ACKNOWLEDGMENTS

The National WIC Association (NWA) is the non-profit voice of the 12,000 public health nutrition service provider agencies and the over 6.2 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.

NWA BOARD OF DIRECTORS

Sarah Flores-Sievers, BS, MPA
Chair
WIC and Farmers Market Director
New Mexico Department of Health

Paul Throne, DrPH, MPH, MSW
Chair-Elect
Director, Office of Nutrition Services
Washington State Department of Health

Berry Kelly, MBA
Chair Emeritus
Director, Bureau of Community Nutrition Services
South Carolina Dept. of Health and Environmental Control

Meaghan Jenkins, MS, RD, LDN, CLC
Secretary
Nutrition Education Specialist, WIC Program
Massachusetts Department of Health

Brittany Tybo, MHA, ALC
Interim Secretary
Deputy Director, Office of Nutrition Services
Washington State Department of Health

Amanda Hovis, MPH
Nutrition Coordinator, WIC Program
Texas Health and Human Services Commission

Stephanie Bender, MS, RDN, LDN
Nutrition Coordinator, WIC Program
Pennsylvania Department of Health

Sarah Bennett, RD, LDN, IBCLC
WIC Director
Buncombe County, North Carolina

Samantha Blanchard, CLC
Nutrition Coordinator, WIC Program
Maine Department of Health and Human Services

Regina Brady
WIC Director
Thames Valley Council for Community Action, Connecticut

Mary Anne Burghardt, MS, RD, LDN
WIC Director
North Carolina Dept. of Health and Human Services

LaKeisha Davis, BS, CLC
WIC Director
Swope Health, Missouri

Kate Franken, MPH, RD
WIC Director, Child and Family Health
Minnesota Department of Health

Mitzi Fritschen, MEd, RD, LD
WIC Branch Chief
Arkansas Department of Health

Paula Garrett, MS, RD
Director, Division of Community Nutrition
Virginia Department of Health

Rebecca Gruenes, MS, RDN
Nutrition and Clinic Services Supervisor, WIC Program
Minnesota Department of Health

Angela Hammond-Damon, IBCLC
Division of Health Promotion
Georgia Department of Public Health

Beth Honerman, RDN, LN, CLC
WIC Program Quality Improvement Specialist
South Dakota Department of Health

Cheri Nemec, RDN, CD, CLS, IBC
WIC Program Director
Great Lakes Inter-Tribal Council, Wisconsin

Jody Shriver, BS, CLE
WIC Project Coordinator
Zanesville-Muskingum County Health Dept., Ohio

Lissa Sirois, MPH, RD, IBCLC
WIC Administrator, Nutrition Services Section
New Hampshire Dept. of Health and Human Services

Tecora Smith, BS
WIC Director
Northeast Texas Public Health District, Texas

Laura Spaulding, RDN
WIC Supervisor
Deschutes County Health Services, Oregon

David Thomason, MPA
Director, Nutrition and WIC Services
Kansas Department of Health and Environment

Christina Windrix, RDN, LD
Director, WIC Services
Oklahoma Department of Health
NWA ENVIRONMENTAL QUALITY IN WIC TASK FORCE

NWA recognizes the contributions of the Environmental Quality in WIC Task Force in developing this report’s equity spotlight chapter and thanks members for their leadership in elevating the intersection of environmental justice with WIC program priorities as we pursue an equitable future for WIC families.

Kara Lennon, IBCLC
Task Force Chair
Senior WIC Nutritionist
Clinton County Health Department, New York

Valerie Albert
Clinical Assistant
Nimiipuu Health, Idaho

Karen Bettin, MS, RDN
Nutrition Consultant, Public Health Division
Oregon Health Authority

Rosa Cisneros
WIC Regional Coordinator – Metro
New Mexico WIC Program

Sarah Flores-Sievers, BS, MPA
WIC and Farmers Market Director
New Mexico Department of Health

Kristen Hanulcik, MPA, RD
Nutrition Coordinator, WIC Division
Michigan Dept. of Health and Human Services

Katie Harding-Mendez
Nutrition Consultant
Washington State Dept. of Health

Greta Macey, RD
WIC Nutritionist
Tri-County Health Department, Colorado

Jody Shriver, BS, CLE
WIC Project Coordinator
Zanesville-Muskingum County Health Dept., Ohio

Lissa Sirois, MPH, RD, IBCLC
WIC Administrator, Nutrition Services Section
New Hampshire Dept. of Health and Human Services

Darlena Birch, MBA, RDN
Senior Manager, Public Health Nutrition

Whitney Carlson
Manager, Recruitment & Retention Campaign

Christina Chauvenet, PhD
Senior Manager of Research and Program Innovation

Brian Dittmeier, Esq.
Senior Director, Public Policy

Karin Hansen
Senior Development Manager

Noora Kanfash, MPH
State Public Policy Manager

Maureen Lytle
Digital Communications Associate

Georgia Machell, PhD
Managing Director

Brittany Van Pelt
Policy Communications Associate

AUTHORS AND CONTRIBUTORS

The National WIC Association team that developed this report included:

National WIC Association
# TABLE OF CONTENTS

**INTRODUCTION** ................................................................. 6

Recommended Policy Actions ............................................. 6

**CHAPTER ONE: THE CASE FOR WIC** ........................................... 7

Overview of WIC’s Nutrition Services ...................................... 7

Access to Healthy Food ....................................................... 7

Nutrition Education ............................................................ 8

Breastfeeding Support ........................................................... 8

Health Screenings ............................................................... 8

Referrals ............................................................................ 8

WIC’s Role in Building Healthier Outcomes ................................ 9

Pregnancy and Birth Outcomes ............................................. 9

Breastfeeding Rates .............................................................. 9

Child Nutrition Outcomes .................................................. 10

WIC: A Strong Investment ................................................... 10

Popular Appeal ................................................................... 10

Healthcare Cost Savings ..................................................... 11

Economic Impacts ................................................................ 12

Child Development .............................................................. 12

**SPOTLIGHT: THE WIC BENEFIT BUMP**

**ENHANCED ACCESS TO FRUITS AND VEGETABLES** ............... 13

Nutrition Insecurity during COVID-19 .................................. 13

Impacts of the WIC Benefit Bump ........................................... 15

**CHAPTER TWO: NEXT STEPS TO IMPROVE**

WIC’S NUTRITION OUTCOMES ................................................. 17

Independent Review of WIC Food Packages ......................... 17

Healthier Outcomes after 2009 Revisions ............................... 17

Review in Advance of USDA Rulemaking ............................... 18

Considerations for Food Package Revisions ......................... 19

Overall Value ...................................................................... 19

Protein Foods .................................................................... 20

Increased Options ................................................................ 21

Strengthen Nutrition Standards ......................................... 21

**CHAPTER THREE: DRIVING INNOVATION TO**

REACH ELIGIBLE WIC FAMILIES ............................................. 22

New Trends in WIC Participation .......................................... 22

Pre-Pandemic Trends ............................................................ 22

WIC Participation during COVID-19 .................................... 23

Resolving Barriers to Access ............................................... 24

Overall Value of WIC Benefit .............................................. 24

Remote WIC Services .......................................................... 25

Outreach and Engagement with Diverse Communities ............. 26

**CHAPTER FOUR: UNLEASHING NEW TECHNOLOGIES FOR WIC SHOPPERS** ......................................................... 28

In-Store Supports for WIC Shoppers ...................................... 28

Realizing Online Shopping in WIC Realizing Online Shopping in WIC ................................................................. 29

WIC’s Direct Partnership with Farmers .................................. 31

**CHAPTER FIVE: ENVIRONMENTAL EQUITY FOR WIC FAMILIES** ................................................................................. 32

Environmental Concerns for WIC Families ............................. 32

Air Pollution ....................................................................... 32

Heat Exposure and Extreme Weather ................................... 33

Clean Water and Food Safety .............................................. 34

Clean Water ....................................................................... 34

Foodborne Pathogens ........................................................ 35

Heavy Metals .................................................................... 35

Persistent Organic Pollutants ............................................. 37

**APPENDIX** ........................................................................ 38

State-By-State Impacts Of The WIC Benefit Bump .................. 39

State Profiles Of WIC Services ........................................... 40

**WORKS CITED** .................................................................. 131
As the nation’s premier public health nutrition program, WIC serves and supports young families as they navigate the joys and challenges of pregnancy and parenthood to raise a healthier next generation. Families come to WIC for reliable nutrition, breastfeeding, and public health referrals and are welcomed with a community of WIC professionals who are ready to offer expertise and encouragement.

