 10,000 full-time farm positions needed to produce foods for WIC consumers, including an increased 2,600 jobs connected to the 2009 changes to the food package.\textsuperscript{471} This may underestimate the total number of workers, as many farm jobs – including those related to fruit and vegetable production – are seasonal and part-time. Additionally, WIC intersects with other areas of the farm economy, bringing $177 million in annual revenues to farm
production commodities, such as feed for dairy cows and poultry and seed for grain production.472

WIC-related food production affects several additional sectors of the food supply chain. The majority of foods require at least one stage of processing, bringing revenues to food processors.473 Distributors also play a vital role in connecting foods to retail grocery locations. The introduction of fruits and vegetables to the food package – and the requirement that WIC-approved vendors carry two varieties of each474 – have led smaller vendors to invest in capital improvements, such as acquiring refrigeration and display units.475 Nonetheless, distributors may face challenges in connecting small farmers with the WIC market, given the high proportion of large grocery chains with national distributor networks among WIC-approved vendors.476

POLSICY RECOMMENDATION
USDA should move forward solutions to streamline electronic transactions at farmers markets between WIC Cash Value Benefits, WIC FMNP, and SNAP.

Farmers markets met immediate challenges in allowing for redemption of the Cash Value Benefit, as State WIC Agencies began implementing electronic-benefit transfer (EBT), or e-WIC, transactions. The transition to an EBT/e-WIC system meant that individual farmers would have to procure handheld EBT/e-WIC transaction devices with reliable internet access at the market location. Although some State WIC Agencies have facilitated the procurement of this equipment for farmers, many states have deemed this process too costly and burdensome for farmers. Unlocking a solution that integrates an EBT/e-WIC transaction with a scalable, affordable transaction

WIC AT FARMERS MARKETS

For nearly three decades, WIC has worked to strengthen connections with farmers markets to enhance access to local produce and healthy foods. Farmers markets are critical opportunities for smaller farmers and producers to offer their products to WIC shoppers, and opportunities for collaboration have only expanded with the introduction of the Cash Value Benefit in 2009.

Twenty-two State WIC Agencies – including 15 geographic states – allow for the Cash Value Benefit to be redeemed at farmers markets.477 The Cash Value Benefit – which provides $9 or $11 per month for fruit and vegetable purchases – can also be redeemed in traditional retail locations that are approved as WIC vendors.

FARM REVENUES BY SECTOR (IN MILLIONS)480
device for farmers is a critical step toward strengthening farmers market partnerships with WIC.

Even before the Cash Value Benefit was introduced, Congress instituted the WIC Farmers Market Nutrition Program (FMNP) in 1992. WIC FMNP, a separate program that is funded through the Commodity Assistance Program, provides over 1.5 million WIC participants at 49 of the 89 State WIC Agencies with an additional voucher to redeem fruits, vegetables, and herbs at a farmers market or farm stand. WIC FMNP benefits are capped at $30 per year, which limits the reach of the program and its ability to incentivize shopping by WIC families at farmers markets.

POLICY RECOMMENDATION:
Congress should double the upper limit for WIC FMNP benefits to $60 per year to support both WIC families and individual farmers.

As USDA evaluates opportunities to enhance WIC redemptions at farmers markets, an integrated approach should be inclusive of both WIC FMNP and SNAP transactions. As in retail settings, current WIC regulations are more restrictive than SNAP, precluding some market models that allow for centralized terminals or shopping via token.

Further collaboration between WIC and WIC FMNP is an important step toward enhancing WIC purchases of local produce. WIC FMNP programs are not necessarily administered by state health departments, but could also be placed in state agriculture or aging departments – especially when paired with the Senior FMNP.

The National WIC Association has consistently supported stronger funding for WIC FMNP, especially as additional State WIC Agencies voice interest in expanding the program to new markets or even new states. WIC collaborations with farmers markets demonstrate the intertwined relationship between local farmers and WIC shoppers.
APPENDIX:
STATE PROFILES OF WIC SERVICES
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
WIC State Agencies received at least 697 waivers to operate during the pandemic, including flexibilities to implement remote services and substitutions within the food package to ensure access to nutritious foods.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

7,837,672 WIC PARTICIPANTS

Pregnant women 675,227
Breastfeeding women 628,152
Postpartum women 514,009
Infants 1,868,344
Children 4,151,940

WHO PARTICIPATES IN WIC?

National WIC participation in 2018

BREASTFEEDING IN WIC
National WIC breastfeeding initiation rates increased by 7 percentage points between 2010 and 2018.

2018 72%
2010 65%

Among WIC infants who initiated breastfeeding in the United States in 2018, 23 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE UNITED STATES
The obesity rate among WIC toddlers in the United States decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 14%

UNITED STATES OF AMERICA WIC PARTICIPANT CHARACTERISTICS

$19,355 average family income in 2018
77% received Medicaid in 2018
$40.90 average monthly food cost in FY 2019

$3.1B to spend at food retailers
$1.7B formula rebates received
$2.0B nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN THE UNITED STATES
Maternal mortality per 100,000 births, 2017 17.3
Infant mortality per 1,000 live births, 2017 5.8
Preterm birth rates, 2017 10%

HOW WIC SUPPORTED THE UNITED STATES ECONOMY IN FY 2019


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visit nwica.org

National WIC Association
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Indian Tribal Organization State Agencies received at least 184 waivers during the pandemic, including flexibilities to implement remote services and substitutions within the food package to ensure access to nutritious foods.

WHO PARTICIPATES IN WIC?

59,284
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>4,872</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>3,377</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>3,998</td>
</tr>
<tr>
<td>Infants</td>
<td>13,253</td>
</tr>
<tr>
<td>Children</td>
<td>33,784</td>
</tr>
</tbody>
</table>

51% of eligible individuals in the United States participated in WIC in 2017

45% of infants born in the United States participated in WIC in 2017

BREASTFEEDING IN WIC
Breastfeeding initiation rates among WIC infants in Indian Tribal Organizations increased by approximately 20 percentage points between 1998 and 2018.

Among WIC infants who initiated breastfeeding in Indian Tribal Organizations in 2018, approximately 24 percent continued breastfeeding at 6 months.

HOW WIC HELPS INDIAN TRIBAL ORGANIZATIONS

INDIAN TRIBAL ORGANIZATION WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$14,963</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>68%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$52.17</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$22.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$11.2M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$29.8M</td>
</tr>
</tbody>
</table>


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National WIC Association
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
ACL WIC received at least 6 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

427 WIC PARTICIPANTS

Pregnant women 34
Breastfeeding women 36
Postpartum women 24
Infants 83
Children 250

ACL WIC breastfeeding initiation rates increased by 19 percentage points between 1998 and 2018.

Among WIC infants who initiated breastfeeding in ACL in 2018, 26 percent continued breastfeeding at 6 months.

ACL WIC participant characteristics

Average family income in 2018 $16,397
88% received Medicaid in 2018
Average monthly food cost in FY 2019 $46.86

$204,889 to spend at food retailers
$219,852 nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE ACL ECONOMY IN FY 2019


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visit nwica.org

National WIC Association
HOW WIC HELPS ALABAMA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

HOW WIC HELPS ALABAMA

State WIC Director
Allison Hatchett
Division of WIC,
Montgomery, AL 36130-0001

Phone: 800-654-1385
Email: allison.hatchett@adph.state.al.us

WHO PARTICIPATES IN WIC?

60% of infants born in Alabama participated in WIC in 2017

53% of eligible individuals in Alabama participated in WIC in 2017

130,739 WIC PARTICIPANTS

Pregnant women 14,393
Breastfeeding women 4,044
Postpartum women 13,992
Infants 35,438
Children 62,872

COVID-19 Response
Alabama WIC received at least 7 waivers, including physical presence and larger package sizes for whole grains.

BREASTFEEDING IN WIC
Alabama WIC breastfeeding initiation rates increased by 3 percentage points between 2010 and 2018.

2018 36%
2010 33%

Among WIC infants who initiated breastfeeding in Alabama in 2018, 23 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN ALABAMA
The obesity rate among WIC toddlers in Alabama increased by <1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 16%

MORTALITY AND BIRTH OUTCOMES IN ALABAMA
Maternal mortality per 100,000 births, 2010–2015 11.9
Infant mortality per 1,000 live births, 2017 8.2
Preterm birth rates, 2017 12%

ALABAMA WIC PARTICIPANT CHARACTERISTICS

$17,111 average family income in 2018
71% received Medicaid in 2018
$44.32 average monthly food cost in FY 2019

$61.4M to spend at food retailers
$33.2M formula rebates received
$27.6M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE ALABAMA ECONOMY IN FY 2019


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Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association

50
HOW WIC HELPS ALASKA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Kathleen Wayne
130 Seward St, Ste 508,
Juneau, AK 99811-0612
Phone: 907-465-8636
Email: kathleen.wayne@alaska.gov

39% of infants born in Alaska participated in WIC in 2017

18,963 WIC PARTICIPANTS

- Pregnant women: 1,591
- Breastfeeding women: 1,988
- Postpartum women: 813
- Infants: 4,037
- Children: 10,534

Alaska WIC participation in 2018

39% of eligible individuals in Alaska participated in WIC in 2017

WHO PARTICIPATES IN WIC?

BREASTFEEDING IN WIC
Alaska WIC breastfeeding initiation rates increased by 15 percentage points between 1998 and 2018.

2018: 82%
1998: 67%

Among WIC infants who initiated breastfeeding in Alaska in 2018, 7 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN ALASKA
The obesity rate among WIC toddlers in Alaska decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 20%

MORTALITY AND BIRTH OUTCOMES IN ALASKA
Infant mortality per 1,000 live births, 2017: 5.5
Preterm birth rates, 2017: 9%

ALASKA WIC PARTICIPANT CHARACTERISTICS

- Average family income in 2018: $26,638
- Average monthly food cost in FY 2019: $54.52

HOW WIC SUPPORTED THE ALASKA ECONOMY IN FY 2019

- $10.5M to spend at food retailers
- $2.5M formula rebates received
- $7.5M nutrition, breastfeeding services & admin

COVID-19 Response
Alaska WIC received at least 10 waivers, including physical presence and flexibility for mailed food packages.

HOW WIC HELPS
AMERICAN SAMOA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
American Samoa WIC received at least 3 waivers, including physical presence and extended certification periods for children.

79% of infants born in American Samoa participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

5,396 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>406</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>460</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>125</td>
</tr>
<tr>
<td>Infants</td>
<td>768</td>
</tr>
<tr>
<td>Children</td>
<td>3,637</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
American Samoa WIC breastfeeding initiation rates increased by 4 percentage points between 2000 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>80%</td>
</tr>
<tr>
<td>2000</td>
<td>76%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in American Samoa in 2018, 56 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN AMERICAN SAMOA
The obesity rate among WIC toddlers in American Samoa decreased by 1 percentage point between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>15%</td>
</tr>
<tr>
<td>2016</td>
<td>14%</td>
</tr>
</tbody>
</table>

Obesity rate among WIC toddlers, 2016 14%

AMERICAN SAMOA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$26,768</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$68.12</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE AMERICAN SAMOA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates received</td>
<td>$1.0M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$1.5M</td>
</tr>
</tbody>
</table>

HOW WIC HELPS ARIZONA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Marlene Hernandez
150 N 18th Ave,
Phoenix, AZ 85007
Phone: 602-364-1621
Email: marlene.hernandez@azdhs.gov

COVID-19 Response
Arizona WIC received at least 12 waivers, including physical presence and relief from in-person monitoring requirements.

WHO PARTICIPATES IN WIC?

37% of infants born in Arizona participated in WIC in 2017

46% of eligible individuals in Arizona participated in WIC in 2017

151,081 WIC PARTICIPANTS
Pregnant women 12,349
Breastfeeding women 5,406
Postpartum women 13,871
Infants 30,174
Children 89,281

Arizona WIC participation in 2018

Arizona WIC breastfeeding initiation rates increased by 4 percentage points between 2010 and 2018.

2018 70%
2010 66%

Among WIC infants who initiated breastfeeding in Arizona in 2018, 39 percent continued breastfeeding at 6 months.

BREASTFEEDING IN WIC

CHILDHOOD OBESITY IN WIC IN ARIZONA
The obesity rate among WIC toddlers in Arizona decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

MORTALITY AND BIRTH OUTCOMES IN ARIZONA
Maternal mortality per 100,000 births, 2010–2015 18.8
Infant mortality per 1,000 live births, 2017 5.5
Preterm birth rates, 2017 9%

ARIZONA WIC PARTICIPANT CHARACTERISTICS

$21,213 average family income in 2018
87% received Medicaid in 2018
$35.63 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE ARIZONA ECONOMY IN FY 2019

$60.7M to spend at food retailers
$39.5M formula rebates received
$41.8M nutrition, breastfeeding services & admin


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53
## HOW WIC HELPS ARKANSAS

### Mission of WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

### Who Participates in WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>8,463</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>3,268</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>9,012</td>
</tr>
<tr>
<td>Infants</td>
<td>22,042</td>
</tr>
<tr>
<td>Children</td>
<td>37,074</td>
</tr>
</tbody>
</table>

**Arkansas WIC participation in 2018**

### Childhood Obesity in WIC in Arkansas

The obesity rate among WIC toddlers in Arkansas decreased by **2 percentage points** between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>15%</td>
</tr>
<tr>
<td>2016</td>
<td>13%</td>
</tr>
</tbody>
</table>

### Mortality and Birth Outcomes in Arkansas

- Maternal mortality per 100,000 births, 2010–2015: **34.8**
- Infant mortality per 1,000 live births, 2017: **8.2**
- Preterm birth rates, 2017: **11%**

### Breastfeeding in WIC

Arkansas WIC breastfeeding initiation rates increased by **11 percentage points** between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>46%</td>
</tr>
<tr>
<td>2018</td>
<td>57%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Arkansas in 2018, **23 percent** continued breastfeeding at 6 months.

### How WIC Supported the Arkansas Economy in FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$21.8M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$23.3M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$30.0M</td>
</tr>
</tbody>
</table>

### COVID-19 Response
Arkansas WIC received at least 15 waivers, including physical presence and extended certification periods for children.

**59%** of infants born in Arkansas participated in WIC in 2017.

**49%** of eligible individuals in Arkansas participated in WIC in 2017.

### Sources
- CDC WONDER (wonder.cdc.gov) for mortality and birth outcomes.
- National WIC Association (nwica.org) for total infants participating in state.

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**February 2021**

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS CALIFORNIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

52% of infants born in California participated in WIC in 2017
61% of eligible individuals in California participated in WIC in 2017

WHO PARTICIPATES IN WIC?

1,194,194 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>100,047</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>90,986</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>62,899</td>
</tr>
<tr>
<td>Infants</td>
<td>244,943</td>
</tr>
<tr>
<td>Children</td>
<td>695,319</td>
</tr>
</tbody>
</table>

CHILDHOOD OBESITY IN WIC IN CALIFORNIA
The obesity rate among WIC toddlers in California decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 16%

BREASTFEEDING IN WIC
California WIC breastfeeding initiation rates increased by 1 percentage point between 2010 and 2018.

Among WIC infants who initiated breastfeeding in California in 2018, 13 percent continued breastfeeding at 6 months.

MORTALITY AND BIRTH OUTCOMES IN CALIFORNIA

Maternal mortality per 100,000 births, 2010–2015 4.5
Infant mortality per 1,000 live births, 2017 4.2
Preterm birth rates, 2017 9%

CALIFORNIA WIC PARTICIPANT CHARACTERISTICS

$21,363 average family income in 2018
80% received Medicaid in 2018
$44.09 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE CALIFORNIA ECONOMY IN FY 2019

$491.5M to spend at food retailers
$219.8M formula rebates received
$324.5M nutrition, breastfeeding services & admin


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National WIC Association

State WIC Director
Christine Nelson
3901 Lennane Dr,
Sacramento, CA 95834-1922
Phone: 916-928-8806
Email: Christine.nelson@cdph.ca.gov

55
HOW WIC HELPS
CHEROKEE NATION OF
OKLAHOMA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Cherokee Nation WIC received at least 12 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

8,250 WIC PARTICIPANTS

Pregnant women 814
Breastfeeding women 392
Postpartum women 534
Infants 2,098
Children 4,412

BREASTFEEDING IN WIC
Cherokee WIC breastfeeding initiation rates increased by 19 percentage points between 1998 and 2018.

Among WIC infants who initiated breastfeeding in Cherokee in 2018, 11 percent continued breastfeeding at 6 months.

80% received Medicaid in 2018
$36.81 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE CHEROKEE ECONOMY IN FY 2019

$19,495 average family income in 2018
$2.7M to spend at food retailers
$3.1M nutrition, breastfeeding services & admin

$1.7M formula rebates received


FEBRUARY 2021

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State WIC Director
Brenda Carter
886 Markoma Cir, PO Box 948,
Tahlequah, OK 74465-0948
Phone: 800-256-0671 xt. 5589
Email: brenda-carter@cherokee.org
HOW WIC HELPS
THE CHEYENNE RIVER
SIOUX TRIBE

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Joleen Straighthead
PO Box 590,
Eagle Butte, SD 57625-0590
Phone: 605-964-3947
Email: joleen__nancy08@yahoo.com

COVID-19 Response
Cheyenne River Sioux WIC received at least 5 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

784 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>60</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>40</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>43</td>
</tr>
<tr>
<td>Infants</td>
<td>135</td>
</tr>
<tr>
<td>Children</td>
<td>506</td>
</tr>
</tbody>
</table>

Cheyenne River Sioux WIC participation in 2018

BREASTFEEDING IN WIC
Cheyenne River Sioux WIC breastfeeding initiation rates increased by 18 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>initiation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>37%</td>
</tr>
<tr>
<td>2018</td>
<td>55%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Cheyenne River Sioux in 2018, 13 percent continued breastfeeding at 6 months.

CHEYENNE RIVER SIOUX WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$10,960</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$59.53</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE CHEYENNE RIVER SIOUX ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$519,477 to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$60,562 formula rebates received</td>
<td></td>
</tr>
<tr>
<td>$554,113 nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

**MISSION OF WIC**
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

**WHO PARTICIPATES IN WIC?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>352</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>219</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>336</td>
</tr>
<tr>
<td>Infants</td>
<td>901</td>
</tr>
<tr>
<td>Children</td>
<td>2,042</td>
</tr>
</tbody>
</table>

**BREASTFEEDING IN WIC**

Chickasaw WIC breastfeeding initiation rates increased by **30 percentage points** between 2000 and 2018.

- 2018: 70%
- 2000: 40%

Among WIC infants who initiated breastfeeding in Chickasaw in 2018, **23 percent** continued breastfeeding at 6 months.

**CHICKASAW WIC PARTICIPANT CHARACTERISTICS**

- **$22,247** average family income in 2018
- **71%** received Medicaid in 2018
- **$33.94** average monthly food cost in FY 2019

**HOW WIC SUPPORTED THE CHICKASAW ECONOMY IN FY 2019**

- **$1.4M** to spend at food retailers
- **$942,859** formula rebates received
- **$2.9M** nutrition, breastfeeding services & admin


**FEBRUARY 2021**

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## HOW WIC HELPS THE CHOCTAW NATION OF OKLAHOMA

### MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

### COVID-19 Response
Choctaw Nation WIC received at least 4 waivers, including physical presence and vendor-related flexibilities.

### WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>295</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>196</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>350</td>
</tr>
<tr>
<td>Infants</td>
<td>984</td>
</tr>
<tr>
<td>Children</td>
<td>2,096</td>
</tr>
</tbody>
</table>

3,921 WIC PARTICIPANTS

### BREASTFEEDING IN WIC
Choctaw WIC breastfeeding initiation rates increased by **44 percentage points** between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>53%</td>
</tr>
<tr>
<td>1998</td>
<td>9%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Choctaw in 2018, **14 percent** continued breastfeeding at 6 months.

### CHOCTAW WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$19,068</td>
</tr>
<tr>
<td>Medicaid participation in 2018</td>
<td>77%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$29.64</td>
</tr>
</tbody>
</table>

### HOW WIC SUPPORTED THE CHOCTAW ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates received</td>
<td>$1.3M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$1.5M</td>
</tr>
<tr>
<td>Money to spend at food retailers</td>
<td>$1.5M</td>
</tr>
</tbody>
</table>


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MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Citizen Potawatomi WIC received at least 7 waivers, including physical presence and vendor-related flexibilities.

45%
of infants born in the United States participated in WIC in 2017

51%
of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

1,740
WIC PARTICIPANTS

Pregnant women 203
Breastfeeding women 94
Postpartum women 119
Infants 410
Children 914

Citizen Potawatomi WIC participation in 2018

BREASTFEEDING IN WIC
Citizen Potawatomi WIC breastfeeding initiation rates increased by 42 percentage points between 2004 and 2018.

2018 59%
2004 17%

Among WIC infants who initiated breastfeeding in Citizen Potawatomi in 2018, 20 percent continued breastfeeding at 6 months.

HOW WIC HELPS THE CITIZEN POTAWATOMI NATION

HOW WIC SUPPORTED THE CITIZEN POTAWATOMI ECONOMY IN FY 2019

$27,817 average family income in 2018
84% received Medicaid in 2018
$32.53 average monthly food cost in FY 2019

$564,067 to spend at food retailers
$420,605 formula rebates received
$2.8M nutrition, breastfeeding services & admin

HOW WIC HELPS COLORADO

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Colorado WIC received at least 16 waivers, including physical presence and food substitutions for dairy products.

WHO PARTICIPATES IN WIC?

94,470
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>8,347</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>7,938</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>6,488</td>
</tr>
<tr>
<td>Infants</td>
<td>23,879</td>
</tr>
<tr>
<td>Children</td>
<td>47,818</td>
</tr>
</tbody>
</table>

41% of eligible individuals in Colorado participated in WIC in 2017

37% of infants born in Colorado participated in WIC in 2017

BREASTFEEDING IN WIC

Colorado WIC breastfeeding initiation rates increased by 5 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>82%</td>
</tr>
<tr>
<td>2010</td>
<td>77%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Colorado in 2018, 36 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN COLORADO
The obesity rate among WIC toddlers in Colorado decreased by 2 percentage points between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>8%</td>
</tr>
</tbody>
</table>

MORTALITY AND BIRTH OUTCOMES IN COLORADO
Maternal mortality per 100,000 births, 2010–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>11.3</td>
</tr>
</tbody>
</table>

Infant mortality per 1,000 live births, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Preterm birth rates, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>9%</td>
</tr>
</tbody>
</table>

COLORADO WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$22,290</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>56%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$37.00</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE COLORADO ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$25.4M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$15.2M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$36.4M</td>
</tr>
</tbody>
</table>


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National WIC Association
HOW WIC HELPS
THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
CNMI WIC received at least 5 waivers, including physical presence and extended certification periods for children.

89% of infants born in CNMI participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

3,087 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>278</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>171</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>111</td>
</tr>
<tr>
<td>Infants</td>
<td>322</td>
</tr>
<tr>
<td>Children</td>
<td>2,205</td>
</tr>
</tbody>
</table>

CNMI WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$18,270</td>
</tr>
<tr>
<td>Percentage received Medicaid in 2018</td>
<td>79%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$60.63</td>
</tr>
</tbody>
</table>

$2.2M to spend at food retailers
$0.6M formula rebates received
$1.4M nutrition, breastfeeding services & admin


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**HOW WIC HELPS CONNECTICUT**

**MISSION OF WIC**
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

**COVID-19 Response**
Connecticut WIC received at least 6 waivers, including physical presence and larger package sizes for whole grains.

**WHO PARTICIPATES IN WIC?**

<table>
<thead>
<tr>
<th>WIC PARTICIPANTS</th>
<th>54,509</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>5,123</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>3,753</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>2,592</td>
</tr>
<tr>
<td>Infants</td>
<td>12,962</td>
</tr>
<tr>
<td>Children</td>
<td>30,079</td>
</tr>
</tbody>
</table>

37% of infants born in Connecticut participated in WIC in 2017

49% of eligible individuals in Connecticut participated in WIC in 2017

**BREASTFEEDING IN WIC**
Connecticut WIC breastfeeding initiation rates increased by 16 percentage points between 2010 and 2018.

**MORTALITY AND BIRTH OUTCOMES IN CONNECTICUT**
Maternal mortality per 100,000 births, 2010–2015 13.2
Infant mortality per 1,000 live births, 2017 4.7
Preterm birth rates, 2017 10%

**CHILDHOOD OBESITY IN WIC IN CONNECTICUT**
The obesity rate among WIC toddlers in Connecticut decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 14%

**CONNECTICUT WIC PARTICIPANT CHARACTERISTICS**

- $18,558 average family income in 2018
- 86% received Medicaid in 2018
- $44.56 average monthly food cost in FY 2019

**HOW WIC SUPPORTED THE CONNECTICUT ECONOMY IN FY 2019**

- $24.5M to spend at food retailers
- $13.4M formula rebates received
- $14.8M nutrition, breastfeeding services & admin


**FEBRUARY 2021**
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HOW WIC HELPS DELAWARE

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

54% of infants born in Delaware participated in WIC in 2017

19,766
WIC PARTICIPANTS

Pregnant women 1,590
Breastfeeding women 1,421
Postpartum women 1,318
Infants 5,838
Children 9,599

BREASTFEEDING IN WIC
Delaware WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

2018 52%
2010 37%

Among WIC infants who initiated breastfeeding in Delaware in 2018, 20 percent continued breastfeeding at 6 months.

MORTALITY AND BIRTH OUTCOMES IN DELAWARE
Maternal mortality per 100,000 births, 2010–2015 14.0
Infant mortality per 1,000 live births, 2017 7.1
Preterm birth rates, 2017 10%

CHILDHOOD OBESITY IN WIC IN DELAWARE
The obesity rate among WIC toddlers in Delaware decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 16%

DELAWARE WIC PARTICIPANT CHARACTERISTICS
$17,324 average family income in 2018
42% received Medicaid in 2018
$33.89 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE DELAWARE ECONOMY IN FY 2019
$6.7M to spend at food retailers
$5.3M formula rebates received
$5.4M nutrition, breastfeeding services & admin


FEBRUARY 2021 Please direct all questions to NWA at 202.232.5492 visit nwica.org

State WIC Director
Joanne White
655 S Bay Rd Ste 1C,
Dover, DE 19901
Phone: 302-741-2900
Email: Joanne.White@state.de.us
HOW WIC HELPS
THE DISTRICT OF COLUMBIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WHO PARTICIPATES IN WIC?

15,539
WIC PARTICIPANTS

- Pregnant women: 1,161
- Breastfeeding women: 1,623
- Postpartum women: 1,039
- Infants: 4,399
- Children: 7,317

District of Columbia WIC participation in 2018

BREASTFEEDING IN WIC

The District of Columbia WIC breastfeeding initiation rates increased by 23 percentage points between 2010 and 2018.

- 2018: 67%
- 2010: 43%

Among WIC infants who initiated breastfeeding in the District of Columbia in 2018, 33 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE DISTRICT OF COLUMBIA

The obesity rate among WIC toddlers in the District of Columbia decreased by 3 percentage points between 2010 and 2016.

- Obesity rate among WIC toddlers, 2016: 11%

MORTALITY AND BIRTH OUTCOMES IN THE DISTRICT OF COLUMBIA

- Maternal mortality per 100,000 births, 2010–2015: 36.1
- Infant mortality per 1,000 live births, 2017: 7.7
- Preterm birth rates, 2017: 11%

THE DISTRICT OF COLUMBIA WIC PARTICIPANT CHARACTERISTICS

- Average family income in 2018: $8,958
- Medicaid in 2018: 60%
- Average monthly food cost in FY 2019: $43.23

HOW WIC SUPPORTED THE DISTRICT OF COLUMBIA ECONOMY IN FY 2019

- $6.1M to spend at food retailers
- $3.4M formula rebates received
- $5.3M nutrition, breastfeeding services & admin

COVID-19 Response
DC WIC received at least 6 waivers, including physical presence and extended certification periods for children.

State WIC Director
Sara Beckwith
899 North Capital St, NE Third Floor,
Washington, DC 20002

Phone: 800-345-1942
Email: sara.beckwith@dc.gov

46% of infants born in the District of Columbia participated in WIC in 2017

60%

of eligible individuals in the District of Columbia participated in WIC in 2017


FEBRUARY 2021

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65
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Eastern Band of Cherokee WIC received at least 3 waivers, including physical presence and remote benefit issuance.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

Pregnant women 53
Breastfeeding women 38
Postpartum women 31
Infants 122
Children 421

HOW WIC HELPS THE EASTERN BAND OF CHEROKEE INDIANS

EASTERN BAND OF CHEROKEE INDIANS WIC PARTICIPANT CHARACTERISTICS

$7,144 average family income in 2018
97% received Medicaid in 2018
$34.20 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE EASTERN BAND OF CHEROKEE INDIANS ECONOMY IN FY 2019

$230,803 to spend at food retailers
$104,447 formula rebates received
$354,854 nutrition, breastfeeding services & admin

**HOW WIC HELPS THE EASTERN SHOSHONE TRIBE**

**MISSION OF WIC**
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

---

**COVID-19 Response**
Eastern Shoshone WIC received at least 2 waivers, including physical presence and remote benefit issuance.

---

**WHO PARTICIPATES IN WIC?**

**154**

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>06</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>08</td>
</tr>
<tr>
<td>Infants</td>
<td>039</td>
</tr>
<tr>
<td>Children</td>
<td>085</td>
</tr>
</tbody>
</table>

---

**BREASTFEEDING IN WIC**

**Eastern Shoshone WIC breastfeeding initiation rates increased by 7 percentage points between 2004 and 2018.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>41%</td>
</tr>
<tr>
<td>2018</td>
<td>48%</td>
</tr>
</tbody>
</table>

---

**EASTERN SHOSHONE WIC PARTICIPANT CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$4,911</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>52%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$64.15</td>
</tr>
</tbody>
</table>

---

**HOW WIC SUPPORTED THE EASTERN SHOSHONE ECONOMY IN FY 2019**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$249,417</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$120,544</td>
</tr>
<tr>
<td>Average family income in 2018</td>
<td>$4,911</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>52%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$64.15</td>
</tr>
</tbody>
</table>

---


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**February 2021**

Please direct all questions to NWA at 202.232.5492
visit nwica.org
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Eight Northern WIC received at least 5 waivers, including physical presence and relief from in-person monitoring requirements.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

247 WIC PARTICIPANTS

Pregnant women 23
Breastfeeding women 11
Postpartum women 14
Infants 51
Children 148

Eight Northern Indian Pueblos WIC participation in 2018

EIGHT NORTHERN INDIAN PUEBLOS

BREASTFEEDING IN WIC
Eight Northern Indian Pueblos WIC breastfeeding initiation rates increased by 25 percentage points between 1998 and 2018.

2018 51%
1998 26%

Among WIC infants who initiated breastfeeding in Eight Northern Indian Pueblos in 2018, 23 percent continued breastfeeding at 6 months.

EIGHT NORTHERN INDIAN PUEBLOS WIC PARTICIPANT CHARACTERISTICS

$21,252 average family income in 2018
77% received Medicaid in 2018
$59.53 average monthly food cost in FY 2019

$183,602 to spend at food retailers
$217,439 nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
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HOW WIC HELPS
FIVE SANDOVAL INDIAN PUEBLOS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Five Sandoval WIC received at least 9 waivers, including physical presence and additional options for eggs and cheese.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

267 WIC PARTICIPANTS

2018
1998
Pregnant women 17 17
Breastfeeding women 21 21
Postpartum women 17 17
Infants 65 65
Children 147 147

FIVE SANDOVAL INDIAN PUEBLOS WIC PARTICIPANT CHARACTERISTICS

$18,957 average family income in 2018
77% received Medicaid in 2018
$50.34 average monthly food cost in FY 2019
$139,543 to spend at food retailers
$19,431 formula rebates received
$235,696 nutrition, breastfeeding services & admin

BREASTFEEDING IN WIC
Five Sandoval Indian Pueblos WIC breastfeeding initiation rates increased by 23 percentage points between 1998 and 2018.

Among WIC infants who initiated breastfeeding in Five Sandoval Indian Pueblos in 2018, 36 percent continued breastfeeding at 6 months.

HOW WIC SUPPORTED THE FIVE SANDOVAL INDIAN PUEBLOS ECONOMY IN FY 2019


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
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State WIC Director
Karen Griego-Kite
4321 Fulcrum Way Ste B,
Rio Rancho, NM 87144

Phone: 505-771-5387
Email: kgriegoKite@fsipinc.org
HOW WIC HELPS FLORIDA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Rhonda Herndon
4052 Bald Cypress Way Bin A16, Tallahassee, FL 32399-1726
Phone: 850-245-4202
Email: Rhonda.Herndon@flhealth.gov

57% of infants born in Florida participated in WIC in 2017
543,711 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Who Participates in WIC?</th>
<th>Pregnant women</th>
<th>Breastfeeding women</th>
<th>Postpartum women</th>
<th>Infants</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48,246</td>
<td>56,339</td>
<td>24,893</td>
<td>128,481</td>
<td>285,752</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

51% of eligible individuals in Florida participated in WIC in 2017

BREASTFEEDING IN WIC
Florida WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

2018 81%
2010 72%

Among WIC infants who initiated breastfeeding in Florida in 2018, 10 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN FLORIDA
The obesity rate among WIC toddlers in Florida decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 13%

MORTALITY AND BIRTH OUTCOMES IN FLORIDA
Maternal mortality per 100,000 births, 2010–2015 23.8
Infant mortality per 1,000 live births, 2017 6.1
Preterm birth rates, 2017 10%

FLORIDA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>$20,551 average family income in 2018</th>
<th>86% received Medicaid in 2018</th>
<th>$45.87 average monthly food cost in FY 2019</th>
</tr>
</thead>
</table>

HOW WIC SUPPORTED THE FLORIDA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th></th>
<th>$236.4M to spend at food retailers</th>
<th>$116.9M formula rebates received</th>
<th>$106.1M nutrition, breastfeeding services &amp; admin</th>
</tr>
</thead>
</table>


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70
HOW WIC HELPS GEORGIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Georgia WIC received at least 12 waivers, including physical presence and larger package sizes for whole grains.