This moment is a turning point for WIC. As COVID-19 enters its third year, WIC must incorporate lessons learned during the pandemic to meet the needs and expectations of families raising young children during this unprecedented time. WIC’s clinic-based services are a critical community support, and WIC’s public health workforce worked tirelessly to integrate telehealth and virtual appointments to reflect the experience families have found in healthcare settings. WIC must be empowered to incorporate more efficient and sustainable technologies that will unlock remote services beyond the pandemic and assure a more accessible program for the next generation of WIC participants.

In 2021, streamlined program access was complemented by a stronger commitment from our federal leaders to the value of WIC’s nutrition support. The WIC benefit bump that began in summer 2021 is a transformative opportunity to expand access to healthy foods for low-income families, putting greater emphasis on a proven intervention to reduce childhood obesity, type-2 diabetes, and other chronic conditions that affect millions of Americans. Expanding WIC benefits is one of the most effective steps to building long-term nutrition security and assuring all children get a healthy start.

We see, first-hand, the impact this program has on the daily lives of participating families. We see how an extra $15 per month can lead to a child more regularly choosing fruit as a healthy snack or finding a new favorite vegetable. As WIC providers, we dedicate our lives to supporting families, helping them navigate the complexities of raising children, and sharing the joys and frustrations of this foundational life stage.

This annual State of WIC report offers a blueprint for stronger WIC services. We must work quickly to resolve the barriers of a 20th century service model, incorporate the lessons learned during COVID-19, and build a more resilient program fit for 21st century parents. We hope that this State of WIC report will inspire you to take action and help us grow and expand WIC as an essential support in our public health imperative to build a healthier next generation.

Sincerely,

SARAH FLORES-SIEVERS
NWA BOARD CHAIR, 2021-2022
The COVID-19 pandemic exposed structural inequities that exacerbate the nation’s most urgent public health challenges. High rates of chronic diet-related conditions fuel national healthcare expenditures at a time when too many families are struggling to afford healthy foods. Social determinants and environmental factors shape the futures of children even before they are born. Systemic racism and healthcare disparities jeopardize the success of pregnancies and the lives of mothers. As new federal investments reach communities across the country in an effort to combat the COVID-19 pandemic and address root causes of inequality, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is an effective tool to build healthier food environments and enhance nutrition security for millions of families.

For nearly fifty years, WIC has delivered improved health outcomes through access to healthy foods and effective nutrition and breastfeeding services. 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. WIC’s strong record of public health success is applauded by legislative leaders of both parties and supported by voters across the ideological spectrum.

As the United States navigates the next stages of the COVID-19 pandemic, WIC is well positioned to contribute to broader public health efforts that will build a healthier, more resilient nation. The WIC benefit bump – increased investment allowing for enhanced fruit and vegetable benefits for 4.7 million WIC participants – has bolstered WIC’s nutrition intervention as an effective counter to rising childhood obesity rates during the COVID-19 pandemic. Swift implementation of remote WIC services provided new options to families, expanded the reach of WIC’s public health nutrition services, and lends itself to increased collaboration and further integration with the provision of healthcare services. This annual State of WIC report outlines the progress that WIC has made in the past year and charts the course for leveraging WIC’s proven record to strengthen nutrition, improve overall health, and build a healthier food environment for the next generation.

**Recommended Policy Actions**

**Revise the WIC food packages, with increased value.** Enhanced benefits for fruits and vegetables demonstrate that WIC’s public health success will be strengthened with added value to the WIC food packages. Higher issuance levels than outlined in the cost-neutral 2017 review by the National Academies of Sciences encourage dietary variety, increased consumption of key nutritious foods, and program retention. USDA should swiftly advance rulemaking that revises issuance with added value, provides package size flexibility to include more options, and strengthens nutrition standards to promote alignment with the Dietary Guidelines for Americans.

**Expand and streamline access to WIC services.** WIC’s targeted focus on critical life stages should be flexible enough to accommodate the realities of participating families. Clinic processes, especially certification periods, should be streamlined to facilitate initial applications and sustain participation. Extended eligibility for postpartum women and 5-year-old children resolve nutrition gaps at key periods of development. As WIC expands its public health impact, further integration with healthcare services can reduce program costs and more wisely leverage WIC’s effective intervention to support a family’s broader healthcare needs.

**Sustain remote WIC services beyond the pandemic.** During COVID-19, WIC providers were authorized to remotely certify families for services, reducing barriers to access such as transportation, taking time off work, and arranging childcare. Once the pandemic subsides, WIC participants want a variety of options to reflect industry practices in healthcare settings. Statutory flexibility for WIC’s physical presence requirements is necessary to strike the right balance that will enable remote services beyond the pandemic, while preserving the program’s public health character and providing increased opportunities for collaborations with healthcare providers.

**Modernize the WIC shopping experience.** The rapid escalation of SNAP online shopping during COVID-19 brought into focus the limited and inequitable shopping options for WIC families. As WIC providers launch pilot projects with temporary waiver authority, permanent review of WIC’s vendor regulations can establish the framework for online WIC shopping and future transaction technologies. Modern WIC shopping models should be accessible and participant-oriented, while thoughtfully considering equitable access for WIC’s diverse population of new and expectant parents.
CHAPTER ONE: THE CASE FOR WIC

Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides targeted nutrition services that ensure children get a healthy start. WIC’s enduring support is a testament to its consistent record of improved health outcomes. Especially during the COVID-19 pandemic, WIC continues to adapt to more effectively leverage the program’s nutrition intervention to support overall maternal health, improved birth outcomes, and positive child growth and development.

OVERVIEW OF WIC’S NUTRITION SERVICES

In 2021, WIC served over 6.2 million individuals in all fifty states, the District of Columbia, five U.S. territories, and thirty-three Indian Tribal Organizations (ITOs). WIC is a lifeline for new parents, serving approximately 43 percent of all infants born in the United States. With uninterrupted, albeit modified, support for participating families during the COVID-19 pandemic, WIC provides five core services that improve health and nutrition outcomes:

ACCESS TO HEALTHY FOOD

WIC provides a monthly benefit to purchase healthy foods that supplement the diets of WIC mothers and young children. 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. While WIC is a breastfeeding promotion program, three food packages provide infant formula for partially breastfed and fully formula-fed infants. WIC benefits can, with few exceptions, be redeemed at retail grocery stores by an electronic benefit transfer (EBT), or e-WIC, card. At an overall value of only $36 per month, the WIC food benefit constitutes less than 9 percent of an average grocery budget.

WIC has the strongest nutrition requirements of any federal food assistance program, with the Healthy, Hunger-Free Kids Act of 2010 requiring an independent scientific review of the WIC food packages at least every decade. The 2009 revisions to the WIC food packages strengthened the nutritional quality of available WIC foods, including providing a small monthly benefit for purchase of fruits and vegetables of only $9/month for children and $11/month for women. Under the American Rescue Plan Act passed in March 2021 and then...
extended through the fiscal year 2022 appropriations process, WIC’s fruit and vegetable benefit, or Cash Value Benefit (CVB), was enhanced to provide additional overall value. As of October 2021, this WIC benefit bump amounts to an average $20 per month increase in healthy food benefits provided to all 4.7 million participating children and adults.

**NUTRITION EDUCATION**

WIC provides individualized, participant-centered nutrition counseling that supports participants and their families in making healthy choices. Unlike other federal food assistance programs, WIC’s tailored nutrition education is a core program function that provides a consistent touchpoint for WIC families to receive advice and support from nutrition professionals. WIC nutrition educators – including Registered Dietitians (RDs), nutritionists, and other professionals – support families in shaping dietary behaviors at a crucial time for the development of children’s taste preferences. Through WIC’s nutrition education, families learn new and nutritious recipes, how to make the most of their grocery budgets, and how to navigate the complexities of feeding young children, including what to avoid eating while pregnant, how to introduce complementary foods to infants, and how to address picky eating in toddlers.

Even before the COVID-19 pandemic, the majority of geographic State WIC Agencies provided remote nutrition education options through online platforms and telephone appointments that reduced the burden of in-person clinic visits on WIC families. These nutrition education options grew increasingly popular during COVID-19, with WIC providers reporting significantly higher attendance at virtual appointments. More than 80 percent of WIC participants expressed a preference for continued remote education after the pandemic.