50% of infants born in Georgia participated in WIC in 2017

47% of eligible individuals in Georgia participated in WIC in 2017

WHO PARTICIPATES IN WIC?

241,407 WIC PARTICIPANTS

Pregnant women 24,739
Breastfeeding women 17,252
Postpartum women 18,094
Infants 64,550
Children 116,772

BREASTFEEDING IN WIC
Georgia WIC breastfeeding initiation rates increased by 10 percentage points between 2010 and 2018.

64% in 2018
54% in 2010

Among WIC infants who initiated breastfeeding in Georgia in 2018, 19 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN GEORGIA
The obesity rate among WIC toddlers in Georgia decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 13%

MORTALITY AND BIRTH OUTCOMES IN GEORGIA
Maternal mortality per 100,000 births, 2010–2015 46.2
Infant mortality per 1,000 live births, 2017 7.3
Preterm birth rates, 2017 11%

GEORGIA WIC PARTICIPANT CHARACTERISTICS

$15,200 average family income in 2018
70% received Medicaid in 2018
$40.51 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE GEORGIA ECONOMY IN FY 2019

$98.6M to spend at food retailers
$60.9M formula rebates received
$63.1M nutrition, breastfeeding services & admin


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HOW WIC HELPS GUAM

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Guam WIC received at least 11 waivers, including physical presence and extended certification periods for children.

38% of infants born in Guam participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

7,175 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>542</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>455</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>374</td>
</tr>
<tr>
<td>Infants</td>
<td>1,269</td>
</tr>
<tr>
<td>Children</td>
<td>4,535</td>
</tr>
</tbody>
</table>

Guam WIC breastfeeding initiation rates increased by 21 percentage points between 1998 and 2018.

BREASTFEEDING IN WIC

2018 76%
1998 55%

Among WIC infants who initiated breastfeeding in Guam in 2018, 26 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN GUAM

The obesity rate among WIC toddlers in Guam decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 8%

Guam WIC breastfeeding initiation rates increased by 21 percentage points between 1998 and 2018.

$17,940 average family income in 2018
53% received Medicaid in 2018
$71.09 average monthly food cost in FY 2019

$5.6M to spend at food retailers
$1.8M formula rebates received
$3.0M nutrition, breastfeeding services & admin

Guam WIC breastfeeding initiation rates increased by 21 percentage points between 1998 and 2018.


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HOW WIC HELPS HAWAII

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Melanie Murakami
235 S. Beretania St, 701, Honolulu, HI 96813
Phone: 808-586-8191
Email: melanie.murakami@doh.hawaii.gov

COVID-19 Response
Hawaii WIC completed EBT/e-WIC rollout during the pandemic. Hawaii received at least 11 waivers, including physical presence and extended certification periods for children.

42% of infants born in Hawaii participated in WIC in 2017

43% of eligible individuals in Hawaii participated in WIC in 2017

32,197 WIC PARTICIPANTS

Pregnant women 2,479
Breastfeeding women 3,455
Postpartum women 1,388
Infants 7,276
Children 17,599

State WIC Director
Melanie Murakami
235 S. Beretania St, 701, Honolulu, HI 96813
Phone: 808-586-8191
Email: melanie.murakami@doh.hawaii.gov

WHO PARTICIPATES IN WIC?

BREASTFEEDING IN WIC
Hawaii WIC breastfeeding initiation rates increased by 4 percentage points between 2010 and 2018.

2018 89%
2010 85%

Among WIC infants who initiated breastfeeding in Hawaii in 2018, 35 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN HAWAII
The obesity rate among WIC toddlers in Hawaii decreased by <1 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 10%

MORTALITY AND BIRTH OUTCOMES IN HAWAII
Maternal mortality per 100,000 births, 2010–2015 11.7
Infant mortality per 1,000 live births, 2017 5.7
Preterm birth rates, 2017 10%

HAWAII WIC PARTICIPANT CHARACTERISTICS

$26,215 average family income in 2018
69% received Medicaid in 2018
$54.82 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE HAWAII ECONOMY IN FY 2019

$16.8M to spend at food retailers
$5.8M formula rebates received
$9.2M nutrition, breastfeeding services & admin


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HOW WIC HELPS IDAHO

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Cristi Litzsinger
450 W. State St 1st Floor,
Boise, ID 83720-0001
Phone: 208-334-5952
Email: cristl.litzsinger@dhw.idaho.gov

COVID-19 Response
Idaho WIC received at least 8 waivers, including physical presence and extended certification periods for children.

39% of infants born in Idaho participated in WIC in 2017

42% of eligible individuals in Idaho participated in WIC in 2017

WHO PARTICIPATES IN WIC?

37,264 WIC PARTICIPANTS

Pregnant women 3,131
Breastfeeding women 3,388
Postpartum women 1,893
Infants 8,680
Children 20,172

BREASTFEEDING IN WIC
Idaho WIC breastfeeding initiation rates increased by 4 percentage points between 2010 and 2018.

2018 88%
2010 84%

Among WIC infants who initiated breastfeeding in Idaho in 2018, 43 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN IDAHO
The obesity rate among WIC toddlers in Idaho decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 11%

MORTALITY AND BIRTH OUTCOMES IN IDAHO
Maternal mortality per 100,000 births, 2010–2015 21.2
Infant mortality per 1,000 live births, 2017 5.2
Preterm birth rates, 2017 9%

IDAHO WIC PARTICIPANT CHARACTERISTICS

$22,406 average family income in 2018
75% received Medicaid in 2018
$32.74 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE IDAHO ECONOMY IN FY 2019

$12.2M to spend at food retailers
$6.4M formula rebates received
$8.8M nutrition, breastfeeding services & admin


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HOW WIC HELPS ILLINOIS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Stephanie Bess
823 E. Monroe St,
Springfield, IL 62701
Phone: 217-524-3353
Email: stephanie.bess@illinois.gov

WHO PARTICIPATES IN WIC?

232,543
WIC PARTICIPANTS

Pregnant women 19,362
Breastfeeding women 17,452
Postpartum women 20,014
Infants 62,601
Children 113,114

BREASTFEEDING IN WIC
Illinois WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

2018 73%
2010 64%

Among WIC infants who initiated breastfeeding in Illinois in 2018, 22 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC
The obesity rate among WIC toddlers in Illinois decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

MORTALITY AND BIRTH OUTCOMES
Maternal mortality per 100,000 births, 2010–2015 16.6
Infant mortality per 1,000 live births, 2017 6.3
Preterm birth rates, 2017 10%

ILLINOIS WIC PARTICIPANT CHARACTERISTICS

$17,342 average family income in 2018
86% received Medicaid in 2018
$48.76 average monthly food cost in FY 2019

$106.7M to spend at food retailers
$61.7M formula rebates received
$52.2M nutrition, breastfeeding services & admin


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MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Kimberly Lola
PO Box 97,
Princeton, ME 04668-0097
Phone: 207-796-2322
Email: kimberly.lola@ihs.gov

WHO PARTICIPATES IN WIC?

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>22</td>
</tr>
<tr>
<td>Infants</td>
<td>16</td>
</tr>
<tr>
<td>Children</td>
<td>28</td>
</tr>
</tbody>
</table>

Indian Township Passamaquoddy WIC participation in 2018

BREASTFEEDING IN WIC

Indian Township Passamaquoddy WIC breastfeeding initiation rates increased by 5 percentage points between 2016 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>73%</td>
</tr>
<tr>
<td>2018</td>
<td>78%</td>
</tr>
</tbody>
</table>

HOW WIC HELPS THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION

COVID-19 Response
Indian Township Passamaquoddy WIC received at least 2 waivers, including physical presence and remote benefit issuance.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

INDIAN TOWNSHIP PASSAMAQUODDY WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$11,600</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$72.31</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE INDIAN TOWNSHIP PASSAMAQUODDY ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average to spend at food retailers</td>
<td>$56,690</td>
</tr>
<tr>
<td>nutrition, breastfeeding services &amp; admin</td>
<td>$45,389</td>
</tr>
</tbody>
</table>

HOW WIC HELPS INDIANA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Laura Chavez
2 N. Meridian St 5th Floor,
Indianapolis, IN 46204
Phone: 317-233-5578
Email: lchavez2@isdh.in.gov

WHO PARTICIPATES IN WIC?

51% of infants born in Indiana participated in WIC in 2017

168,412 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>12,935</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>12,210</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>12,907</td>
</tr>
<tr>
<td>Infants</td>
<td>41,940</td>
</tr>
<tr>
<td>Children</td>
<td>88,420</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC

Indiana WIC breastfeeding initiation rates increased by 13 percentage points between 2010 and 2018.

2018: 76%
2010: 63%

51% of eligible individuals in Indiana participated in WIC in 2017

CHILDHOOD OBESITY IN WIC IN INDIANA

The obesity rate among WIC toddlers in Indiana decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 13%

MORTALITY AND BIRTH OUTCOMES IN INDIANA

Maternal mortality per 100,000 births, 2010–2015: 41.4
Infant mortality per 1,000 live births, 2017: 7.3
Preterm birth rates, 2017: 10%

INDIANA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$18,653</td>
</tr>
<tr>
<td>Medicaid in 2018</td>
<td>68%</td>
</tr>
<tr>
<td>Monthly food cost in FY 2019</td>
<td>$33.06</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE INDIANA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$55.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$39.5M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding</td>
<td>$38.5M</td>
</tr>
<tr>
<td>services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>


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77
How WIC Helps Iowa

Mission of WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Kimberly Stanek
321 E 12th St,
Des Moines, IA 50319

Phone: 515-281-6650
Email: kimberly.stanek@idph.iowa.gov

41% of infants born in Iowa participated in WIC in 2017

51% of eligible individuals in Iowa participated in WIC in 2017

Who Participates in WIC?

70,601 WIC Participants

- Pregnant women: 5,316
- Breastfeeding women: 4,636
- Postpartum women: 5,771
- Infants: 15,659
- Children: 39,219

Breastfeeding in WIC

Iowa WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

2018: 72%
2010: 57%

Among WIC infants who initiated breastfeeding in Iowa in 2018, 19 percent continued breastfeeding at 6 months.

Childhood Obesity in WIC

The obesity rate among WIC toddlers in Iowa decreased by <1 percentage points between 2010 and 2016.

- Obesity rate among WIC toddlers, 2016: 15%

Mortality and Birth Outcomes

Maternal mortality per 100,000 births, 2010–2015: 17.9

Infant mortality per 1,000 live births, 2017: 5.6

Preterm birth rates, 2017: 9%

Iowa WIC Participant Characteristics

- $26,141 average family income in 2018
- 67% received Medicaid in 2018
- $31.71 average monthly food cost in FY 2019

How WIC Supported the Iowa Economy in FY 2019

- $22.1M to spend at food retailers
- $17.0M formula rebates received
- $16.3M nutrition, breastfeeding services & admin


February 2021

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MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Mary Dominguez
4 Sagebrush, Albuquerque, NM 87105
Phone: 505-869-2662
Email: POI30001@isletapueblo.com

COVID-19 Response
Isleta Pueblo WIC received at least 7 waivers, including physical presence and larger package sizes for whole grains, cereals, and cheese.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

1,723
WIC PARTICIPANTS

Pregnant women 102
Breastfeeding women 205
Postpartum women 91
Infants 496
Children 829

Isleta WIC participation in 2018

ISLETA WIC PARTICIPANT CHARACTERISTICS

$20,651 average family income in 2018
84% received Medicaid in 2018
$44.60 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE ISLETA ECONOMY IN FY 2019

$607,612 to spend at food retailers
$212,468 formula rebates received
$468,354 nutrition, breastfeeding services & admin

BREASTFEEDING IN WIC
Isleta WIC breastfeeding initiation rates increased by 34 percentage points between 1998 and 2018.

2018 79%
1998 45%


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MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
ITCA WIC received at least 15 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>715</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>576</td>
</tr>
<tr>
<td>Postpartum</td>
<td>794</td>
</tr>
<tr>
<td>Infants</td>
<td>2,288</td>
</tr>
<tr>
<td>Children</td>
<td>6,356</td>
</tr>
</tbody>
</table>

The Inter-Tribal Council of Arizona WIC participation in 2018

10,729 WIC PARTICIPANTS

BREASTFEEDING IN WIC
The Inter-Tribal Council of Arizona WIC breastfeeding initiation rates increased by 21 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Breastfeeding Initiation Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>49%</td>
</tr>
<tr>
<td>2018</td>
<td>70%</td>
</tr>
</tbody>
</table>

HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF ARIZONA

The Inter-Tribal Council of Arizona WIC breastfeeding initiation rates increased by 21 percentage points between 2000 and 2018.

INTER-TRIBAL COUNCIL OF ARIZONA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$18,773</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>83%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$31.92</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$2.9M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$2.0M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$3.3M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

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**MISSION OF WIC**

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

**State WIC Director**

Chuck Layosa  
680 Greenbrae Dr Ste 222,  
Sparks, NV 89431-3100  
Phone: 775-398-4960  
Email: clayosa@itcn.org

**COVID-19 Response**

ITCN WIC received at least 7 waivers, including physical presence and extension of medical documentation for special infant formulas.

**WHO PARTICIPATES IN WIC?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>125</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>104</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>137</td>
</tr>
<tr>
<td>Infants</td>
<td>404</td>
</tr>
<tr>
<td>Children</td>
<td>966</td>
</tr>
</tbody>
</table>

**WIC PARTICIPANTS**

1,736

**BREASTFEEDING IN WIC**

The Inter-Tribal Council of Nevada WIC breastfeeding initiation rates increased by 5 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>48%</td>
</tr>
<tr>
<td>2018</td>
<td>53%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in the Inter-Tribal Council of Nevada in 2018, 10 percent continued breastfeeding at 6 months.

**INTER-TRIBAL COUNCIL OF NEVADA WIC PARTICIPANT CHARACTERISTICS**

- **$19,490** average family income in 2018
- **33%** received Medicaid in 2018
- **$29.85** average monthly food cost in FY 2019
- **$440,191** to spend at food retailers
- **$325,493** formula rebates received
- **$623,202** nutrition, breastfeeding services & admin


**HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF NEVADA**

**HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF NEVADA ECONOMY IN FY 2019**

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81
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>55</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>47</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>81</td>
</tr>
<tr>
<td>Infants</td>
<td>196</td>
</tr>
<tr>
<td>Children</td>
<td>407</td>
</tr>
</tbody>
</table>

The Inter-Tribal Council of Oklahoma WIC participation in 2018

INTER-TRIBAL COUNCIL OF OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$23,164</td>
</tr>
<tr>
<td>Percentage received Medicaid in 2018</td>
<td>31%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$53.93</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$53.93</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$53.93</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$53.93</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF OKLAHOMA ECONOMY IN FY 2019

$478,207 to spend at food retailers
$73,715 formula rebates received
$345,704 nutrition, breastfeeding services & admin

**HOW WIC HELPS KANSAS**

**MISSION OF WIC**
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

**40%** of infants born in Kansas participated in WIC in 2017

**62,761** WIC PARTICIPANTS

- Pregnant women: 5,241
- Breastfeeding women: 4,483
- Postpartum women: 4,341
- Infants: 14,674
- Children: 34,022

**41%** of eligible individuals in Kansas participated in WIC in 2017

**41%** of infants born in Kansas participated in WIC in 2017

**BREASTFEEDING IN WIC**
Kansas WIC breastfeeding initiation rates increased by **8 percentage points** between 2010 and 2018.

- 2018: 78%
- 2010: 70%

Among WIC infants who initiated breastfeeding in Kansas in 2018, **22 percent** continued breastfeeding at 6 months.

**CHILDHOOD OBESITY IN WIC IN KANSAS**
The obesity rate among WIC toddlers in Kansas decreased by **1 percentage point** between 2010 and 2016.

**13%** Obesity rate among WIC toddlers, 2016

**MORTALITY AND BIRTH OUTCOMES IN KANSAS**
Maternal mortality per 100,000 births, 2010–2015: **17.7**
Infant mortality per 1,000 live births, 2017: **6.0**
Preterm birth rates, 2017: **10%**

**KANSAS WIC PARTICIPANT CHARACTERISTICS**
- **$22,213** average family income in 2018
- **65%** received Medicaid in 2018
- **$34.36** average monthly food cost in FY 2019

**HOW WIC SUPPORTED THE KANSAS ECONOMY IN FY 2019**
- **$20.0M** to spend at food retailers
- **$13.5M** formula rebates received
- **$17.3M** nutrition, breastfeeding services & admin


**COVID-19 Response**
Kansas WIC received at least 8 waivers, including physical presence and extended certification periods for children.

**WHO PARTICIPATES IN WIC?**

**HOW WIC SUPPORTED THE KANSAS ECONOMY IN FY 2019**

**$20.0M** to spend at food retailers

**$13.5M** formula rebates received

**$17.3M** nutrition, breastfeeding services & admin

**$22,213** average family income in 2018

**65%** received Medicaid in 2018

**$34.36** average monthly food cost in FY 2019

**FEBRUARY 2021**

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
David Thomason
1000 SW Jackson St Ste 220,
Topeka, KS 66612-1274
Phone: 785-296-1320
Email: david.thomason@ks.gov
HOW WIC HELPS KENTUCKY

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Nicole Nicholas
275 E Main St HS2W-D,
Frankfort, KY 40621-0001
Phone: 502-564-3827 (3831)
Email: Nicole.Nicholas@ky.gov

57% of infants born in Kentucky participated in WIC in 2017

49% of eligible individuals in Kentucky participated in WIC in 2017

BREASTFEEDING IN WIC
Kentucky WIC breastfeeding initiation rates increased by 11 percentage points between 2010 and 2018.

2018: 52%
2010: 41%

Among WIC infants who initiated breastfeeding in Kentucky in 2018, 12 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN KENTUCKY
The obesity rate among WIC toddlers in Kentucky decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 16%

MORTALITY AND BIRTH OUTCOMES IN KENTUCKY
Maternal mortality per 100,000 births, 2010–2015: 19.4
Infant mortality per 1,000 live births, 2017: 6.7
Preterm birth rates, 2017: 11%

KENTUCKY WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly food cost</td>
<td>$38.93</td>
</tr>
<tr>
<td>Medicaid in 2018</td>
<td>89%</td>
</tr>
<tr>
<td>Family income in 2018</td>
<td>$21,603</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE KENTUCKY ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$27.1M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$28.9M</td>
</tr>
<tr>
<td>$ to spend at food retailers</td>
<td>$44.1M</td>
</tr>
</tbody>
</table>

COVID-19 Response
Kentucky WIC received at least 7 waivers, including physical presence and relief from in-person monitoring requirements.
HOW WIC HELPS LOUISIANA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Louisiana WIC received at least 8 waivers, including physical presence and extended benefit issuance periods.

WHO PARTICIPATES IN WIC?

62% of infants born in Louisiana participated in WIC in 2017

47% of eligible individuals in Louisiana participated in WIC in 2017

127,365 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>12,160</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>5,038</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>14,981</td>
</tr>
<tr>
<td>Infants</td>
<td>37,779</td>
</tr>
<tr>
<td>Children</td>
<td>57,407</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
Louisiana WIC breastfeeding initiation rates increased by 17 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>30%</td>
</tr>
<tr>
<td>2018</td>
<td>47%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Louisiana in 2018, 11 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN LOUISIANA
The obesity rate among WIC toddlers in Louisiana decreased by 1 percentage point between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>13%</td>
</tr>
<tr>
<td>2016</td>
<td>12%</td>
</tr>
</tbody>
</table>

MORTALITY AND BIRTH OUTCOMES IN LOUISIANA
Maternal mortality per 100,000 births, 2010–2015 44.8
Infant mortality per 1,000 live births, 2017 7.5
Preterm birth rates, 2017 13%

LOUISIANA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$14,262</td>
</tr>
<tr>
<td>Medicaid received in 2018</td>
<td>89%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$46.85</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE LOUISIANA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$58.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$35.0M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$34.5M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492 visit nwica.org
HOW WIC HELPS MAINE

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Maine WIC completed EBT/e-WIC rollout during the pandemic. Maine received at least 5 waivers, including physical presence and larger package sizes for eggs.

WHO PARTICIPATES IN WIC?

20,172
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1,675</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>1,455</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>1,297</td>
</tr>
<tr>
<td>Infants</td>
<td>4,288</td>
</tr>
<tr>
<td>Children</td>
<td>11,457</td>
</tr>
</tbody>
</table>

50% of eligible individuals in Maine participated in WIC in 2017

35% of infants born in Maine participated in WIC in 2017

BREASTFEEDING IN WIC

Maine WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>64%</td>
</tr>
<tr>
<td>2018</td>
<td>79%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Maine in 2018, 30 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN MAINE

The obesity rate among WIC toddlers in Maine decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 14%

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2010–2015: 15.7

Infant mortality per 1,000 live births, 2017: 5.8

Preterm birth rates, 2017: 9%

MAIN WIC PARTICIPANT CHARACTERISTICS

$20,045 average family income in 2018

75% received Medicaid in 2018

$40.57 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE MAINE ECONOMY IN FY 2019

$8.5M to spend at food retailers

$4.3M formula rebates received

$6.1M nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association
## HOW WIC HELPS MARYLAND

### MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

### COVID-19 Response
Maryland WIC received at least 12 waivers, including physical presence and extended certification periods for children.

### WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>11,484</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>15,155</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>6,590</td>
</tr>
<tr>
<td>Infants</td>
<td>36,712</td>
</tr>
<tr>
<td>Children</td>
<td>74,219</td>
</tr>
</tbody>
</table>

**144,160**

WIC PARTICIPANTS

### 51% of infants born in Maryland participated in WIC in 2017

### 64% of eligible individuals in Maryland participated in WIC in 2017

### BREASTFEEDING IN WIC
Maryland WIC breastfeeding initiation rates increased by **12 percentage points** between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>60%</td>
</tr>
<tr>
<td>2018</td>
<td>72%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Maryland in 2018, **32 percent** continued breastfeeding at 6 months.

### CHILDHOOD OBESITY IN WIC IN MARYLAND
The obesity rate among WIC toddlers in Maryland decreased by **2 percentage points** between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>18%</td>
</tr>
<tr>
<td>2016</td>
<td>16%</td>
</tr>
</tbody>
</table>

### MORTALITY AND BIRTH OUTCOMES IN MARYLAND

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2010–2015</td>
<td>23.5</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2017</td>
<td>6.5</td>
</tr>
<tr>
<td>Preterm birth rates, 2017</td>
<td>11%</td>
</tr>
</tbody>
</table>

### MARYLAND WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$20,090</td>
</tr>
<tr>
<td>Medicaid received in 2018</td>
<td>80%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$37.27</td>
</tr>
</tbody>
</table>

### HOW WIC SUPPORTED THE MARYLAND ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$36.1M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$31.0M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$54.8M</td>
</tr>
</tbody>
</table>


**FEBRUARY 2021**
Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS MASSACHUSETTS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Rachel Colchamiro
250 Washington St 6th Floor,
Boston, MA 02108-4619

Phone: 617-624-6100
Email: rachel.colchamiro@state.ma.us

43% of infants born in Massachusetts participated in WIC in 2017

56% of eligible individuals in Massachusetts participated in WIC in 2017

117,693 WIC PARTICIPANTS

Pregnant women 10,109
Breastfeeding women 9,460
Postpartum women 7,395
Infants 30,181
Children 60,548

WHO PARTICIPATES IN WIC?

CHILDHOOD OBESITY IN WIC IN MASSACHUSETTS
The obesity rate among WIC toddlers in Massachusetts decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 16%

MASSACHUSETTS WIC PARTICIPANT CHARACTERISTICS

$19,765 average family income in 2018
90% received Medicaid in 2018
$38.90 average monthly food cost in FY 2019

MORTALITY AND BIRTH OUTCOMES IN MASSACHUSETTS
Maternal mortality per 100,000 births, 2010–2015 6.1
Infant mortality per 1,000 live births, 2017 3.8
Preterm birth rates, 2017 9%

BREASTFEEDING IN WIC
Massachusetts WIC breastfeeding initiation rates increased by 6 percentage points between 2010 and 2018.

Among WIC infants who initiated breastfeeding in Massachusetts in 2018, 29 percent continued breastfeeding at 6 months.

HOW WIC SUPPORTED THE MASSACHUSETTS ECONOMY IN FY 2019

$48.2M to spend at food retailers
$24.5M formula rebates received
$24.4M nutrition, breastfeeding services & admin


FEBRUARY 2021
Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association
HOW WIC HELPS MICHIGAN

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Christina Herring
320 S Walnut Lewis Cass Bldg, 6th Fl,
Lansing, MI 48913
Phone: 517-335-8951
Email: HerringC@michigan.gov

COVID-19 Response
Michigan WIC received at least 8 waivers, including physical presence and extended certification periods for children.

WHO PARTICIPATES IN WIC?

48% of infants born in Michigan participated in WIC in 2017

53% of eligible individuals in Michigan participated in WIC in 2017

238,396 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>17,939</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>11,799</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>19,800</td>
</tr>
<tr>
<td>Infants</td>
<td>53,413</td>
</tr>
<tr>
<td>Children</td>
<td>135,445</td>
</tr>
</tbody>
</table>

Michigan WIC participation in 2018

BREASTFEEDING IN WIC
Michigan WIC breastfeeding initiation rates increased by 13 percentage points between 2010 and 2018.

Among WIC infants who initiated breastfeeding in Michigan in 2018, 14 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN MICHIGAN

The obesity rate among WIC toddlers in Michigan decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 13%

MORTALITY AND BIRTH OUTCOMES IN MICHIGAN
Maternal mortality per 100,000 births, 2010–2015 19.4
Infant mortality per 1,000 live births, 2017 6.6
Preterm birth rates, 2017 10%

MICHIGAN WIC PARTICIPANT CHARACTERISTICS

$18,229 average family income in 2018
82% received Medicaid in 2018
$36.99 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE MICHIGAN ECONOMY IN FY 2019

$91.2M to spend at food retailers
$52.1M formula rebates received
$57.8M nutrition, breastfeeding services & admin

HOW WIC HELPS MINNESOTA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Kate Franken
85 E 7th Place, Ste 220,
Saint Paul, MN 55164

Phone: 651-281-9903
Email: Kate.franken@state.mn.us

COVID-19 Response
Minnesota WIC received at least 11 waivers, including physical presence and extended certification periods for children.

36% of infants born in Minnesota participated in WIC in 2017

59% of eligible individuals in Minnesota participated in WIC in 2017

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>9,277</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>10,140</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>6,668</td>
</tr>
<tr>
<td>Infants</td>
<td>24,983</td>
</tr>
<tr>
<td>Children</td>
<td>66,161</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

117,229 WIC PARTICIPANTS

BREASTFEEDING IN WIC

Minnesota WIC breastfeeding initiation rates increased by 6 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>79%</td>
</tr>
<tr>
<td>2010</td>
<td>73%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Minnesota in 2018, 34 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN MINNESOTA

The obesity rate among WIC toddlers in Minnesota decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 12%

MORTALITY AND BIRTH OUTCOMES IN MINNESOTA

Maternal mortality per 100,000 births, 2010–2015: 13.0
Infant mortality per 1,000 live births, 2017: 5.0
Preterm birth rates, 2017: 9%

MINNESOTA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Income</th>
<th>Medicaid</th>
<th>Food Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$28,675</td>
<td>85%</td>
<td>$38.52</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MINNESOTA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Spending</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>to spend at food retailers</td>
<td>$46.3M</td>
</tr>
<tr>
<td>formula rebates received</td>
<td>$29.0M</td>
</tr>
<tr>
<td>nutrition, breastfeeding services &amp; admin</td>
<td>$32.2M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Visit nwica.org
State WIC Director
Iva Denson
210 Hospital Cir,
Choctaw, MS 39350
Phone: 601-389-4510
Email: idenson@choctaw.org

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Postpartum women</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>406</td>
<td></td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

Mississippi Band of Choctaw Indians WIC participation in 2018

MISSISSIPPI BAND OF CHOCTAW INDIANS WIC PARTICIPANT CHARACTERISTICS

$9,838 average family income in 2018
55% received Medicaid in 2018
$33.53 average monthly food cost in FY 2019

BREASTFEEDING IN WIC
Mississippi Band of Choctaw Indians WIC breastfeeding initiation rates increased by 35 percentage points between 2000 and 2018.

COVID-19 Response
MBCI WIC received at least 2 waivers, including physical presence and remote benefit issuance.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

HOW WIC SUPPORTED THE MISSISSIPPI BAND OF CHOCTAW INDIANS ECONOMY IN FY 2019

$261,094 to spend at food retailers
$402,372 nutrition, breastfeeding services & admin

Mississippi Band of Choctaw Indians WIC breastfeeding initiation rates increased by 35 percentage points between 2000 and 2018.

$261,094 to spend at food retailers
$402,372 nutrition, breastfeeding services & admin


February 2021

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visit nwica.org
HOW WIC HELPS MISSISSIPPI

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Mississippi WIC began the transition from a direct distribution system to EBT/e-WIC at retail settings during the pandemic. Mississippi received at least 5 waivers, including physical presence and relief from in-person monitoring requirements.

WHO PARTICIPATES IN WIC?

94,445
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>8,519</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>3,545</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>9,705</td>
</tr>
<tr>
<td>Infants</td>
<td>24,267</td>
</tr>
<tr>
<td>Children</td>
<td>48,409</td>
</tr>
</tbody>
</table>

55% of eligible individuals in Mississippi participated in WIC in 2017

65% of infants born in Mississippi participated in WIC in 2017

BREASTFEEDING IN WIC
Mississippi WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>47%</td>
</tr>
<tr>
<td>2010</td>
<td>38%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Mississippi in 2018, 10 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN MISSISSIPPI
The obesity rate among WIC toddlers in Mississippi decreased by 1 percentage point between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14%</td>
</tr>
</tbody>
</table>

MORTALITY AND BIRTH OUTCOMES IN MISSISSIPPI

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2010–2015</td>
<td>22.6</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2017</td>
<td>8.7</td>
</tr>
<tr>
<td>Preterm birth rates, 2017</td>
<td>14%</td>
</tr>
</tbody>
</table>

MISSISSIPPI WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$13,745</td>
</tr>
<tr>
<td>Medicaid received in 2018</td>
<td>66%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$54.70</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MISSISSIPPI ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$17.5M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$52.0M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS MISSOURI

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Angie Brenner
930 Wildwood PO Box 570,
Jefferson City, MO 65102-0570

Phone: 800-392-8209
Email: Angie.Brenner@health.mo.gov

43% of infants born in Missouri participated in WIC in 2017

122,864 WIC PARTICIPANTS

Pregnant women 11,895
Breastfeeding women 7,914
Postpartum women 11,280
Infants 31,629
Children 60,146

WHO PARTICIPATES IN WIC?

COVID-19 Response
Missouri WIC completed EBT/e-WIC rollout during the pandemic. Missouri received at least 7 waivers, including physical presence and extended certification periods for children.

46% of eligible individuals in Missouri participated in WIC in 2017

BREASTFEEDING IN WIC
Missouri WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

2018 72%
2010 57%

Among WIC infants who initiated breastfeeding in Missouri in 2018, 21 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN MISSOURI
The obesity rate among WIC toddlers in Missouri decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

MORTALITY AND BIRTH OUTCOMES IN MISSOURI
Maternal mortality per 100,000 births, 2010–2015 32.6
Infant mortality per 1,000 live births, 2017 6.4
Preterm birth rates, 2017 11%

MISSOURI WIC PARTICIPANT CHARACTERISTICS

$19,133 average family income in 2018
71% received Medicaid
$34.07 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE MISSOURI ECONOMY IN FY 2019

$43.6M to spend at food retailers
$33.3M formula rebates received
$28.3M nutrition, breastfeeding services & admin

## HOW WIC HELPS MONTANA

### MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

### COVID-19 Response
Montana WIC received at least 14 waivers, including physical presence and additional varieties of fruits and vegetables.

### WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1,528</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>1,395</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>1,008</td>
</tr>
<tr>
<td>Infants</td>
<td>4,013</td>
</tr>
<tr>
<td>Children</td>
<td>10,344</td>
</tr>
</tbody>
</table>

18,288 WIC PARTICIPANTS

### BREASTFEEDING IN WIC
Montana WIC breastfeeding initiation rates increased by 6 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>79%</td>
</tr>
<tr>
<td>2010</td>
<td>73%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Montana in 2018, 29 percent continued breastfeeding at 6 months.