**BREASTFEEDING SUPPORT**

As the nation’s leading breastfeeding promotion program, WIC provides individualized support, prenatal education, and access to breast pumps to encourage and sustain 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 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 to one year postpartum in 2004, and critical investments to nationalize WIC’s Breastfeeding Peer Counselor Program in 2010. These efforts resulted in a 30 percent increase in breastfeeding initiation rates among WIC participants since 1998. WIC reinforces positive messages that encourage mothers to breastfeed, with returning WIC participants demonstrating a significantly increased likelihood of sustained breastfeeding at one year postpartum.

**HEALTH SCREENINGS**

WIC’s nutrition counseling is informed by health screenings, including routine height/length and weight checks that 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 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.

WIC’s health screenings were largely deferred during the COVID-19 pandemic. Similar to immunizations, well-child visits, and other early preventive care, WIC’s health screenings were not easily transferrable to remote service models. Sixty percent of WIC participants surveyed during the COVID-19 pandemic noted the benefit of using measurements taken at a recent doctor’s visit, a step that reduces the amount of in-person appointments for a family while wisely encouraging collaboration between WIC and healthcare providers.

**REFERRALS**

WIC screens for a range of other health factors and makes appropriate referrals, including 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 preventive 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. WIC referrals and the rapport built between participants and WIC staff is increasingly important during the pandemic, with reported declines in routine childhood immunizations and increased risk of family violence or child abuse during COVID-19.

**WIC’S ROLE IN BUILDING HEALTHIER OUTCOMES**

**PREGNANCY AND BIRTH OUTCOMES**

WIC’s effective nutrition intervention is a proven strategy in the broader national effort to curb high rates of maternal and infant mortality. WIC participation is associated with a 16 percent reduction in the risk of infant death within one year of delivery and is demonstrated to reduce health disparities for infants of color.

Maternal nutrition – both before and during pregnancy – impacts the success of a pregnancy, influencing leading indicators of infant mortality such as congenital birth defects, preterm birth, and low birthweight, as well as maternal health risks such as cardiovascular disease and hypertension. Increasing evidence points to WIC’s role in reducing pregnancy-related health risks, like preeclampsia, that are associated with maternal mortality. WIC drives successful pregnancy outcomes by enhancing micronutrient intake (e.g., providing folate to reduce risk of neural tube defects) and mitigating the effects of chronic diet-related conditions like obesity and type-2 diabetes.

With approximately 40 percent of women in the United States between ages 20 and 39 affected by obesity, WIC’s efforts to enhance access to nutritious foods and nutrition education play an important role in improving maternal nutrition. WIC could sustain its progress by delivering more consistent nutrition support during the interpregnancy interval, setting the stage for future pregnancy success. The bipartisan Wise Investment in our Children Act would extend WIC’s postpartum eligibility period from six months or one year (for breastfeeding participants) to two years postpartum. This would ensure that WIC’s postpartum eligibility period is aligned with recommendations from the American College of Obstetricians and Gynecologists (ACOG) to counsel mothers for an interpregnancy interval of at least 18 months.

One out of every ten infants in the United States is delivered preterm, with more than 8 percent of all infants facing low birthweight. Both preterm and low birthweight infants are at increased risk of emergent health complications, infant mortality, and long-term health conditions. WIC participation is demonstrated to reduce preterm birth, increase the likelihood of healthy birthweights, and reduce racial and ethnic disparities in extended infant hospitalizations and stays in the neonatal intensive care unit (NICU).

Adverse pregnancy and birth outcomes are highly correlated with entrenched, and growing, racial and ethnic disparities – particularly for Black and Indigenous mothers and children. Although infants of color participate in WIC at higher rates than white infants, a smaller proportion of pregnant women of color access WIC services than their white counterparts.

Early access to prenatal WIC support can work to close disparities in access to nutritious foods, maternal and infant mortality rates, and other health outcomes.

**BREASTFEEDING RATES**

Low-income mothers breastfeed at lower rates than the general population, but WIC has made significant progress in closing breastfeeding disparities through a combination of professional and peer lactation support. Since 1998, WIC has increased breastfeeding initiation rates by 30 percent and more than doubled the rate of WIC mothers who are sustaining breastfeeding at twelve months. WIC’s collaborative approach engages family members – including fathers, grandparents, and siblings – to build support and encouragement that addresses common concerns that inhibit sustained breastfeeding, including stress about breast milk supply and difficulty latching. WIC’s long record of breastfeeding promotion is complemented by the most recent edition of the Dietary Guidelines for Americans, which has enshrined longstanding recommendations to exclusively breastfeed infants for the first six months.

In 2018, only 71.8 percent of WIC-enrolled infants were ever breastfed, compared to 83.9 percent of all infants in the United States. WIC support – including WIC’s Breastfeeding Peer Counselor Program – is effective at addressing racial disparities.

"**PEER COUNSELORS ARE SO IMPORTANT FOR OUR MOMS**

**WHO NEED BREASTFEEDING SUPPORT AND GUIDANCE. WHEN YOU HAVE COMPASSION AND UNDERSTANDING FOR OUR MOMS, THEY LEARN BETTER. THEY ALWAYS ARE SO GRATEFUL FOR THE CONSTANT SUPPORT WE PROVIDE, WHETHER IT BE OVER THE PHONE, THROUGH WEBCAM, OR IN PERSON."**

**BEATRICE CASTRO, WNA I/PC SELMA, CALIFORNIA**
in breastfeeding rates, especially among Black women.\textsuperscript{61} Nationally, Black and Indigenous infants have lower rates across all breastfeeding metrics than other racial and ethnic groups,\textsuperscript{62} reflecting systemic disparities that are rooted in intergenerational trauma,\textsuperscript{63} targeted and deceptive infant formula marketing in commercial spaces\textsuperscript{64} and hospital settings,\textsuperscript{65} and higher rates of maternal employment that disincentivized breastfeeding.\textsuperscript{66} Despite these structural barriers, Black infants enrolled in WIC are closer to the national breastfeeding initiation average than the general Black population and Indigenous infants enrolled in WIC are significantly outpacing the general Indigenous population.\textsuperscript{67}

**CHILD NUTRITION OUTCOMES**

After decades of advocacy from the National WIC Association and broader public health community, USDA revised the WIC food packages in 2009 to provide healthier options, including fruits, vegetables, and whole grains.\textsuperscript{68} The food package revisions had a substantial impact on child nutrition outcomes, with children who participated in WIC for their first 24 months of life registering higher scores on the Healthy Eating Index\textsuperscript{69} and reduced rates of childhood obesity.\textsuperscript{70} As a result of introducing healthier options to the WIC food packages, WIC-enrolled children demonstrated improved diet quality and variety,\textsuperscript{71} including greater intake of red/orange vegetables, legumes, and whole grains,\textsuperscript{72} lower consumption of whole milk\textsuperscript{73} and sugar-sweetened beverages,\textsuperscript{74} and increased breastfeeding initiation.\textsuperscript{75}

Childhood obesity rates for WIC-enrolled toddlers declined by 2 percent nationally after the introduction of healthier options in the 2009 food package revisions, falling from 15.9 percent in 2010 to 13.9 percent in 2016.\textsuperscript{76} By 2016, the WIC food package revisions had completely closed the gap between WIC-enrolled toddlers and all children age 2-5,\textsuperscript{77} although recent data shows that income-based disparities persist, with WIC-enrolled toddlers recording an obesity rate of 14.4 percent in 2018 as the overall child population registered 13.4 percent.\textsuperscript{78}

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\textsuperscript{79} and increased availability of healthy foods in retail grocery stores, especially smaller retailers.\textsuperscript{80}

**WIC: A STRONG INVESTMENT**

**POPULAR APPEAL**

WIC’s long record of delivering positive health outcomes has fostered broad, bipartisan support for continuing and expanding WIC’s programmatic mission.
In September 2021, McLaughlin & Associates and ALG Research conducted a nationwide poll on behalf of the National WIC Association and the Alliance to End Hunger. Consistent with prior national poll results from 2012, likely voters understand and recognize the importance of WIC and vocalize strong support across party and ideological lines. WIC had brand recognition among 88 percent of likely voters and, after hearing a short description of the program, 83 percent of likely voters voiced support for WIC services.82

The nationwide poll was taken amid the COVID-19 pandemic, and 76 percent of likely voters agreed that the pandemic makes it even more important to support WIC’s nutrition efforts.83 70 percent of likely voters, including 53 percent of likely Republican voters and 65 percent of likely independent voters, identified WIC as a good investment, whereas 62 percent of likely voters agreed that WIC was a top priority for federal and taxpayer investment.84

Voters across party and ideological lines also voiced strong support for increased investment that would ensure WIC could have a larger public health impact. Approximately three-quarters of likely voters, including a majority of Republican, independent, and Democratic voters, favored increased investment to provide more nutritious foods to WIC-enrolled families, extend the eligibility period for postpartum mothers to five years, and modernize WIC services to sustain telehealth appointments and scale up online shopping.85

HEALTHCARE COST SAVINGS

WIC’s targeted nutrition support is an effective intervention that returns immediate healthcare cost savings and sets the trajectory for a healthier next generation. For every federal dollar invested, prenatal WIC participation alone returns about $2.48 in medical, education, and productivity costs.87 This finding builds on decades of research, including studies from the 1990s, demonstrating Medicaid cost savings associated with prenatal WIC participation.88 WIC’s demonstrated track record of delivering healthier birth outcomes is a public health imperative that delivers significant and immediate healthcare cost savings. In 2007, the Institutes of Medicine estimated that the United States spent more than $26 billion each year on medical costs associated with preterm births, amounting to approximately $51,600 per infant in first-year medical costs.89 More recent estimates suggest that healthcare costs have only increased with time, with the average six-month healthcare cost for preterm births exceeding $76,000 and the average six-month cost for low birthweight infants exceeding $110,000.90 In addition to reducing infant mortality rates, WIC’s nutrition intervention contains first-year healthcare expenditures by delivering healthier birthweights, mitigating or preventing lifelong health conditions, and reducing extended hospitalizations.

Although WIC cost savings associated with preterm birth are the most studied, WIC’s broader public health services can also reduce costs and enhance long-term health outcomes. Chronic diet-related conditions, including obesity and type-2 diabetes, drive more than $500 billion in healthcare costs each year.91 Children affected by obesity are five times more likely to have obesity in adulthood.92 WIC’s coordinated efforts to reduce income-based disparities in childhood obesity and promote higher dietary quality for WIC-enrolled toddlers, spurred by the 2009 food package revisions, is an effective strategy to mitigate early onset of chronic diet-related conditions and invest in the longer-term health – and reduced healthcare costs – of the next generation.

Other facets of WIC’s public health efforts can also yield additional healthcare cost savings. USDA estimates that WIC’s ongoing efforts to strengthen breastfeeding rates could generate $9.1 billion in estimated healthcare cost savings if 90 percent of WIC infants were breastfed for their first year.93 Similarly, WIC leads to additional Medicaid cost savings by promoting oral health,
resulting in lower dental-related Medicaid costs for WIC-enrolled children.94

**ECONOMIC IMPACTS**

WIC has a direct economic benefit, channeling $4.9 billion in WIC food benefits to over 48,000 authorized vendors – including retail grocery stores, farmers markets, and farm stands – located in communities across the United States.95 The majority of authorized vendors are large national or regional retailers, but at least one-quarter of all WIC benefits are redeemed in small- and medium-sized stores.96 Although smaller in reach than SNAP, the revision of WIC food packages in 2009 was associated with changes to store stocking practices, indicating that retailers will adapt to meet program requirements.97 WIC’s efficient cost containment efforts for infant formula generated $1.7 billion in savings in fiscal year 2020, bringing in sufficient non-taxpayer revenue to support over one-out-of-every-four WIC participants.98

WIC’s economic stimulative effect has likewise flowed back to the farm sector, driving an annual revenue of $1.3 billion and supporting over 10,000 full-time farm positions.99 The 2009 food package revisions were associated with increased investment in the farm sector, including an annual increase of at least $331 million in farm revenues and more than 2,600 new farm jobs.100 Dairy producers benefitted the most from the 2009 food package changes and continue to be the sector of the farm economy that generates the most income from WIC, even as the WIC benefit bump provides additional revenues for fruit and vegetable producers.101 WIC’s broader impact in shaping retailer practices generates additional spillover effects that improve healthy offerings in retail environments, including how WIC’s minimum stock requirements for retailers incentivize smaller vendors to invest in capital improvements, such as acquiring refrigeration and display units to stock additional produce.102

Increases to the WIC benefit implemented in summer 2021 are associated with additional economic activity. WIC providers reported relatively stable redemption rates as higher benefit levels were issued, indicating increased overall purchases of fruits and vegetables at retail grocery stores.103 Economic modeling suggests that increased benefits for grocery purchases stimulate additional economic activity as families reallocate resources within their monthly budgets, including additional purchasing power for groceries and non-grocery priorities, including transportation, housing, utilities, healthcare, and recreational goods.104

**CHILD DEVELOPMENT**

WIC’s early intervention contributes to a healthy start for children, setting the stage for future success as children grow and enter school. Early WIC participation is associated with improved neurodevelopment, cognitive outcomes, and adaptive behaviors.105 WIC’s role in supporting key nutrient intake is essential to supporting these improved outcomes, with even prenatal participation resulting in lasting impacts on the child’s development.106 Prenatal or early participation in WIC is associated with greater academic success as children enter school.107 WIC’s benefits are specific to the individual, with participating children performing better on reading and math assessments and demonstrating fewer behavior problems in school than their siblings that did not access WIC services.108 These cognitive and academic impacts are long-lasting, with WIC’s improved outcomes persisting through school-age years, similar in magnitude to other early childhood interventions, including Head Start.109

As with other federal food assistance programs, WIC has a proven record of expanding household access to food and is associated with a 20 percent reduction in child food insecurity.110 Program eligibility currently expires on the child’s fifth birthday, regardless of whether the child has started full-day kindergarten and receives support through school meals programs. The disruption to consistent nutrition support for five-year-old children is associated with increased food insecurity, and closing the gap in nutrition assistance is associated with a 15 percent reduction in child food insecurity, reducing stressors as children enter school.111 The bipartisan Wise Investment in our Children Act (WIC Act) would remedy this gap by extending WIC’s support until age six or the beginning of kindergarten.112
During the COVID-19 pandemic, Congress enhanced the value of the overall WIC benefit as a targeted measure to increase access to nutritious foods for low-income families. The WIC benefit bump – which elevated WIC’s Cash Value Benefit for fruit and vegetable purchases for over 4.7 million children and adult participants – is a win-win measure that provides additional assistance to families, creates new markets for fruit and vegetable producers, and centers scientific recommendations to promote positive long-term health outcomes for WIC participants. This transformative expansion of WIC’s benefit is rooted in decades of science-based decision-making and charts the course for how WIC can further secure the health of America’s next generation.

**NUTRITION INSECURITY DURING COVID-19**

Federal food assistance programs and the charitable food system mobilized swiftly to address emerging hunger needs during the COVID-19 pandemic, especially as many families experienced food insufficiency for the first time. Federal action – including emergency allotments for SNAP recipients, establishment of the Pandemic-EBT Program, and flexibilities to implement remote WIC services – had a substantial effect in curbing hunger during the early weeks of the pandemic, ensuring that the overall food security rate remained constant between 2019 and 2020. Food insufficiency was disproportionately higher in households with children, which reported a 17 percent increase in food insecurity between 2019 and
The average grocery budget in the United States increased more than 6 percent in 2020, but the federal food assistance programs had few levers to increase overall aid to families in need. It wasn’t until 2021, when SNAP implemented a benefits increase in January and WIC implemented a benefits increase in April, that USDA programs were authorized by Congress to deliver more robust benefits to families facing food insecurity.

As more households reported difficulty affording groceries during COVID-19, increased food assistance was even more critical given rising costs for nutritious foods, such as fruits and vegetables. During the first year of the pandemic, an average of 30 percent of households with children reported being food secure, but unable to afford the desired types of foods for their children. Whereas fruit and vegetable prices had been, on average, declining before the pandemic, these nutritious foods became more expensive in the first three months of the pandemic. Fresh fruits and vegetables are especially susceptible to disruptions in distribution channels, including trucking, and are expected to continue to cost more in the months ahead.