### CHILDHOOD OBESITY IN WIC IN MONTANA
The obesity rate among WIC toddlers in Montana decreased by 1 percentage point between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>12%</td>
</tr>
</tbody>
</table>

### MORTALITY AND BIRTH OUTCOMES IN MONTANA

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2010–2015</td>
<td>24.4</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2017</td>
<td>5.7</td>
</tr>
<tr>
<td>Preterm birth rates, 2017</td>
<td>10%</td>
</tr>
</tbody>
</table>

### MONTANA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$17,328</td>
</tr>
<tr>
<td>% received Medicaid in 2018</td>
<td>53%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$34.64</td>
</tr>
</tbody>
</table>

### HOW WIC SUPPORTED THE MONTANA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$6.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$3.6M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$6.5M</td>
</tr>
</tbody>
</table>


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94
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Katura Bunner
2507 Raccoon,
Okmulogee, OK 74447
Phone: 918-549-2780
Email: kmbunner@mcn-nsn.gov

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>209</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>85</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>202</td>
</tr>
<tr>
<td>Infants</td>
<td>532</td>
</tr>
<tr>
<td>Children</td>
<td>1,634</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

BREASTFEEDING IN WIC

Muscogee Creek WIC breastfeeding initiation rates increased by 14 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>29%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Muscogee Creek in 2018, 20 percent continued breastfeeding at 6 months.

MUSCOGEE CREEK WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$17,178</td>
</tr>
<tr>
<td>Medicaid received in 2018</td>
<td>84%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$35.57</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$563,448</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$865,450</td>
</tr>
<tr>
<td>Money spent at food retailers</td>
<td>$972,960</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MUSCOGEE CREEK ECONOMY IN FY 2019

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Henry Haskie
PO Box 1390,
Window Rock, AZ 86515

Phone: 928-871-6698
Email: hhaskie@navajo-nsn.gov

WHO PARTICIPATES IN WIC?

8,840
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>823</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>648</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>332</td>
</tr>
<tr>
<td>Infants</td>
<td>1,428</td>
</tr>
<tr>
<td>Children</td>
<td>5,609</td>
</tr>
</tbody>
</table>

Navajo Nation WIC participation in 2018

COVID-19 Response
Navajo Nation WIC received at least 13 waivers, including physical presence and extended certification periods for children.

51% of eligible individuals in the United States participated in WIC in 2017

BREASTFEEDING IN WIC

78% of WIC infants in Navajo Nation initiated breastfeeding in April 2018

Among WIC infants who initiated breastfeeding in Navajo Nation in 2018, 34 percent continued breastfeeding at 6 months.

NAVAGO NATION WIC PARTICIPANT CHARACTERISTICS

$19,161 average family income in 2018
77% received Medicaid in 2018
$40.85 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NAVAGO NATION ECONOMY IN FY 2019

$3.4M to spend at food retailers
$1.3M formula rebates received
$3.2M nutrition, breastfeeding services & admin


February 2021

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visit nwica.org
HOW WIC HELPS NEBRASKA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Peggy Trouba
301 Centennial Mall S,
Lincoln, NE 68509-5026
Phone: 402-471-2781
Email: peggy.trouba@nebraska.gov

COVID-19 Response
Nebraska WIC received at least 15 waivers, including physical presence and larger package sizes for whole grains.

39% of infants born in Nebraska participated in WIC in 2017

40,080 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>3,117</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>3,294</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>3,278</td>
</tr>
<tr>
<td>Infants</td>
<td>10,129</td>
</tr>
<tr>
<td>Children</td>
<td>20,262</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

49% of eligible individuals in Nebraska participated in WIC in 2017

39% of eligible individuals in Nebraska participated in WIC in 2017

BREASTFEEDING IN WIC
Nebraska WIC breastfeeding initiation rates increased by 11 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>70%</td>
</tr>
<tr>
<td>2018</td>
<td>81%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Nebraska in 2018, 20 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEBRASKA
The obesity rate among WIC toddlers in Nebraska increased by <1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 15%

MORTALITY AND BIRTH OUTCOMES IN NEBRASKA
Maternal mortality per 100,000 births, 2010–2015: 16.8
Infant mortality per 1,000 live births, 2017: 5.8
Preterm birth rates, 2017: 10%

NEBRASKA WIC PARTICIPANT CHARACTERISTICS

|$22,284 average family income in 2018
$64% received Medicaid in 2018
$39.34 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEBRASKA ECONOMY IN FY 2019

|$16.0M to spend at food retailers
$8.7M formula rebates received
$10.5M nutrition, breastfeeding services & admin


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97
HOW WIC HELPS NEVADA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Nevada WIC received at least 7 waivers, including physical presence and aggregate family purchasing for whole grains and cheese.

WHO PARTICIPATES IN WIC?

51% of infants born in Nevada participated in WIC in 2017

48% of eligible individuals in Nevada participated in WIC in 2017

73,301 WIC PARTICIPANTS

Pregnant women 5,182
Breastfeeding women 5,322
Postpartum women 6,423
Infants 18,396
Children 37,978

BREASTFEEDING IN WIC
Nevada WIC breastfeeding initiation rates increased by 4 percentage points between 1998 and 2018.

2018 58%
1998 54%

Among WIC infants who initiated breastfeeding in Nevada in 2018, 13 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEVADA
The obesity rate among WIC toddlers in Nevada decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

MORTALITY AND BIRTH OUTCOMES IN NEVADA
Maternal mortality per 100,000 births, 2010–2015 6.2
Infant mortality per 1,000 live births, 2017 5.8
Preterm birth rates, 2017 11%

NEVADA WIC PARTICIPANT CHARACTERISTICS

$18,887 average family income in 2018
36% received Medicaid in 2018
$36.46 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEVADA ECONOMY IN FY 2019

$25.7M to spend at food retailers
$16.5M formula rebates received
$15.8M nutrition, breastfeeding services & admin

COVID-19 Response
Nevada WIC received at least 7 waivers, including physical presence and aggregate family purchasing for whole grains and cheese.

COVID-19 Response
Nevada WIC received at least 7 waivers, including physical presence and aggregate family purchasing for whole grains and cheese.

WHO PARTICIPATES IN WIC?

51% of infants born in Nevada participated in WIC in 2017

48% of eligible individuals in Nevada participated in WIC in 2017

73,301 WIC PARTICIPANTS

Pregnant women 5,182
Breastfeeding women 5,322
Postpartum women 6,423
Infants 18,396
Children 37,978

BREASTFEEDING IN WIC
Nevada WIC breastfeeding initiation rates increased by 4 percentage points between 1998 and 2018.

2018 58%
1998 54%

Among WIC infants who initiated breastfeeding in Nevada in 2018, 13 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEVADA
The obesity rate among WIC toddlers in Nevada decreased by 3 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

MORTALITY AND BIRTH OUTCOMES IN NEVADA
Maternal mortality per 100,000 births, 2010–2015 6.2
Infant mortality per 1,000 live births, 2017 5.8
Preterm birth rates, 2017 11%

NEVADA WIC PARTICIPANT CHARACTERISTICS

$18,887 average family income in 2018
36% received Medicaid in 2018
$36.46 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEVADA ECONOMY IN FY 2019

$25.7M to spend at food retailers
$16.5M formula rebates received
$15.8M nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Andrea Rivers
400 W. King St, Ste 300,
Carson City, NV 89703
Phone: 775-684-5942
Email: arrivers@health.nv.gov
HOW WIC HELPS NEW HAMPSHIRE

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
New Hampshire WIC received at least 11 waivers, including physical presence and extended certification periods for children.

28% of infants born in New Hampshire participated in WIC in 2017

37% of eligible individuals in New Hampshire participated in WIC in 2017

WHO PARTICIPATES IN WIC?

14,961 WIC PARTICIPANTS

- Pregnant women: 1,103
- Breastfeeding women: 1,087
- Postpartum women: 993
- Infants: 3,384
- Children: 8,394

BREASTFEEDING IN WIC
New Hampshire WIC breastfeeding initiation rates increased by 8 percentage points between 2010 and 2018.

2018: 78%
2010: 70%

Among WIC infants who initiated breastfeeding in New Hampshire in 2018, 24 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEW HAMPSHIRE
The obesity rate among WIC toddlers in New Hampshire increased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 16%

MORTALITY AND BIRTH OUTCOMES IN NEW HAMPSHIRE
Maternal mortality per 100,000 births, 2010–2015: 16.8
Infant mortality per 1,000 live births, 2017: 3.9
Preterm birth rates, 2017: 8%

NEW HAMPSHIRE WIC PARTICIPANT CHARACTERISTICS

- $22,911 average family income in 2018
- 79% received Medicaid in 2018
- $27.33 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEW HAMPSHIRE ECONOMY IN FY 2019

- $4.0M to spend at food retailers
- $3.1M formula rebates received
- $4.3M nutrition, breastfeeding services & admin


FEBRUARY 2021
Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association
HOW WIC HELPS
NEW JERSEY

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Nancy Scotto
PO Box 364,
Trenton, NJ 08625-0364
Phone: 609-292-9560
Email: Nancy.Scotto-Rosato@doh.nj.gov

COVID-19 Response
New Jersey WIC received at least 12 waivers, including physical presence and larger package sizes for whole grains.

33% of infants born in New Jersey participated in WIC in 2017

53% of eligible individuals in New Jersey participated in WIC in 2017

WHO PARTICIPATES IN WIC?

140,842 WIC PARTICIPANTS

Pregnant women 12,558
Breastfeeding women 13,730
Postpartum women 7,016
Infants 33,787
Children 73,751

New Jersey WIC participation in 2018

BREASTFEEDING IN WIC

New Jersey WIC breastfeeding initiation rates increased by 14 percentage points between 2010 and 2018.

2018 73%
2010 59%

Among WIC infants who initiated breastfeeding in New Jersey in 2018, 39 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEW JERSEY

The obesity rate among WIC toddlers in New Jersey decreased by 4 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

MORTALITY AND BIRTH OUTCOMES IN NEW JERSEY

Maternal mortality per 100,000 births, 2010–2015 38.1
Infant mortality per 1,000 live births, 2017 4.2
Preterm birth rates, 2017 10%

NEW JERSEY WIC PARTICIPANT CHARACTERISTICS

$21,433 average family income in 2018
34% received Medicaid in 2018
$56.78 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEW JERSEY ECONOMY IN FY 2019

$91.9M to spend at food retailers
$33.8M formula rebates received
$35.9M nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association
HOW WIC HELPS NEW MEXICO

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
New Mexico WIC received at least 9 waivers, including physical presence and extended benefit issuance periods.

50% of infants born in New Mexico participated in WIC in 2017

42% of eligible individuals in New Mexico participated in WIC in 2017

WHO PARTICIPATES IN WIC?

52,006 WIC PARTICIPANTS

- Pregnant women 4,655
- Breastfeeding women 5,408
- Postpartum women 2,260
- Infants 11,978
- Children 27,705

New Mexico WIC participation in 2018

BREASTFEEDING IN WIC
New Mexico WIC breastfeeding initiation rates increased by 8 percentage points between 2010 and 2018.

2018 83%

2010 75%

MORTALITY AND BIRTH OUTCOMES IN NEW MEXICO

Maternal mortality per 100,000 births, 2010–2015 25.6
Infant mortality per 1,000 live births, 2017 6.0
Preterm birth rates, 2017 10%

CHILDHOOD OBESITY IN WIC IN NEW MEXICO
The obesity rate among WIC toddlers in New Mexico decreased by 4 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

NEW MEXICO WIC PARTICIPANT CHARACTERISTICS

- $19,815 average family income in 2018
- 75% received Medicaid in 2018
- $35.91 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NEW MEXICO ECONOMY IN FY 2019

- $17.4M to spend at food retailers
- $10.5M formula rebates received
- $17.6M nutrition, breastfeeding services & admin

HOW WIC HELPS NEW YORK

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Corie Nadzan
150 Broadway, Ste 650,
Albany, NY 12204-2719
Phone: 518-402-7127
Email: Corie.nadzan@health.ny.gov

49% of infants born in New York participated in WIC in 2017

54% of eligible individuals in New York participated in WIC in 2017

WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>WIC PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
</tr>
<tr>
<td>Breastfeeding women</td>
</tr>
<tr>
<td>Postpartum women</td>
</tr>
<tr>
<td>Infants</td>
</tr>
<tr>
<td>Children</td>
</tr>
</tbody>
</table>

New York WIC participation in 2018

BREASTFEEDING IN WIC

New York WIC breastfeeding initiation rates increased by 10 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Breastfeeding Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>85%</td>
</tr>
<tr>
<td>2010</td>
<td>75%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in New York in 2018, 37 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NEW YORK

The obesity rate among WIC toddlers in New York decreased by 2 percentage points between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14%</td>
</tr>
<tr>
<td>2018</td>
<td>89%</td>
</tr>
</tbody>
</table>

Obesity rate among WIC toddlers, 2016

MORTALITY AND BIRTH OUTCOMES IN NEW YORK

Maternal mortality per 100,000 births, 2010–2015

Infant mortality per 1,000 live births, 2017

Preterm birth rates, 2017

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births</td>
<td>20.6</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births</td>
<td>4.6</td>
</tr>
<tr>
<td>Preterm birth rates</td>
<td>9%</td>
</tr>
</tbody>
</table>

NEW YORK WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Average Income</th>
<th>Medicaid Enrollment</th>
<th>Monthly Food Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$19,539</td>
<td>89%</td>
<td>$52.32</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE NEW YORK ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Support Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$237.9M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$100.8M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$147.1M</td>
</tr>
</tbody>
</table>


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Please direct all questions to NWA at 202.232.5492
visit nwica.org

National WIC Association
HOW WIC HELPS NORTH CAROLINA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>23,545</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>20,179</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>18,833</td>
</tr>
<tr>
<td>Infants</td>
<td>63,818</td>
</tr>
<tr>
<td>Children</td>
<td>140,914</td>
</tr>
</tbody>
</table>

267,289 WIC PARTICIPANTS

53% of infants born in North Carolina participated in WIC in 2017

51% of eligible individuals in North Carolina participated in WIC in 2017

BREASTFEEDING IN WIC

North Carolina WIC breastfeeding initiation rates increased by 26 percentage points between 1998 and 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>42%</td>
</tr>
<tr>
<td>2014</td>
<td>68%</td>
</tr>
</tbody>
</table>

CHILDHOOD OBESITY IN WIC IN NORTH CAROLINA

The obesity rate among WIC toddlers in North Carolina increased by <1 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 14%

MORTALITY AND BIRTH OUTCOMES IN NORTH CAROLINA

- Maternal mortality per 100,000 births, 2010–2015 15.8
- Infant mortality per 1,000 live births, 2017 7.1
- Preterm birth rates, 2017 11%

NORTH CAROLINA WIC PARTICIPANT CHARACTERISTICS

- $13,783 average family income in 2018
- 84% received Medicaid in 2018
- $37.23 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NORTH CAROLINA ECONOMY IN FY 2019

- $92.6M to spend at food retailers
- $57.2M formula rebates received
- $58.6M nutrition, breastfeeding services & admin

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
North Dakota WIC completed EBT/e-WIC rollout during the pandemic. North Dakota received at least 5 waivers, including physical presence and larger package sizes for whole grains.

30% of infants born in North Dakota participated in WIC in 2017

51% of eligible individuals in North Dakota participated in WIC in 2017

WHO PARTICIPATES IN WIC?

13,326 WIC PARTICIPANTS

- Pregnant women: 1,038
- Breastfeeding women: 937
- Postpartum women: 1,045
- Infants: 3,190
- Children: 7,116

North Dakota WIC participation in 2018

BREASTFEEDING IN WIC
North Dakota WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

- 2018: 74%
- 2010: 59%

Among WIC infants who initiated breastfeeding in North Dakota in 2018, 23 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN NORTH DAKOTA
The obesity rate among WIC toddlers in North Dakota decreased by <1 percentage points between 2010 and 2016.

- Obesity rate among WIC toddlers, 2016: 14%

MORTALITY AND BIRTH OUTCOMES IN NORTH DAKOTA

- Maternal mortality per 100,000 births, 2010–2015: 18.9
- Infant mortality per 1,000 live births, 2017: 5.4
- Preterm birth rates, 2017: 9%

NORTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

- $23,108 average family income in 2018
- 47% received Medicaid in 2018
- $48.37 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE NORTH DAKOTA ECONOMY IN FY 2019

- $6.6M to spend at food retailers
- $2.4M formula rebates received
- $5.5M nutrition, breastfeeding services & admin


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visit nwica.org
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>26</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>17</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>21</td>
</tr>
<tr>
<td>Infants</td>
<td>75</td>
</tr>
<tr>
<td>Children</td>
<td>133</td>
</tr>
</tbody>
</table>

Northern Arapaho WIC participation in 2018

WHO PARTICIPATES IN WIC?