Insufficient household resources to purchase nutritious foods makes it even more difficult for parents to nurture healthy behaviors in their young children, with 61 percent of SNAP households recently reiterating that affordability is the most significant barrier to adopting a healthy diet. The public health imperative to resolve food insecurity and dismantle barriers to purchasing nutritious foods gained even more importance as medical providers noted alarming increases in childhood obesity during COVID-19. Poorer nutrition outcomes during COVID-19, combined with decreased physical activity and increased stress, has resulted in accelerated weight gain and increased obesity rates. Increases in childhood obesity affect all age groups, reversing the progress in recent years that had decreased obesity rates for children age 2-5.

In the first few weeks of the pandemic, Reps. Kim Schrier (D-WA) and Ron Wright (R-TX) introduced the WIC Benefit Flexibility during COVID-19 Act – a bipartisan measure that would provide additional targeted assistance for WIC families to purchase more fruits and vegetables. If the bill had been passed upon introduction, it would have injected $484 million in additional benefits into the economy at a time when 13 percent of households with children were food insecure and over 35 percent of households with children were food secure but couldn’t afford the types of food they wanted.

The bipartisan Schrier-Wright proposal was passed as part of the American Rescue Plan Act in March 2021. The provision increased monthly fruit and vegetable benefits to $35 per month per participant – a significant increase above prior values of $9 per month per child and $11 per month per adult. Successful implementation of the WIC benefit bump over summer 2021 encouraged Congress to extend the benefit increase in the continuing resolution passed on September 30. In that legislation,
Congress reset the fruit and vegetable benefits in accordance with 50 percent of recommended intake under the Dietary Guidelines for Americans – levels recommended by a 2017 report from the National Academies of Sciences, Engineering, and Medicine. The second phase of the WIC benefit bump has resulted in $24 per month per child, $43 per month for pregnant and postpartum participants, and $47 per month for breastfeeding participants.

**IMPACTS OF THE WIC BENEFIT BUMP**

The WIC benefit bump has successfully enhanced WIC’s nutrition intervention to ensure that low-income families have access to healthy foods. Initial data from State WIC Agencies indicates relatively stable redemption rates for WIC’s Cash Value Benefit as states implemented a benefit increase that amounted to more than triple the value of fruit and vegetable benefits. Redemption rates are steadying and even increasing as participants become more familiar with the added benefit. This data indicates a significant increase in fruit and vegetable purchases – if extrapolated to the entire WIC population, average monthly redemption has increased by $75.1 million in summer 2021 from $32.2 million in January to March 2021 to $107.3 million from June to August 2021.

Enhanced fruit and vegetable benefits for WIC families are a game changer in national efforts to improve child nutrition. In a survey of 10,000 WIC participants in five State WIC Agencies, 83 percent identified that the initial benefit levels were not enough, but only 26 percent echoed that sentiment after the WIC benefit bump was in place.

In addition to increasing overall access to fruits and vegetables, more than two-thirds of surveyed State WIC Agencies indicated that participants are purchasing additional varieties of fruits and vegetables. Some options may promote convenience for busy parents, such as pre-sliced produce, but many WIC parents are taking the opportunity to introduce new fruits and vegetables to their children – like seasonal, tropical, and stone fruits and root vegetables. Early and consistent exposure to various forms of fruits and vegetables is an important factor in developing taste preferences for toddlers, promoting healthy lifelong habits that will shape children’s diets as they mature.

The WIC benefit bump resulted in a measurable increase in fruit and vegetable consumption, with 10,000 WIC participants across five State WIC Agencies reporting an average increase of 1/4 cups in daily consumption for children. Because changes to purchases and attitudes typically precede changes to consumption behaviors, the increase in fruit and vegetable consumption will likely continue to increase in 2022.

With the introduction of the WIC benefit bump, households with children reported the best rates during the...
entire pandemic of being able to afford the types of foods they wanted.\textsuperscript{146} The WIC fruit and vegetable benefit is extraordinarily versatile and can be used to redeem various forms of fruits and vegetables depending on the state, including fresh, frozen, canned, or dried produce. Unlike other elements of the WIC food package that are prescribed, the fruit and vegetable benefit is flexible enough to accommodate the diverse cultural needs, dietary preferences, and foods available to the WIC population.\textsuperscript{147} Especially during COVID-19, as retail grocers report stocking shortages associated with supply chain disruptions, investing in the most versatile element of WIC is an effective strategy to assure that families can redeem available benefit.

Enhancing WIC benefits can have a stimulative effect on the economy, driving increased transactions at retail grocery stores and allowing for families to reallocate resources to other grocery and non-grocery purchases.\textsuperscript{148} Retail grocers can modify business practices and offer in-store promotions to account for available stock and attract WIC shoppers.\textsuperscript{159} Overall, the WIC benefit bump is estimated to increase purchases and other economic activity, resulting in an estimated annual economic contribution of $2.62 to $2.81 billion, while also supporting nearly 25,000 jobs in the food supply chain.\textsuperscript{150}

The WIC benefit bump may also have an impact on program retention, ensuring that eligible individuals can continue to receive the benefits of WIC participation. 14 percent of surveyed WIC participants indicated they were unlikely to remain with the program if benefit levels reverted to baseline.\textsuperscript{151} WIC’s monthly benefit of $36 per participant is considerably smaller than other resources available to families, constituting only 16.74 percent of the monthly SNAP benefit (estimated to be $213.83 per recipient in fiscal year 2021)\textsuperscript{152} and less than 9 percent of a family’s monthly grocery budget.\textsuperscript{153} WIC’s child food benefit is also considerably smaller than the infant food packages,\textsuperscript{154} reflecting an imbalance that may contribute to a 30 percent drop-off in WIC participation by the child’s first birthday.\textsuperscript{155} As a result, the required administrative burden, time spent at appointments, and transportation hurdles associated with ongoing WIC participation may serve as obstacles to reaching eligible families. Enhancing the overall value of the WIC benefit can mitigate these barriers to access and incentivize ongoing participation, as indicated by an 8 percent increase in child retention since the beginning of the pandemic.\textsuperscript{156}

\textbf{Federal Benefits as Percentage of Average Monthly Grocery Budgets}\textsuperscript{157}

\textit{“MY BUSINESS WORKS WITH GROWERS, RETAILERS, AND ALL SUPPLY CHAIN STAKEHOLDERS TO PUT MORE FRUITS AND VEGETABLES ON EVERY TABLE. THAT WORK IS INFINITELY MORE DIFFICULT WHEN FAMILIES STRUGGLE WITH AFFORDABILITY. THE TRIPLING OF WIC’S FRUIT AND VEGETABLE BENEFIT EMPowers PARENTs WITH THE NECESSARY RESOURCES TO SELECT A WIDE VARIETY OF FRESH FRUITS AND VEGETABLES. THE EXPANSION OF THE FRUIT AND VEGETABLE BENEFIT ALSO INCENTIVIZES THE PRODUCE INDUSTRY TO CONTINUE TO INNOVATE AND MEET THE NEEDS OF THESE DESERVING FAMILIES.”}

\textbf{LORI TAYLOR}
\textbf{FOUNDER AND CEO, THE PRODUCE MOMS}
\textbf{INDIANAPOLIS, INDIANA}
WIC’s consistent focus on improved nutrition outcomes is the foundation of the program’s success in delivering a healthier next generation. For more than two decades, the National WIC Association has endorsed a thorough, independent, and scientific review process to ensure that foods issued as WIC benefits are resolving key nutrient deficiencies and contributing to the overall health of the WIC-eligible population. With USDA expected to revise the WIC food packages in 2022, there is a comprehensive record of independent and science-based advice that can ensure WIC builds on the record of its strong nutrition standards to support the health needs of new and expectant parents and their children.

**NEW FRUIT AND VEGETABLE LEVELS PROVIDE AN AVERAGE INCREASE OF $20 PER MONTH**

**DGAS RECOMMEND EXPANDING SEAFOOD OPTIONS TO ALL CHILD AND ADULT FOOD PACKAGES**

**INDEPENDENT REVIEW OF WIC FOOD PACKAGES**

Under the Healthy, Hunger-Free Kids Act of 2010, the seven 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. USDA sets regulatory parameters that govern the types, quantity, and nutritional content of foods that can be redeemed with WIC benefits. State WIC Agencies have a certain degree of flexibility in implementing the seven food packages by developing Approved Product Lists for specific brands and package sizes that align with the federal regulations. This process is unique among federal nutrition programs and centers science-based decision-making, resulting in the strongest nutrition standards among any federal program.

**HEALTHIER OUTCOMES AFTER 2009 REVISIONS**

After more than a decade of NWA-led advocacy, WIC implemented revised food packages in 2009 for the first time in nearly three decades. The comprehensive overhaul of the WIC food packages made significant changes to benefit issuance, including the introduction of new food categories such as fruits, vegetables, and whole grains. As the 2009 food package review was cost-neutral, the addition of new nutritious foods 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.
The 2009 food package changes were documented to improve nutrition outcomes, including higher dietary quality for children participating in WIC and reductions in childhood obesity among WIC-enrolled toddlers. Changes in WIC benefit issuance were associated with increased consumption of fruits and vegetables, non-/low-fat dairy, legumes, and whole grains, lower consumption of whole milk and sugar-sweetened beverages, and increased breastfeeding initiation. WIC participants reported reduced intake of sodium, saturated fat, and sugar, resulting in higher scores on the Healthy Eating Index.

The 2009 revisions fueled new shopping behaviors, helping to close racial disparities in access to healthy foods. The revisions led to increased fruit consumption among Latinas and non-/low-fat dairy consumption among Black and Latino children. The introduction of WIC’s Cash Value Benefit and new minimum stocking requirements for WIC-authorized vendors were associated with increased availability of healthier foods, including in low-income neighborhoods. The 2009 changes brought about increased access to healthy options not just for WIC families, but for the entire shopping public.

**REVIEW IN ADVANCE OF USDA RULEMAKING**

In January 2017, an independent expert panel convened by the National Academies of Sciences, Engineering, and Medicine (NASEM) issued its final report, titled *Improving Balance and Choice.* The 2017 NASEM Report was the first step in the current process to revise the WIC food packages, as required by the Healthy, Hunger-Free Kids Act of 2010. The nearly 1,000-page NASEM report comprehensively reviewed the nutritional needs of the WIC-eligible population and made a series of specific recommendations to adjust issuance across the food packages, strengthen nutrition standards, and better align the diets of WIC participants with the Dietary Guidelines for Americans (DGAs).

The 2017 NASEM Report operated from a core principle that WIC food packages are supplemental and should more consistently provide priority nutrients and food groups. The 2017 NASEM Report aimed for the food packages to reach at least 50 percent of the Dietary Reference Intakes (DRIs) for priority nutrients like potassium, fiber, choline, vitamin D, and copper, while also promoting greater variety between the DGA food groups. Similar to the 2009 revisions, this approach resulted in proposed reductions to food groups issued at more-than-supplemental levels (e.g., legumes, peanut butter) to increase target food groups that are still issued at lower-than-supplemental levels, such as vegetables, fruits, and seafood.

Notably, the 2017 NASEM Report was tasked with designing food packages that were “cost-neutral.” Drawing on the 2015-2020 DGAs, the 2017 NASEM Report modeled different food patterns depending on the participant category – 1,300-kcal diets for children age two to four, 2,300-kcal diets for postpartum women, and 2,600 kcal for pregnant and breastfeeding women. The requirement to remain cost-neutral precluded designing food packages that reached 50 percent intake across food groups. The 2017 NASEM Report specifically identified that, should cost-neutrality be set aside, WIC should prioritize increased investment in the Cash Value Benefit (CVB) for fruit and vegetable purchases, particularly noting that higher CVB values for children could encourage ongoing participation for the duration of program eligibility.

USDA did not act immediately to implement the 2017 NASEM Report’s recommendations, allowing for promulgation of the 2020-2025 DGAs in the interim. The 2020-2025 DGAs were the first edition to consider the unique nutrition needs on the basis of life stage, including pregnancy, lactation, and birth to age two. This innovative approach is of particular relevance to the WIC-eligible population, and it may be prudent to align the DGAs and WIC food package review in the future.

Recommended intake based on food group remained relatively consistent between the 2015-2020 and 2020-2025 DGAs for the food patterns reflected in the 2017 NASEM Report.
The 2020-2025 DGAs differed only in recommending sharper limits on Calories for Other Uses, reflecting greater concern about added sugars, sodium, and saturated fats. As the two most recent editions of the DGAs are relatively consistent in recommended diet patterns for the WIC-eligible population, the 2017 NASEM Report - which more comprehensively analyzes the nutrient needs of the WIC population and the impacts of adjustments to WIC benefit issuance - is the most applicable resource as USDA considers specific revisions to the WIC food packages.

CONSIDERATIONS FOR FOOD PACKAGE REVISIONS

In June 2021, NWA issued a report that analyzed the impact of the 2020-2025 DGAs on the 2017 NASEM Report recommendations. NWA continues to endorse the findings of the 2017 NASEM Report and encourages USDA rulemaking to be guided by the principles outlined in the report. With legislative action to increase the overall value of the WIC food package, NWA supports an increased permanent value of the WIC benefit that is consistent with the thoughtful, science-based reasoning of the 2017 NASEM Report.

OVERALL VALUE

NWA endorses a higher overall value for the WIC benefit. WIC’s monthly benefit of $36 per participant is only a fraction of an individual’s needs, constituting less than 9 percent of an average grocery budget. The WIC benefit bump - including an average $20 per month increase in the overall benefit for 4.7 million participants - is only a modest shift when looking at a family’s overall needs. With implementation of the WIC benefit bump starting in April 2021, WIC’s monthly benefit still constitutes a small share (12 percent) of an average grocery budget in the United States. Given the high prevalence of food insecurity among WIC participants, a higher-value benefit would provide families with more resources to meet basic needs.

Although WIC’s monthly benefit is intended to be supplemental and address key nutrient needs of a target population, policymakers must also be mindful that a larger overall benefit can address systemic barriers in retention of child participants and encourage ongoing utilization of WIC’s nutrition programming. The child food package is lower in overall value than infant food packages, resulting in real and perceived diminished value as participants are required to reapply at the one-year mark. Since 30 percent of

![Graph showing WIC CVB as percentage of fruit/vegetable recommended intake, as redeemed]


0%  |  10%  |  20%  |  30%  |  40%  |  50%  |  60%
participating infants do not recertify for WIC services after their first birthday, the child food package is ripe for additional investment to restore balance and incentivize ongoing participation - ensuring that more eligible children can realize WIC’s health and development benefits during a critical period of growth. As outlined in the 2017 NASEM Report, enhanced value can support the nutrition needs of families and strengthen long-term participation, all while maintaining WIC’s supplemental character.

Higher overall value for the WIC benefit should reflect the principles outlined in the 2017 NASEM Report and promote further alignment of WIC participant diets with dietary patterns outlined in the DGAs. The 2017 NASEM Report explicitly indicated that additional value should favor fruits and vegetables, critical food groups that remain underconsumed across several WIC populations. This recommendation formed the basis for legislative proposals during COVID-19, resulting in temporary benefit increases that first offered participants $35/month and have now set benefits reflecting the 2017 NASEM Report’s scientific recommendations: $24/month for children, $43/month for pregnant and postpartum participants, and $47/month for breastfeeding participants.

Enhanced value of the overall WIC benefit should not be limited to just fruits and vegetables, but instead balanced with other food groups that are issued at lower-than-supplemental rates. The 2017 NASEM Report strongly recommends inclusion of seafood across child and adult food packages, recognizing that seafood intake is either too low or uncommon in most subgroups of WIC participants. Seafood is an important source of protein and other essential nutrients, including iron, choline, omega-3 fatty acids, and vitamin D. The 2020-2025 DGAs emphasized the particular benefits of seafood consumption for pregnant and breastfeeding women, noting the potential benefits to a child’s cognitive development. These recommendations are echoed in recent advice provided by the Food and Drug Administration (FDA), which encourages seafood consumption by pregnant and lactating individuals and young children.

The 2017 NASEM Report, constrained by its charge to remain cost-neutral, was only able to recommend limited amounts of seafood to child and adult food packages that were then rotated with other protein sources, including legumes and peanut butter. The 2017 NASEM Report notes that these foods are not nutritionally interchangeable. Enhanced value of the overall WIC food package should include more traditional indigenous foods choices of fruits, vegetables, whole grains, and wild seafood such as salmon, we can also help keep indigenous families, tribal communities, and local economies strong and healthy.”