272
WIC PARTICIPANTS

$4,121 average family income in 2018
64% received Medicaid in 2018
$68.34 average monthly food cost in FY 2019

HOW WIC HELPS NORTHERN ARAPAHO

State WIC Director
Shila Kazee
7 Great Plains Rd,
Arapahoe, WY 82510
Phone: 307-857-2722
Email: shila.kazee@northernarapaho.com

COVID-19 Response
Northern Arapaho WIC received at least 2 waivers, including physical presence and remote benefit issuance.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

BREASTFEEDING IN WIC
Northern Arapaho WIC breastfeeding initiation rates increased by 28 percentage points between 2004 and 2018.

2004 44%
2018 72%

Northern Arapaho WIC breastfeeding initiation rates increased by 28 percentage points between 2004 and 2018.

NORTHERN ARAPAHO WIC PARTICIPANT CHARACTERISTICS

$165,939 to spend at food retailers
$365,219 nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE NORTHERN ARAPAHO ECONOMY IN FY 2019

$165,939 to spend at food retailers
$365,219 nutrition, breastfeeding services & admin


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visit nwica.org
HOW WIC HELPS OHIO

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

48% of infants born in Ohio participated in WIC in 2017

218,648 WIC PARTICIPANTS

Pregnant women 19,532
Breastfeeding women 13,184
Postpartum women 19,632
Infants 66,124
Children 100,176

47% of eligible individuals in Ohio participated in WIC in 2017

BREASTFEEDING IN WIC
Ohio WIC breastfeeding initiation rates increased by 15 percentage points between 2010 and 2018.

2018 63%
2010 48%

Among WIC infants who initiated breastfeeding in Ohio in 2018, 18 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN OHIO
The obesity rate among WIC toddlers in Ohio decreased by <1 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 12%

MORTALITY AND BIRTH OUTCOMES IN OHIO
Maternal mortality per 100,000 births, 2010–2015 20.3
Infant mortality per 1,000 live births, 2017 7.3
Preterm birth rates, 2017 10%

OHIO WIC PARTICIPANT CHARACTERISTICS

$20,089 average family income in 2018
88% received Medicaid in 2018
$31.16 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE OHIO ECONOMY IN FY 2019

$72.0M to spend at food retailers
$55.7M formula rebates received
$55.0M nutrition, breastfeeding services & admin


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visit nwica.org

State WIC Director
Dyane Gogan-Turner
246 N High St 6th Floor,
Columbus, OH 43215

Phone: 614-644-6155
Email: Dyane.Goganturner@odh.ohio.gov
HOW WIC HELPS OKLAHOMA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WHO PARTICIPATES IN WIC?

94,876 WIC PARTICIPANTS

- Pregnant women: 9,642
- Breastfeeding women: 5,587
- Postpartum women: 7,183
- Infants: 21,606
- Children: 50,858

OWA WIC participation in 2018

COVID-19 Response
Oklahoma WIC received at least 8 waivers, including physical presence and extended certification periods for children.

43% of infants born in Oklahoma participated in WIC in 2017

49% of eligible individuals in Oklahoma participated in WIC in 2017

BREASTFEEDING IN WIC
Oklahoma WIC breastfeeding initiation rates increased by 8 percentage points between 2010 and 2018.

MORTALITY AND BIRTH OUTCOMES IN OKLAHOMA

- Maternal mortality per 100,000 births, 2010–2015: 23.4
- Infant mortality per 1,000 live births, 2017: 7.6
- Preterm birth rates, 2017: 11%

CHILDHOOD OBESITY IN WIC IN OKLAHOMA
The obesity rate among WIC toddlers in Oklahoma decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 13%

OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

- Average family income in 2018: $19,705
- Medicaid received in 2018: 79%
- Average monthly food cost in FY 2019: $32.74

HOW WIC SUPPORTED THE OKLAHOMA ECONOMY IN FY 2019

- $36.0M to spend at food retailers
- $19.0M in formula rebates received
- $35.9M in nutrition, breastfeeding services & admin

HOW WIC HELPS
OMAHA NATION

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Omaha Nation WIC received at least 4 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017
51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

265 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>36</td>
</tr>
<tr>
<td>Infants</td>
<td>68</td>
</tr>
<tr>
<td>Children</td>
<td>161</td>
</tr>
</tbody>
</table>

Omaha Nation WIC participation in 2018

BREASTFEEDING IN WIC
Omaha Nation WIC breastfeeding initiation rates increased by 23 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>38%</td>
</tr>
<tr>
<td>2018</td>
<td>61%</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

OMAHA NATION WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,271 average family income in 2018</td>
<td></td>
</tr>
<tr>
<td>$72.34 average monthly food cost in FY 2019</td>
<td></td>
</tr>
<tr>
<td>$171,814 to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$251,406 nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>


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Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS OREGON

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Oregon WIC received at least 10 waivers, including physical presence and additional varieties of cheese, fruits, and vegetables.

42% of infants born in Oregon participated in WIC in 2017
52% of eligible individuals in Oregon participated in WIC in 2017

WHO PARTICIPATES IN WIC?
88,970 WIC PARTICIPANTS
- Pregnant women 7,271
- Breastfeeding women 7,501
- Postpartum women 4,615
- Infants 18,302
- Children 51,281

BREASTFEEDING IN WIC
Oregon WIC breastfeeding initiation rates increased by 36 percentage points between 2000 and 2018.

2018 89%
2000 53%

Among WIC infants who initiated breastfeeding in Oregon in 2018, 39 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN OREGON
The obesity rate among WIC toddlers in Oregon decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

MORTALITY AND BIRTH OUTCOMES IN OREGON
Maternal mortality per 100,000 births, 2010–2015 13.7
Infant mortality per 1,000 live births, 2017 5.0
Preterm birth rates, 2017 8%

OREGON WIC PARTICIPANT CHARACTERISTICS

$21,680 average family income in 2018
89% received Medicaid in 2018
$35.98 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE OREGON ECONOMY IN FY 2019

$35.1M $13.5M $23.9M
to spend formula nutrition, at food rebates services & admin retailers breastfeeding administration


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Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Tiare Sanna
800 NE Oregon St Ste 865,
Portland, OR 97223
Phone: 971-673-0039
Email: tiare.t.sanna@state.or.us

52% of eligible individuals in Oregon participated in WIC in 2017

$35.98 average monthly food cost in FY 2019
$21,680 average family income in 2018
89% received Medicaid in 2018
$35.98 average monthly food cost in FY 2019
$35.1M to spend at food retailers
$13.5M formula rebates received
$23.9M nutrition, breastfeeding services & admin

COVID-19 Response
Oregon WIC received at least 10 waivers, including physical presence and additional varieties of cheese, fruits, and vegetables.

42% of infants born in Oregon participated in WIC in 2017
52% of eligible individuals in Oregon participated in WIC in 2017

WHO PARTICIPATES IN WIC?
88,970 WIC PARTICIPANTS
- Pregnant women 7,271
- Breastfeeding women 7,501
- Postpartum women 4,615
- Infants 18,302
- Children 51,281

BREASTFEEDING IN WIC
Oregon WIC breastfeeding initiation rates increased by 36 percentage points between 2000 and 2018.

2018 89%
2000 53%

Among WIC infants who initiated breastfeeding in Oregon in 2018, 39 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN OREGON
The obesity rate among WIC toddlers in Oregon decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

MORTALITY AND BIRTH OUTCOMES IN OREGON
Maternal mortality per 100,000 births, 2010–2015 13.7
Infant mortality per 1,000 live births, 2017 5.0
Preterm birth rates, 2017 8%

OREGON WIC PARTICIPANT CHARACTERISTICS

$21,680 average family income in 2018
89% received Medicaid in 2018
$35.98 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE OREGON ECONOMY IN FY 2019

$35.1M to spend at food retailers
$13.5M formula rebates received
$23.9M nutrition, breastfeeding services & admin

HOW WIC HELPS
OSAGE NATION

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Osage Nation WIC received at least 6 waivers, including physical presence and extended certification periods for children.

WHY WIC PARTICIPATES
IN WIC?

3,207
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>185</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>Postpartum women</td>
<td>289</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>901</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>1,665</td>
<td></td>
</tr>
</tbody>
</table>

Osage Nation WIC participation in 2018

BREASTFEEDING IN WIC
Osage Nation WIC breastfeeding initiation rates increased by 23 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>36%</td>
</tr>
<tr>
<td>2018</td>
<td>59%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Osage Nation in 2018, 17 percent continued breastfeeding at 6 months.

WHO PARTICIPATES
IN WIC?

Osage Nation WIC breastfeeding initiation rates increased by 23 percentage points between 1998 and 2018.

OSAGE NATION WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$30,507</td>
</tr>
<tr>
<td>Medicaid received in 2018</td>
<td>87%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$28.83</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE
OSAGE NATION ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates received</td>
<td>$786,125</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$1.5M</td>
</tr>
<tr>
<td>to spend at food retailers</td>
<td>$1.1M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Manon Taylor
1301 Grandview Ave,
Pawhuska, OK 74056
Phone: 800-160-1006
Email: mtaylor@osagenation-nsn.gov

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

$28.83 average monthly food cost in FY 2019

$30,507 average family income in 2018

$1.1M to spend at food retailers

$1.5M nutrition, breastfeeding services & admin
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Otoe-Missouria WIC received at least 4 waivers, including physical presence and larger package sizes for whole grains and eggs.

% of infants born in the United States participated in WIC in 2017

45%

51%

of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

440 WIC PARTICIPANTS

- Pregnant women: 35
- Breastfeeding women: 26
- Postpartum women: 33
- Infants: 101
- Children: 245

BREASTFEEDING IN WIC
Otoe-Missouria WIC breastfeeding initiation rates increased by 24 percentage points between 1998 and 2018.

2018
73%

1998
49%

Among WIC infants who initiated breastfeeding in Otoe-Missouria in 2018, 15 percent continued breastfeeding at 6 months.

OTOE-MISSOURIA WIC PARTICIPANT CHARACTERISTICS

$20,794 average family income in 2018

68% received Medicaid in 2018

$33.45 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE OTOE-MISSOURIA ECONOMY IN FY 2019

$142,343 to spend at food retailers

$105,869 formula rebates received

$336,027 nutrition, breastfeeding services & admin

HOW WIC HELPS PENNSYLVANIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Pennsylvania WIC completed EBT/e-WIC rollout during the pandemic. Pennsylvania received at least 8 waivers, including physical presence and extended certification periods for children.

40% of infants born in Pennsylvania participated in WIC in 2017

48% of eligible individuals in Pennsylvania participated in WIC in 2017

BREASTFEEDING IN WIC
Pennsylvania WIC breastfeeding initiation rates increased by 18 percentage points between 2010 and 2018.

Among WIC infants who initiated breastfeeding in Pennsylvania in 2018, 16 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC
The obesity rate among WIC toddlers in Pennsylvania decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 12%

MORTALITY AND BIRTH OUTCOMES
Maternal mortality per 100,000 births, 2010–2015: 16.3
Infant mortality per 1,000 live births, 2017: 6.1
Preterm birth rates, 2017: 9%

PENNSYLVANIA WIC PARTICIPANT CHARACTERISTICS

Pennsylvania WIC participation in 2018

Children 126,925
Infants 17,607
Postpartum women 18,587
Breastfeeding women 13,447
Pregnant women 17,607

$20,119 average family income in 2018

$42.74 average monthly food cost in FY 2019

$103.7M to spend at food retailers

$56.0M formula rebates received

$53.5M nutrition, breastfeeding services & admin


HOW WIC SUPPORTED THE PENNSYLVANIA ECONOMY IN FY 2019

$20,119 average family income in 2018

Pennsylvania WIC completed EBT/e-WIC rollout during the pandemic. Pennsylvania received at least 8 waivers, including physical presence and extended certification periods for children.

48% of eligible individuals in Pennsylvania participated in WIC in 2017

WHO PARTICIPATES IN WIC?

232,320 WIC PARTICIPANTS

2018

2010

Pregnant women
Breastfeeding women
Postpartum women
Infants
Children
65%
47%

18 percentage points

$103.7M to spend at food retailers

$42.74 average monthly food cost in FY 2019

$20,119 average family income in 2018

Pennsylvania WIC breastfeeding initiation rates increased by 18 percentage points between 2010 and 2018.

$56.0M formula rebates received

$53.5M nutrition, breastfeeding services & admin

FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492 visit nwica.org

Pennsylvania WIC completed EBT/e-WIC rollout during the pandemic. Pennsylvania received at least 8 waivers, including physical presence and extended certification periods for children.

COVID-19 Response

WIC PARTICIPANTS

Pennsylvania WIC participation in 2018

40% of infants born in Pennsylvania participated in WIC in 2017

48% of eligible individuals in Pennsylvania participated in WIC in 2017

BREASTFEEDING IN WIC

Pennsylvania WIC breastfeeding initiation rates increased by 18 percentage points between 2010 and 2018.

Among WIC infants who initiated breastfeeding in Pennsylvania in 2018, 16 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC

The obesity rate among WIC toddlers in Pennsylvania decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 12%

MORTALITY AND BIRTH OUTCOMES

Maternal mortality per 100,000 births, 2010–2015: 16.3
Infant mortality per 1,000 live births, 2017: 6.1
Preterm birth rates, 2017: 9%

PENNSYLVANIA WIC PARTICIPANT CHARACTERISTICS

$20,119 average family income in 2018

79% received Medicaid in 2018

$42.74 average monthly food cost in FY 2019

$103.7M to spend at food retailers

$56.0M formula rebates received

$53.5M nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

Pennsylvania WIC completed EBT/e-WIC rollout during the pandemic. Pennsylvania received at least 8 waivers, including physical presence and extended certification periods for children.

COVID-19 Response

40% of infants born in Pennsylvania participated in WIC in 2017

48% of eligible individuals in Pennsylvania participated in WIC in 2017

WHO PARTICIPATES IN WIC?

232,320 WIC PARTICIPANTS

2018

2010

Pregnant women
Breastfeeding women
Postpartum women
Infants
Children
65%
47%

18 percentage points

$103.7M to spend at food retailers

$42.74 average monthly food cost in FY 2019

$20,119 average family income in 2018

Pennsylvania WIC breastfeeding initiation rates increased by 18 percentage points between 2010 and 2018.

$56.0M formula rebates received

$53.5M nutrition, breastfeeding services & admin

CHILDHOOD OBESITY IN WIC

The obesity rate among WIC toddlers in Pennsylvania decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 12%

MORTALITY AND BIRTH OUTCOMES

Maternal mortality per 100,000 births, 2010–2015: 16.3
Infant mortality per 1,000 live births, 2017: 6.1
Preterm birth rates, 2017: 9%

PENNSYLVANIA WIC PARTICIPANT CHARACTERISTICS

$20,119 average family income in 2018

79% received Medicaid in 2018

$42.74 average monthly food cost in FY 2019

$103.7M to spend at food retailers

$56.0M formula rebates received

$53.5M nutrition, breastfeeding services & admin

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Samara McLaughlin
11 Back Rd,
Perry, ME 04667
Phone: 207-853-0644
Email: samara.mclaughlin@ihs.gov

WHO PARTICIPATES IN WIC?

<table>
<thead>
<tr>
<th>WIC PARTICIPANTS</th>
<th>61</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>9</td>
</tr>
<tr>
<td>Infants</td>
<td>8</td>
</tr>
<tr>
<td>Children</td>
<td>44</td>
</tr>
</tbody>
</table>

Pleasant Point Passamaquoddy WIC participation in 2018

Pleasing Point Passamaquoddy WIC breastfeeding initiation rates increased by 40 percentage points between 1998 and 2018.

WHO PARTICIPATES IN WIC?

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

BREASTFEEDING IN WIC

$66.73 average monthly food cost in FY 2019

$44,443 to spend at food retailers

$33,893 nutrition, breastfeeding services & admin

HOW WIC HELPS THE PLEASANT POINT PASSAMAQUODDY RESERVATION

COVID-19 Response
Pleasant Point Passamaquoddy WIC received at least 4 waivers, including physical presence and larger package sizes for whole grains.


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org
### How WIC Helps Puerto Rico

**Mission of WIC**
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

**State WIC Director**
Jeanette Canino
Munoz Rivera #268, San Juan, PR 00928
Phone: 787-766-2805
Email: jcanino@salud.pr.gov

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**COVID-19 Response**
Puerto Rico WIC received at least 6 waivers, including physical presence and extended certification periods for children.