CINDY GAMBLE
AMERICAN INDIAN TRIBAL COMMISSION, WASHINGTON
benefit could ensure that seafood remains an independent category, avoiding the administrative burden of a quarterly rotation while providing recommended amounts of seafood to all child and adult WIC participants.

**INCREASED OPTIONS**

The 2017 NASEM Report thoughtfully evaluated the impacts of the 2009 food package revisions on participant access to relevant foods. With the guiding principle of aligning WIC participants’ diets with 50 percent of recommended intake under the DGAs, the 2017 NASEM Report included several recommendations to maximize redemption of issued food benefits by offering a broader range of package sizes, incorporating new substitutions to promote choice, and integrating new cultural options.

WIC’s food benefit provides for specific quantities of healthy foods tailored to the targeted nutrient needs of an individual participant. These nutrient needs may not always align with available products, and the 2017 NASEM Report encourages a broader range of package sizes that will ensure WIC families do not have difficulty finding approved items on the shelf.208 The 2009 food package revisions had the unintended consequence of requiring package sizes for certain items – like whole-wheat bread and yogurt – that were not as commonly available or adequately stocked at retail grocery stores. While WIC can incentivize positive changes in manufacturer practice, it is more cost-efficient to leverage existing and broadly available options than require production of WIC-specific package sizes. Encouraged by the 2017 NASEM Report and responsive to supply chain disruptions, USDA has already waived several package size limitations to provide additional options to families during the COVID-19 pandemic.209

The 2017 NASEM Report also identifies new flexibilities that are needed to accommodate the diversity of dietary needs and preferences in the United States, including options for vegetarian and vegan participants, substitutions for common allergies and food sensitivities, and accommodations for religious-based food preferences.210 Although State WIC Agencies have had the option to request cultural food substitutions since the 2009 food package revisions, the 2017 NASEM Report encourages an expansion of available whole grain options to accommodate different cultural backgrounds, including corn masa flour, cornmeal, teff, and buckwheat.211

**STRENGTHEN NUTRITION STANDARDS**

The most substantial difference between the 2015-2020 and 2020-2025 DGAs was a stronger limitation on Calories for Other Uses (COUs), suggesting an increased sensitivity to added sugars, saturated fat, and sodium.212 The 2017 NASEM Report, in articulating recommendations for the nutrient content of WIC-approved foods, had meaningfully considered the impacts of added sugars, saturated fat, and sodium. The stronger limitations adopted in the 2020-2025 DGAs underscore the importance of several of the 2017 NASEM Report’s earlier recommendations, especially setting a limit on total sugars in yogurt and soy beverages213 and providing only non-/low-fat, unflavored milk options in most food packages.214

**SPOTLIGHT: OKLAHOMA**

As part of the 2009 food package changes, Oklahoma and nine Indian Tribal Organizations required all cereals to meet the whole grain rich standard.

Consistent with its guiding principle to align WIC participants’ diets with DGA recommendations, the 2017 NASEM Report also thoughtfully identified steps to increase whole grain consumption, recognizing that whole grain intake is inadequate in 100 percent of WIC-enrolled adults and more than 90 percent of WIC-enrolled children.215 WIC could strengthen whole grain consumption and better align the balance between whole and refined grains with DGA recommendations by requiring all WIC breads to be 100 percent whole-wheat and all WIC cereals to meet the whole grain rich standard.216
CHAPTER THREE: DRIVING INNOVATION TO REACH ELIGIBLE WIC FAMILIES

The COVID-19 pandemic presented new challenges as WIC providers swiftly overhauled entrenched service delivery models to continue uninterrupted services for participating families. Building on long-gestating innovations at the state level, WIC providers rethought their relationship with participating families to sustain effective nutrition and breastfeeding supports and reach more eligible individuals through remote service models. Flexible, participant-centered options implemented throughout the pandemic offer a blueprint for the next generation of WIC services.

NEW TRENDS IN WIC PARTICIPATION

Although WIC was not created as an emergency feeding program and historically did not have the programmatic flexibility to respond to changing circumstances during public health emergencies, WIC was empowered through waivers under the Families First Coronavirus Response Act to nimbly refashion participant-facing services to accommodate social distancing and introduce remote appointments. This significant departure from WIC’s engrained service delivery model was well received by participants, removed systemic barriers to continued participation, and reversed ongoing participation decline fueled by diminished reach among eligible children.

PRE-PANDEMIC TRENDS

Since reaching a record high of 9.2 million participants in 2010, WIC has recorded consistent declines in total participation between 2010 and 2020. WIC participation declines were driven by national factors that impacted the overall eligible population, such as declines in the national fertility rate and economic conditions associated with the recovery after the Great Recession. The eligible population declined by 2.9 million between 2010 and 2018, consistent with a decrease of 2.9 million WIC participants between 2010 and 2020. Due to fewer overall births in the United States, there were 30 percent fewer eligible infants in 2018 than 2010.
WIC participation decline was most significantly fueled by ongoing challenges in retaining children for the duration of program eligibility. Structural factors – most notably the smaller value of WIC’s child food package and the in-person reapplication requirement at the child’s first birthday – have consistently been cited as barriers to sustained participation. Thirty percent of participating infants exit from WIC services by their first birthday as a result of these structural barriers. Required in-person appointments pose particular barriers for low-income families that access WIC services, who may not have consistent access to transportation, may have to travel substantial distances to reach a WIC clinic, and must take time off work or arrange childcare to attend an in-person appointment.

In 2019, the National WIC Association launched the Catalyzing Retention Efforts in WIC (CREW) initiative, a multi-year project to facilitate training and education about participant retention and to test and evaluate different local agency strategies. Ongoing projects through the CREW initiative seek to address barriers to ongoing participation in the certification experience, culturally tailored clinic services, and shopping experience. Social stigma may deter or disincentivize participation. White, non-Hispanic families participate in WIC at far lower rates than Black and Hispanic families, which suggests that societal misconceptions about the availability, eligibility, and purpose of WIC benefits must be addressed. Similarly, efforts by the Trump Administration to revise public charge regulations and heated rhetoric denigrating legitimate use of public benefit programs by immigrant and mixed-status families sustained a substantial chilling effect in certain communities. Although the Trump Administration ultimately saw the wisdom of explicitly excluding WIC from harmful changes to immigration policy, WIC providers continue to struggle to reassure immigrant and mixed-status families of the safety of WIC participation.

**WIC PARTICIPATION DURING COVID-19**

Longstanding trends over the past decade were completely upended as WIC adapted to scale up remote services during the COVID-19 pandemic. As remote WIC services enabled virtual recertification appointments, persistent barriers to ongoing participation were dismantled to pave the way for continued support for WIC-enrolled children. Remote WIC services was an incentive not only for existing WIC participants to remain on the program, but also for newly eligible families and former participants who had exited from WIC services to return for the duration of eligibility. After years of declining caseload, WIC recorded a 10 percent increase in child participation during the first year of the pandemic.

WIC child retention hewed closely to increased participation in other public benefit programs during the first year of the pandemic, such as a 14 percent increase in SNAP. This expanded program reach was offset by sharp declines in adult and infant participation, resulting in slight, but statistically insignificant, increases in overall WIC participation. These trends are consistent with sharp declines in the national fertility rate, with a 4 percent decrease in births recorded in calendar year 2020.

Pregnant WIC participation reached a pandemic low in December 2020, exactly nine months after the onset of the pandemic.
WIC providers also recorded significant variations on a state-by-state basis, most notably driven by disparities in technological capacity. Nine geographic states have offline EBT systems, which require new benefits to be issued manually at a clinic location. These states lack the ability to remotely load benefits onto a participant’s EBT card, necessitating drive-through appointments during COVID-19 to sustain benefit issuance while promoting social distancing. Transition from an offline to an online EBT system is a multi-year process requiring significant investment, and although states adopted offline EBT technology for a variety of reasons, these states faced a 9.3 percent decrease in participation compared to online EBT states.  

“MY LOCAL AGENCY HAS SEEN AN INCREASE IN WIC PARTICIPATION DURING COVID-19 ACROSS PARTICIPANT CATEGORIES, INCLUDING CHILDREN. A CRITICAL BARRIER TO PARTICIPATION IS TRANSPORTATION, WHICH DECREASES ACCESS TO SERVICES AND SUBSEQUENTLY PROGRAM RETENTION. THROUGH PHYSICAL PRESENCE WAIVERS, WIC HAS BECOME MORE ACCESSIBLE, MAKING WIC BETTER ABLE TO MEET FAMILIES WHERE THEY ARE.”