---

**Who Participates in WIC?**

### WIC Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>10,325</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>6,903</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>4,815</td>
</tr>
<tr>
<td>Infants</td>
<td>18,921</td>
</tr>
<tr>
<td>Children</td>
<td>72,485</td>
</tr>
</tbody>
</table>

**Puerto Rico WIC Participation in 2018**

**Breastfeeding in WIC**
Puerto Rico WIC breastfeeding initiation rates increased by 14 percentage points between 2004 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>60%</td>
</tr>
<tr>
<td>2004</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Childhood Obesity in WIC in Puerto Rico**
The obesity rate among WIC toddlers in Puerto Rico decreased by 8 percentage points between 2010 and 2016.

**Obesity rate among WIC toddlers, 2016** 12%

---

**Puerto Rico WIC Participant Characteristics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$8,274</td>
</tr>
<tr>
<td>60% received Medicaid in 2018</td>
<td>60%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$97.90</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$9.5M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$34.3M</td>
</tr>
</tbody>
</table>

**How WIC Supported the Puerto Rico Economy in FY 2019**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$124.8M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$9.5M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$34.3M</td>
</tr>
</tbody>
</table>

---

**Sources:**

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**February 2021**
Please direct all questions to NWA at 202.232.5492 visit nwica.org
HOW WIC HELPS RHODE ISLAND

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Rhode Island WIC completed EBT/e-WIC rollout during the pandemic. Rhode Island received at least 9 waivers, including physical presence and extended certification periods for children.

51% of infants born in Rhode Island participated in WIC in 2017

58% of eligible individuals in Rhode Island participated in WIC in 2017

WHO PARTICIPATES IN WIC?

21,504 WIC PARTICIPANTS

- Pregnant women: 1,661
- Breastfeeding women: 1,364
- Postpartum women: 1,775
- Infants: 5,440
- Children: 11,264

BREASTFEEDING IN WIC
Rhode Island WIC breastfeeding initiation rates increased by 17 percentage points between 2010 and 2018.

- 2018: 78%
- 2010: 61%

Among WIC infants who initiated breastfeeding in Rhode Island in 2018, 21 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN RHODE ISLAND
The obesity rate among WIC toddlers in Rhode Island decreased by 1 percentage point between 2010 and 2016.

- Obesity rate among WIC toddlers, 2016: 15%

MORTALITY AND BIRTH OUTCOMES IN RHODE ISLAND

- Maternal mortality per 100,000 births, 2010–2015: 18.3
- Infant mortality per 1,000 live births, 2017: 5.9
- Preterm birth rates, 2017: 8%

RHODE ISLAND WIC PARTICIPANT CHARACTERISTICS

- $19,959 average family income in 2018
- 83% received Medicaid in 2018
- $44.29 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE RHODE ISLAND ECONOMY IN FY 2019

- $9.5M to spend at food retailers
- $5.1M formula rebates received
- $6.3M nutrition, breastfeeding services & admin


FEBRUARY 2021
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Missy Bartling
PO Box 99, Rosebud, SD 57570-0099
Phone: 605-747-2617 ext. 11
Email: missy.bartling@rst-nsn.gov

COVID-19 Response
Rosebud Sioux WIC received at least 5 waivers, including physical presence and extended certification periods for children.

WHO PARTICIPATES IN WIC?

1,081
WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>77</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>66</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>61</td>
</tr>
<tr>
<td>Infants</td>
<td>233</td>
</tr>
<tr>
<td>Children</td>
<td>644</td>
</tr>
</tbody>
</table>

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

BREASTFEEDING IN WIC

48% of WIC infants in Rosebud Sioux initiated breastfeeding in April 2018

Among WIC infants who initiated breastfeeding in Rosebud Sioux in 2018, 17 percent continued breastfeeding at 6 months.

HOW WIC HELPS THE ROSEBUD SIOUX TRIBE

ROSEBUD SIOUX WIC PARTICIPANT CHARACTERISTICS

$7,408 average family income in 2018
71% received Medicaid in 2018
$52.63 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE ROSEBUD SIOUX ECONOMY IN FY 2019

$699,198 to spend at food retailers
$199,309 formula rebates received
$687,552 nutrition, breastfeeding services & admin

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
San Felipe Pueblo WIC received at least 2 waivers, including physical presence and extended periods for direct distribution.

WHO PARTICIPATES IN WIC?

249 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>21</td>
<td>-</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>26</td>
<td>-</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>Infants</td>
<td>49</td>
<td>-</td>
</tr>
<tr>
<td>Children</td>
<td>142</td>
<td>-</td>
</tr>
</tbody>
</table>

San Felipe WIC participation in 2018

BREASTFEEDING IN WIC
San Felipe WIC breastfeeding initiation rates increased by 35 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>92%</td>
</tr>
<tr>
<td>1998</td>
<td>57%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in San Felipe in 2018, 39 percent continued breastfeeding at 6 months.

SAN FELIPE WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$20,452</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>92%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$93.04</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE SAN FELIPE ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food cost at retailers</td>
<td>$270,374</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$171,303</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Shelby Lucero
131 Hagen Road,
San Felipe Pueblo, NM 87001
Phone: 505-867-2466
Email: slucero@sfpueblo.com
MISSION OF WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response

Santee Sioux WIC received at least 5 waivers, including physical presence and larger package sizes for whole grains.

WHO PARTICIPATES IN WIC?

137

WIC PARTICIPANTS

- Women 21
- Infants 39
- Children 77

Santee Sioux WIC participation in 2018

BREASTFEEDING IN WIC

Santee Sioux WIC breastfeeding initiation rates increased by 4 percentage points between 2014 and 2018.

2014 28%
2018 32%

SANTEE SIOUX WIC PARTICIPANT CHARACTERISTICS

- $6,700 average family income in 2018
- 53% received Medicaid in 2018
- $71.92 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE SANTEE SIOUX ECONOMY IN FY 2019

- $77,167 to spend at food retailers
- $91,155 nutrition, breastfeeding services & admin


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS THE SANTO DOMINGO WIC PROGRAM

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Santo Domingo WIC received at least 2 waivers, including physical presence and extended periods for direct distribution.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>19</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>19</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>11</td>
</tr>
<tr>
<td>Infants</td>
<td>50</td>
</tr>
<tr>
<td>Children</td>
<td>130</td>
</tr>
</tbody>
</table>

Santo Domingo WIC breastfeeding initiation rates increased by 67 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>91%</td>
</tr>
<tr>
<td>1998</td>
<td>24%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Santo Domingo in 2018, 44 percent continued breastfeeding at 6 months.

HOW WIC SUPPORTED THE SANTO DOMINGO ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$12,290</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>89%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$104.34</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$246,353</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$280,207</td>
</tr>
</tbody>
</table>

## How WIC Helps South Carolina

### Mission of WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

### COVID-19 Response
South Carolina WIC received at least 12 waivers, including physical presence and additional varieties of fruits and vegetables.

### Who Participates in WIC?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>9,799</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>6,256</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>10,238</td>
</tr>
<tr>
<td>Infants</td>
<td>29,069</td>
</tr>
<tr>
<td>Children</td>
<td>47,483</td>
</tr>
</tbody>
</table>

51% of infants born in South Carolina participated in WIC in 2017

43% of eligible individuals in South Carolina participated in WIC in 2017

### Childhood Obesity in WIC in South Carolina
The obesity rate among WIC toddlers in South Carolina decreased by 2 percentage points between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>15%</td>
</tr>
<tr>
<td>2016</td>
<td>13%</td>
</tr>
</tbody>
</table>

- **South Carolina WIC participation in 2018**
- 102,845 WIC participants

### Breastfeeding in WIC
South Carolina WIC breastfeeding initiation rates increased by 13 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>46%</td>
</tr>
<tr>
<td>2018</td>
<td>59%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in South Carolina in 2018, 15 percent continued breastfeeding at 6 months.

### Mortality and Birth Outcomes in South Carolina

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2010–2015</td>
<td>26.5</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2017</td>
<td>6.8</td>
</tr>
<tr>
<td>Preterm birth rates, 2017</td>
<td>11%</td>
</tr>
</tbody>
</table>

### South Carolina WIC Participant Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$16,942</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>79%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$46.71</td>
</tr>
</tbody>
</table>

### How WIC Supported the South Carolina Economy in FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$25.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$25.0M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$47.4M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Berry Kelly
2100 Bull St 4th Floor,
Columbia, SC 29201

Phone: 803-898-0744
Email: kellybb@dhec.sc.gov
HOW WIC HELPS SOUTH DAKOTA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

WHO PARTICIPATES IN WIC?

17,405 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1,344</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>1,232</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>991</td>
</tr>
<tr>
<td>Infants</td>
<td>3,972</td>
</tr>
<tr>
<td>Children</td>
<td>9,866</td>
</tr>
</tbody>
</table>

South Dakota WIC participation in 2018

BREASTFEEDING IN WIC
South Dakota WIC breastfeeding initiation rates increased by 13 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>60%</td>
</tr>
<tr>
<td>2018</td>
<td>73%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in South Dakota in 2018, 21 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN SOUTH DAKOTA
The obesity rate among WIC toddlers in South Dakota decreased by <1 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 17%

MORTALITY AND BIRTH OUTCOMES IN SOUTH DAKOTA

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2010–2015</td>
<td>28.0</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2017</td>
<td>6.3</td>
</tr>
<tr>
<td>Preterm birth rates, 2017</td>
<td>9%</td>
</tr>
</tbody>
</table>

SOUTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$20,607</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>82%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$41.28</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE SOUTH DAKOTA ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$8.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$3.7M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$9.1M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Standing Rock Sioux WIC received at least 5 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

545 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>41</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>18</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>23</td>
</tr>
<tr>
<td>Infants</td>
<td>146</td>
</tr>
<tr>
<td>Children</td>
<td>317</td>
</tr>
</tbody>
</table>

Standing Rock Sioux WIC participation in 2018

BREASTFEEDING IN WIC
Standing Rock Sioux WIC breastfeeding initiation rates increased by 3 percentage points between 2000 and 2018.

WHO PARTICIPATES IN WIC?

545 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
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<td>41</td>
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<td>18</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>23</td>
</tr>
<tr>
<td>Infants</td>
<td>146</td>
</tr>
<tr>
<td>Children</td>
<td>317</td>
</tr>
</tbody>
</table>

Standing Rock Sioux WIC participation in 2018

2018

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>146</td>
</tr>
</tbody>
</table>

2000

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>317</td>
</tr>
</tbody>
</table>

HOW WIC HELPS THE STANDING ROCK SIOUX TRIBE

HOW WIC SUPPORTED THE STANDING ROCK SIOUX ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$6,312</td>
</tr>
<tr>
<td>51% received Medicaid in 2018</td>
<td>$56.50</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$356,020</td>
</tr>
<tr>
<td>$64,011 formula rebates received</td>
<td>$1.2M</td>
</tr>
</tbody>
</table>

$64,011 received

HOW WIC HELPS TENNESSEE

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Tennessee WIC received at least 9 waivers, including physical presence and larger package sizes for whole grains and canned fish.

53% of infants born in Tennessee participated in WIC in 2017

43% of eligible individuals in Tennessee participated in WIC in 2017

WHO PARTICIPATES IN WIC?

156,119 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>16,126</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>10,848</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>13,790</td>
</tr>
<tr>
<td>Infants</td>
<td>42,884</td>
</tr>
<tr>
<td>Children</td>
<td>72,471</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
Tennessee WIC breastfeeding initiation rates increased by 13 percentage points between 1998 and 2018.

Among WIC infants who initiated breastfeeding in Tennessee in 2018, 11 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN TENNESSEE
The obesity rate among WIC toddlers in Tennessee decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 15%

MORTALITY AND BIRTH OUTCOMES IN TENNESSEE
Maternal mortality per 100,000 births, 2010–2015: 23.3
Infant mortality per 1,000 live births, 2017: 7.3
Preterm birth rates, 2017: 11%

TENNESSEE WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,901</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>67%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$36.41</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE TENNESSEE ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$49.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$39.9M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding</td>
<td>$42.5M</td>
</tr>
<tr>
<td>services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>


February 2021

Please direct all questions to NWA at 202.232.5492 visit nwica.org

National WIC Association
HOW WIC HELPS TEXAS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Texas WIC received at least 11 waivers, including physical presence and extended certification periods for children.

53% of infants born in Texas participated in WIC in 2017

53% of eligible individuals in Texas participated in WIC in 2017

WHO PARTICIPATES IN WIC?

839,770 WIC PARTICIPANTS

Pregnant women 68,534
Breastfeeding women 108,660
Postpartum women 38,110
Infants 203,532
Children 420,934

WHO PARTICIPATES IN WIC?

Texas WIC participation in 2018

BREASTFEEDING IN WIC
Texas WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

2018 84%
2010 75%

Among WIC infants who initiated breastfeeding in Texas in 2018, 19 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN TEXAS

The obesity rate among WIC toddlers in Texas decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

TEXAS WIC PARTICIPANT CHARACTERISTICS

$18,056 average family income in 2018
76% received Medicaid in 2018
$26.45 average monthly food cost in FY 2019

$216.3M to spend at food retailers
$211.4M formula rebates received
$196.3M nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN TEXAS

Maternal mortality per 100,000 births, 2010–2015 34.2
Infant mortality per 1,000 live births, 2017 5.8
Preterm birth rates, 2017 11%

HOW WIC SUPPORTED THE TEXAS ECONOMY IN FY 2019


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Edgar Curtis
PO Box 149347,
Austin, TX 78714-9347
Phone: 800-942-3678
Email: Edgar.Curtis@dshs.state.tx.us

53% of eligible individuals in Texas participated in WIC in 2017

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Infant mortality per 1,000 live births, 2017 5.8
Preterm birth rates, 2017 11%

HOW WIC SUPPORTED THE TEXAS ECONOMY IN FY 2019


FEBRUARY 2021

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State WIC Director
Edgar Curtis
PO Box 149347,
Austin, TX 78714-9347
Phone: 800-942-3678
Email: Edgar.Curtis@dshs.state.tx.us

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CHILDHOOD OBESITY IN WIC IN TEXAS

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Obesity rate among WIC toddlers, 2016 15%

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Preterm birth rates, 2017 11%

HOW WIC SUPPORTED THE TEXAS ECONOMY IN FY 2019


FEBRUARY 2021

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visit nwica.org

State WIC Director
Edgar Curtis
PO Box 149347,
Austin, TX 78714-9347
Phone: 800-942-3678
Email: Edgar.Curtis@dshs.state.tx.us
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Three Affiliated Tribes WIC received at least 5 waivers, including physical presence and extended certification periods for children.

WHO PARTICIPATES IN WIC?

232 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Sum of Total Women</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>67</td>
</tr>
<tr>
<td>Children</td>
<td>132</td>
</tr>
</tbody>
</table>

Three Affiliated Tribes WIC participation in 2018

BREASTFEEDING IN WIC
Three Affiliated Tribes WIC breastfeeding initiation rates increased by 8 percentage points between 2000 and 2012.

| 2012 | 53% |
| 2000 | 45% |

HOW WIC HELPS THREE AFFILIATED TRIBES

WIC PARTICIPANTS

$2,894 average family income in 2018
23% received Medicaid in 2018
$79.19 average monthly food cost in FY 2019
$207,082 to spend at food retailers
$236,071 nutrition, breastfeeding services & admin

Three Affiliated Tribes WIC breastfeeding initiation rates increased by 8 percentage points between 2000 and 2012.

Three Affiliated Tribes WIC WIC Participant Characteristics

$2,894 average family income in 2018
23% received Medicaid in 2018
$79.19 average monthly food cost in FY 2019
$207,082 to spend at food retailers
$236,071 nutrition, breastfeeding services & admin

HOW WIC HELPS UTAH

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Utah WIC completed EBT/e-WIC rollout during the pandemic. Utah received at least 3 waivers, including physical presence and larger package sizes for whole grains and eggs.

WHO PARTICIPATES IN WIC?
54,221 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>4,297</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>5,131</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>3,222</td>
</tr>
<tr>
<td>Infants</td>
<td>13,512</td>
</tr>
<tr>
<td>Children</td>
<td>28,059</td>
</tr>
</tbody>
</table>

38% of eligible individuals in Utah participated in WIC in 2017

38% of infants born in Utah participated in WIC in 2017

BREASTFEEDING IN WIC
Utah WIC breastfeeding initiation rates increased by 22 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>66%</td>
</tr>
<tr>
<td>2018</td>
<td>88%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Utah in 2018, 32 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN UTAH
The obesity rate among WIC toddlers in Utah decreased by 5 percentage points between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>13%</td>
</tr>
<tr>
<td>2016</td>
<td>8%</td>
</tr>
</tbody>
</table>

Obesity rate among WIC toddlers, 2016 8%

MORTALITY AND BIRTH OUTCOMES IN UTAH
Maternal mortality per 100,000 births, 2010–2015 16.8
Infant mortality per 1,000 live births, 2017 5.7
Preterm birth rates, 2017 9%

UTAH WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$25,086</td>
</tr>
<tr>
<td>Medicaid</td>
<td>44%</td>
</tr>
<tr>
<td>Average monthly food</td>
<td>$36.76</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE UTAH ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$19.3M to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$8.8M formula rebates received</td>
<td></td>
</tr>
<tr>
<td>$14.6M nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Venus Mills
PO Box 168,
Towaoc, CO 81334-0168
Phone: 970-564-5382
Email: vbancroft@utemountain.org

WIC PARTICIPANTS
63%
Women
42%
Infants
26%
Children

Ute Mountain Tribe WIC received at least 5 waivers, including physical presence and extended certification periods for children.

45%
51%
of infants born in the United States of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

BREASTFEEDING IN WIC
Ute Mountain Ute WIC breastfeeding initiation rates increased by 1 percentage point between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>63%</td>
</tr>
<tr>
<td>2000</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>63%</td>
</tr>
<tr>
<td>2000</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>63%</td>
</tr>
<tr>
<td>2000</td>
<td>62%</td>
</tr>
</tbody>
</table>

$1,650 average family income in 2018
65% received Medicaid in 2018
$46.04 average monthly food cost in FY 2019
$93,747 to spend at food retailers
$283,402 nutrition, breastfeeding services & admin


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127
HOW WIC HELPS VERMONT

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Vermont WIC received at least 9 waivers, including physical presence and larger package sizes for cheese and whole grains.

40% of infants born in Vermont participated in WIC in 2017

51% of eligible individuals in Vermont participated in WIC in 2017

WHO PARTICIPATES IN WIC?

12,403 WIC PARTICIPANTS

- Pregnant women: 965
- Breastfeeding women: 1,178
- Postpartum women: 597
- Infants: 2,256
- Children: 7,407

BREASTFEEDING IN WIC
Vermont WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

2018: 84%
2010: 75%

Among WIC infants who initiated breastfeeding in Vermont in 2018, 36 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC
The obesity rate among WIC toddlers in Vermont increased by <1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 15%

MORTALITY AND BIRTH OUTCOMES IN VERMONT
Infant mortality per 1,000 live births, 2017: 4.1
Preterm birth rates, 2017: 8%

VERMONT WIC PARTICIPANT CHARACTERISTICS

- $23,211 average family income in 2018
- 81% received Medicaid in 2018
- $45.66 average monthly food cost in FY 2019

$6.2M to spend at food retailers
$0.9M formula rebates received
$4.5M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE VERMONT ECONOMY IN FY 2019

Vermont WIC received at least 9 waivers, including physical presence and larger package sizes for cheese and whole grains.

State WIC Director
Karen Flynn
PO Box 70, 108 Cherry St Rm 302,
Burlington, VT 05402-0070

Phone: 802-863-7333
Email: Karen.Flynn@Vermont.gov

51% of eligible individuals in Vermont participated in WIC in 2017

$45.66 average monthly food cost in FY 2019

$23,211 average family income in 2018

$6.2M to spend at food retailers
$0.9M formula rebates received
$4.5M nutrition, breastfeeding services & admin

HOW WIC HELPS THE U.S. VIRGIN ISLANDS

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Lorna Concepcion
3500 Richmond,
Christiansted, VI 00820
Phone: 340-773-1311
Email: lorna.concepcion@doh.vi.gov

COVID-19 Response
Virgin Islands WIC received at least 6 waivers, including physical presence and larger package sizes for whole grains.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

3,201 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>220</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>498</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>87</td>
</tr>
<tr>
<td>Infants</td>
<td>724</td>
</tr>
<tr>
<td>Children</td>
<td>1,672</td>
</tr>
</tbody>
</table>

USVI WIC breastfeeding initiation rates increased by 12 percentage points between 2008 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>74%</td>
</tr>
<tr>
<td>2018</td>
<td>86%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in USVI in 2018, 49 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN THE U.S. VIRGIN ISLANDS
The obesity rate among WIC toddlers in U.S. Virgin Islands increased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 13%

THE U.S. VIRGIN ISLANDS WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Average/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$14,505</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>57%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$65.69</td>
</tr>
<tr>
<td>Amount to spend at food retailers</td>
<td>$2.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$0.8M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$1.9M</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

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129
HOW WIC HELPS VIRGINIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Paula Garrett
109 Governor St 8th Floor,
Richmond, VA 23219

Phone: 804-786-7800
Email: Paula.Garrett@vdh.virginia.gov

36% of infants born in Virginia participated in WIC in 2017
42% of eligible individuals in Virginia participated in WIC in 2017

WHO PARTICIPATES IN WIC?

141,741 WIC PARTICIPANTS

Pregnant women 12,173
Breastfeeding women 8,228
Postpartum women 12,714
Infants 36,386
Children 72,240

BREASTFEEDING IN WIC

Virginia WIC breastfeeding initiation rates increased by 8 percentage points between 2004 and 2014.

2014 57%
2004 49%

Among WIC infants who initiated breastfeeding in Virginia in 2018, 12 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN VIRGINIA

The obesity rate among WIC toddlers in Virginia decreased by 6 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 15%

MORTALITY AND BIRTH OUTCOMES IN VIRGINIA

Maternal mortality per 100,000 births, 2010–2015 15.6
Infant mortality per 1,000 live births, 2017 5.9
Preterm birth rates, 2017 10%

VIRGINIA WIC PARTICIPANT CHARACTERISTICS

$14,014 average family income in 2018
71% received Medicaid in 2018
$32.34 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE VIRGINIA ECONOMY IN FY 2019

$42.5M to spend at food retailers
$32.1M formula rebates received
$32.8M nutrition, breastfeeding services & admin

HOW WIC HELPS WASHINGTON

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Washington WIC received at least 7 waivers, including physical presence and relief from in-person monitoring requirements.

40% of infants born in Washington participated in WIC in 2017

WHO PARTICIPATES IN WIC?

161,947 WIC PARTICIPANTS

Pregnant women 16,875
Breastfeeding women 12,804
Postpartum women 6,049
Infants 35,153
Children 91,066

Washington WIC participation in 2018

BREASTFEEDING IN WIC
Washington WIC breastfeeding initiation rates increased by 4 percentage points between 2010 and 2018.

2018 90%
2010 86%

Among WIC infants who initiated breastfeeding in Washington in 2018, 43 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN WASHINGTON

The obesity rate among WIC toddlers in Washington decreased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016 13%

MORTALITY AND BIRTH OUTCOMES IN WASHINGTON

Maternal mortality per 100,000 births, 2010–2015 14.8
Infant mortality per 1,000 live births, 2017 4.1
Preterm birth rates, 2017 8%

WASHINGTON WIC PARTICIPANT CHARACTERISTICS

$25,163 average family income in 2018
84% received Medicaid in 2018
$36.24 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE WASHINGTON ECONOMY IN FY 2019

$57.1M to spend at food retailers
$27.9M formula rebates received
$47.3M nutrition, breastfeeding services & admin


FEBRUARY 2021
HOW WIC HELPS WEST VIRGINIA

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Heidi Staats
350 Capitol St Rm 519,
Charleston, WV 25301-1757
Phone: 304-558-0030
Email: Heidi.E.Staats@wv.gov

56% of infants born in West Virginia participated in WIC in 2017

WHO PARTICIPATES IN WIC?

**39,927** WIC PARTICIPANTS

- Pregnant women: 3,721
- Breastfeeding women: 1,744
- Postpartum women: 4,081
- Infants: 10,481
- Children: 19,900

West Virginia WIC participation in 2018

COVID-19 Response
West Virginia WIC received at least 10 waivers, including physical presence and extended certification periods for children.

56% of eligible individuals in West Virginia participated in WIC in 2017

BREASTFEEDING IN WIC
West Virginia WIC breastfeeding initiation rates increased by 5 percentage points between 2010 and 2018.

2018: 50%
2010: 45%

Among WIC infants who initiated breastfeeding in West Virginia in 2018, 7 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN WEST VIRGINIA
The obesity rate among WIC toddlers in West Virginia increased by 2 percentage points between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 17%

MORTALITY AND BIRTH OUTCOMES IN WEST VIRGINIA

- Maternal mortality per 100,000 births, 2010–2015: 11.7
- Infant mortality per 1,000 live births, 2017: 7.1
- Preterm birth rates, 2017: 12%

WEST VIRGINIA WIC PARTICIPANT CHARACTERISTICS

- $9,820 average family income in 2018
- 90% received Medicaid in 2018
- $39.70 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE WEST VIRGINIA ECONOMY IN FY 2019

- $15.6M to spend at food retailers
- $9.7M formula rebates received
- $13.4M nutrition, breastfeeding services & admin


FEBRUARY 2021
Please direct all questions to NWA at 202.232.5492
visit nwica.org
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
WCD WIC received at least 5 waivers, including physical presence and vendor-related flexibilities.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

3,691 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>WCD WIC Participation in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>294</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>183</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>300</td>
</tr>
<tr>
<td>Infants</td>
<td>798</td>
</tr>
<tr>
<td>Children</td>
<td>2,116</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
WCD WIC breastfeeding initiation rates increased by 33 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>32%</td>
</tr>
<tr>
<td>2018</td>
<td>65%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in WCD in 2018, 20 percent continued breastfeeding at 6 months.

WCD WIC PARTICIPANT CHARACTERISTICS

- $20,788 average family income in 2018
- 80% received Medicaid in 2018
- $31.08 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE WCD ECONOMY IN FY 2019

- $1.3M to spend at food retailers
- $979,941 formula rebates received
- $2.3M nutrition, breastfeeding services & admin

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Winnebago Tribe WIC received at least 3 waivers, including physical presence and extended certification periods for children.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

212 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>32</td>
</tr>
<tr>
<td>Infants</td>
<td>68</td>
</tr>
<tr>
<td>Children</td>
<td>112</td>
</tr>
</tbody>
</table>

Winnebago WIC participation in 2018

BREASTFEEDING IN WIC

Winnebago WIC breastfeeding initiation rates increased by 2 percentage points between 2000 and 2012.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>69%</td>
</tr>
<tr>
<td>2012</td>
<td>71%</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE WINNEBAGO ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$8,765</td>
</tr>
<tr>
<td>Average received Medicaid in 2018</td>
<td>21%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$73.37</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$158,180</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$184,611</td>
</tr>
</tbody>
</table>


FEBRUARY 2021

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS WISCONSIN

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Wisconsin WIC received at least 14 waivers, including physical presence and extended certification periods for children.

37% of infants born in Wisconsin participated in WIC in 2017

49% of eligible individuals in Wisconsin participated in WIC in 2017

WHO PARTICIPATES IN WIC?

101,966 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>7,811</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>5,573</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>8,400</td>
</tr>
<tr>
<td>Infants</td>
<td>23,824</td>
</tr>
<tr>
<td>Children</td>
<td>56,358</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC?

Wisconsin WIC participation in 2018

BREASTFEEDING IN WIC
Wisconsin WIC breastfeeding initiation rates increased by 5 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>73%</td>
</tr>
<tr>
<td>2010</td>
<td>68%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Wisconsin in 2018, 18 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN WISCONSIN
The obesity rate among WIC toddlers in Wisconsin decreased by 1 percentage point between 2010 and 2016.

Obesity rate among WIC toddlers, 2016: 14%

MORTALITY AND BIRTH OUTCOMES IN WISCONSIN

Maternal mortality per 100,000 births, 2010–2015: 14.3
Infant mortality per 1,000 live births, 2017: 6.4
Preterm birth rates, 2017: 10%

WISCONSIN WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income in 2018</td>
<td>$20,046</td>
</tr>
<tr>
<td>Received Medicaid in 2018</td>
<td>45%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2019</td>
<td>$36.28</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE WISCONSIN ECONOMY IN FY 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$28.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$22.6M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$38.2M</td>
</tr>
</tbody>
</table>

HOW WIC HELPS WYOMING

MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Wyoming WIC received at least 6 waivers, including physical presence and larger package sizes for whole grains.

WHO PARTICIPATES IN WIC?

9,690 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>788</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>782</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>697</td>
</tr>
<tr>
<td>Infants</td>
<td>2,190</td>
</tr>
<tr>
<td>Children</td>
<td>5,233</td>
</tr>
</tbody>
</table>

43% of eligible individuals in Wyoming participated in WIC in 2017

32% of infants born in Wyoming participated in WIC in 2017

BREASTFEEDING IN WIC
Wyoming WIC breastfeeding initiation rates increased by 6 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>82%</td>
</tr>
<tr>
<td>2010</td>
<td>76%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Wyoming in 2018, 26 percent continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC

The obesity rate among WIC toddlers in Wyoming decreased by 3 percentage points between 2010 and 2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>9%</td>
</tr>
</tbody>
</table>

WYOMING WIC PARTICIPANT CHARACTERISTICS

$22,451 average family income in 2018
51% received Medicaid in 2018
$30.51 average monthly food cost in FY 2019

HOW WIC SUPPORTED THE WYOMING ECONOMY IN FY 2019

$2.9M to spend at food retailers
$1.7M formula rebates received
$4.3M nutrition, breastfeeding services & admin


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visit nwica.org
MISSION OF WIC
Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

COVID-19 Response
Zuni Pueblo WIC received at least 9 waivers, including physical presence and larger package sizes for whole grains and eggs.

45% of infants born in the United States participated in WIC in 2017

51% of eligible individuals in the United States participated in WIC in 2017

WHO PARTICIPATES IN WIC?

655 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>42</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>65</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>19</td>
</tr>
<tr>
<td>Infants</td>
<td>107</td>
</tr>
<tr>
<td>Children</td>
<td>422</td>
</tr>
</tbody>
</table>

Zuni WIC participation in 2018

BREASTFEEDING IN WIC

Zuni WIC breastfeeding initiation rates increased by 21 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>93%</td>
</tr>
<tr>
<td>1998</td>
<td>72%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Zuni in 2018, 49 percent continued breastfeeding at 6 months.

HOW WIC HELPS ZUNI PUEBLO

HOW WIC SUPPORTED THE ZUNI ECONOMY IN FY 2019

- $336,559 to spend at food retailers
- $19,139 formula rebates received
- $416,783 nutrition, breastfeeding services & admin


23 WIC Eligibles,

21 Child Nutrition and WIC Reauthorization Act, Pub. L. No. 108-265

19 Office of the Surgeon General, Centers for Disease Control and Prevention

17 Healthy, Hunger-Free Kids Act, Pub. L. No. 111-296

15 WIC Eligibles,

13 WIC Eligibles,

11 WIC Eligibles,

7 WIC Eligibles,

6 WIC Eligibles,

4 WIC Eligibles,


In food benefit redemptions under the special supplemental nutrition program for women, infants, and children (wic); see also wallace la, et al. (2020) increasing access to wic through discount variety stores: findings from qualitative research, journal of the academy of nutrition and dietetics 120(10):1654-1661.

346 id.


348 chui yy, et al. (2020) “effects of united states wic infant formula contracts on brand sales of infant formula and toddler formulas,” journal of parenteral and enteral nutrition 43(9):393-399.


352 hillier a, mcLaughlin j, Cannuccio cc, chilton m, krasny s, karpyn a (2012) the impact of wic food package changes on access to healthful foods in 2 low-income urban neighborhoods. journal of nutrition education and behavior 44(2):124-129. https://doi.org/10.1016/j.jnebu.2011.08.006.

353 see wic monthly data, supra n.18.


357 id.

358 id.


363 wic participant characteristics, supra n.6 at 117.


369 see lawrence j (2000) the indian health service and the sterilization of native american women. american indian quarterly 24(3):409-419.


373 see lawrence j (2000) the indian health service and the sterilization of native american women. american indian quarterly 24(3):409-419.

374 id.


376 id.

377 national school lunch and child nutrition act amendments, pub. l. no. 91-158 §6 (nov. 7, 1973).

378 see seattle indian health board, nutrition, family services & wic. https://www.sinhb.org/services-and-programs/nutrition-family-services-wic-2020/.

379 wic participant characteristics, supra n.6 at 18.

380 see wic monthly data, supra n.10.

381 garasky s, mowana k, chamberlain c, bowman c, nore c, ampaabeng s, paterson l, micko-srich c (2016) feasibility of tribal administration of federal nutrition assistance programs. u.s. department of agriculture, food and nutrition service. https://impact.gov/sites/default/files/project-reports/TribalAdministration.pdf.

382 id.


386 jones km, power ml, quennt j, schulkin j (2015) racial and ethnic disparities in breastfeeding. breastfeeding research 10:15. https://doi.org/10.1038/s13032-015-0032.

387 id.

388 id.


390 see lawrence j (2000) the indian health service and the sterilization of native american women. american indian quarterly 24(3):409-419.