SARAH BENNETT
WIC DIRECTOR
ASHEVILLE, NORTH CAROLINA

RESOLVING BARRIERS TO ACCESS

As WIC emerges from the COVID-19 pandemic, the program must incorporate lessons learned through modified services to sustain increased participation and enhance WIC’s public health impact. Remote options available through COVID-related waivers enhanced flexibility within the program, enhanced participant satisfaction and choice, and more effectively used limited staff time to deliver nutrition and breastfeeding support. Frontline innovation during COVID-19 has set the stage for a new era of WIC service delivery that can resolve longstanding barriers to access and continued participation.

OVERALL VALUE OF WIC BENEFIT

WIC’s monthly benefit works hand-in-hand with the program’s nutrition services to support families and shape healthier outcomes for the next generation. With increased evidence that the healthier options provided through WIC are meaningfully addressing significant public health priorities, increasing the federal investment in WIC’s food packages is an effective strategy toward tackling chronic diet-related conditions and delivering improved health outcomes. Bolstering the WIC benefit can assure that more of a family’s overall grocery budget is allocated for nutritious foods that support a child’s growth and development. The American Rescue Plan Act’s targeted increase of WIC’s fruit and vegetable benefit is a prime example of how WIC can enhance access to nutritious foods, improve dietary quality and variety for young children, and efficiently counter rising childhood obesity rates during the COVID-19 pandemic.

Increasing access to healthy foods for WIC families is also an investment in WIC’s nutrition services, as a higher-value food package could incentivize initial and ongoing participation in WIC’s nutrition programming. Enhanced value for WIC can remedy the imbalance between infant and child food packages, a dynamic that results in 30 percent of participating infants exiting the program by their first birthday.
REMOTE WIC SERVICES

Even before the COVID-19 pandemic, WIC providers were leveraging telehealth technologies to reduce barriers to access stemming from required in-person appointments. These remote technologies are now poised to become a bedrock of WIC participant engagement, as post-pandemic service delivery models should provide options to accommodate the diverse needs and capacities of the WIC-eligible population.

WIC providers must challenge prior business models and consider the broader range of available options to connect with eligible families. Federal law only requires in-person appointments at certification or recertification, an annual appointment that verifies program eligibility and collects relevant health metrics to inform ongoing nutrition counseling. During the pandemic, State WIC Agencies have employed a variety of strategies to remotely verify participant records, including through document uploader tools and direct verification through state Medicaid systems. Even with the return of in-person services after the pandemic, State WIC Agencies should continue to employ remote verification to reduce in-person paperwork, frontload administrative activity, and preserve face-to-face time for nutrition counseling.

Certifications conducted under COVID-related waivers were not required to sustain WIC’s health assessments – measurements and health screenings that ascertain a participant’s nutrition risk to establish program eligibility and tailor nutrition counseling to participants’ particular concerns. Similar to decreased well-child visits and other preventive care appointments, waiver of WIC’s health assessments have left participant records incomplete. As WIC providers modify service delivery models to account for lessons learned during the COVID-19 pandemic, a more strategic approach can preserve remote access and promote coordinated care with primary care physicians, pediatricians, and OB/GYNs.

In November 2021, Senators Kirsten Gillibrand (D-NY) and Roger Marshall (R-KS) introduced the More Options to Develop and Enhance Remote Nutrition in WIC Act (MODERN WIC Act) to strike the right balance on post-pandemic certifications. This legislation would provide 90 days of presumptive nutrition risk, permitting ongoing telephone and video certifications after the pandemic. Within 90 days of a remote certification, families would have to produce relevant health metrics either by visiting a WIC clinic or providing health information from a physician’s office.

Sustaining remote WIC services is especially critical for resolving barriers to child retention. In-person reaplication requirements each year have diminished ongoing participation, resulting in only 26 percent of eligible four-year-olds receiving WIC services in 2018.246 These trends sharply reversed with introduction of COVID-related waivers, ensuring that children could remain on the program with streamlined access through video or phone appointments. As a result, child participation has increased 8 percent since February 2020.247

State WIC Agencies must also develop the infrastructure to sustain remote services and assure program integrity. Even before the pandemic, State WIC Agencies had piloted and established digital tools such as document uploaders, participant portals, online applications, and

“PEDIATRICIANS REGULARLY REFER PATIENTS TO THE WIC PROGRAM SINCE WE KNOW IT HELPS BUILD A STRONG FOUNDATION FOR LONG-TERM HEALTH. IN FACT, I UNDERSTAND THE VALUE OF THIS PROGRAM FIRST-HAND. DURING MY MEDICAL SCHOOL YEARS, MY WIFE AND I WELCOMED OUR SON INTO OUR LIVES, AND WE QUALIFIED FOR AND ENROLLED IN WIC UNTIL I GRADUATED. IT WAS ONE LESS WORRY DURING THOSE LEAN YEARS AND HELPED US TO PROVIDE OUR SON WITH GOOD NUTRITION DURING HIS CRITICAL FIRST YEARS OF LIFE. WE MUST CONTINUE TO KEEP WIC STRONG THROUGH THE CONTINUED EXPANSION OF ELECTRONIC SIGN-UP AND BENEFIT DISTRIBUTION, AS WELL AS OPPORTUNITIES TO STREAMLINE HOW LIMITED HEALTH INFORMATION CAN BE SHARED BETWEEN WIC AND A CHILD’S DOCTOR. INVESTING IN WIC MEANS INVESTING IN THE LIFELONG HEALTH OF CHILDREN AND FAMILIES.”

DR. MARK CORKINS, MD, CNSC, FASPE, AGAF, FAAP
CHAIR, AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON NUTRITION
MEMPHIS, TENNESSEE
chatbots to simplify the certification process and reduce paperwork. In November 2021, the National WIC Association launched the WIC Technology Resource Group in partnership with Nava Public Benefit Corporation and with contributions from Code for America. The WIC Technology Resource Group will facilitate information sharing across State WIC Agencies to improve the accessibility of WIC services and enhance the WIC participant experience.

Remote WIC options must also not be limited to certification appointments, but seamlessly integrate WIC services across platforms and methods of engagement. Since there are fewer federal restrictions, State WIC Agencies have already extensively explored remote options to deliver nutrition education and breastfeeding support, including through online platforms, mobile apps, and video/telephone appointments. As WIC increasingly integrates participant-facing technologies into the standard service delivery model, Congress should bolster WIC funding to support development and maintenance of WIC technologies, including ongoing funding for WIC Management Information Systems (MIS).

OUTREACH AND ENGAGEMENT WITH DIVERSE COMMUNITIES

WIC’s role in improving health outcomes requires sustained efforts to engage all eligible individuals and highlight the benefits of ongoing participation. Although WIC participation trends are informed by societal factors and structural barriers, WIC has never served more than 65 percent of the eligible population. Robust public messaging that reimagines WIC’s role in the broader delivery of healthcare can cut through social stigma, implicit bias, and lack of awareness to position WIC as a crucial public health nutrition resource and essential child nutrition support.

Since 2016, the National WIC Association has managed a National Recruitment & Retention Campaign on behalf of 55 State WIC Agencies. NWA’s Campaign employs a multi-platform strategic marketing approach to raise awareness, drive enrollment, and improve public perceptions of WIC. The targeted, tested messages and branding used in NWA’s Campaign are disseminated through organic and paid digital content, print advertisements in pregnancy and new-parent magazines, and point-of-care literature in OB/GYN offices, hospital maternity wards, and pediatrician offices. NWA’s Campaign operates a web-based clinic locator, SignUpWIC.com, to connect families directly with their community WIC provider. This national strategy enhances WIC’s reach beyond the capabilities of a single state, ensuring consistent messaging is shared with the broad diversity of eligible WIC families across the country.

As part of the American Rescue Plan Act, USDA was provided with $390 million in funding to support WIC outreach, innovation, and program modernization. This historic investment in WIC service delivery recognizes that regular WIC funding allocations, over the years, have not accounted for the increased costs of operating a modern and accessible program, especially as WIC is increasingly leveraging technology to streamline the participant experience.

![Participant Perceptions of Remote WIC Services](image)
and competing to retain credentialed professional staff. Through this funding, USDA is empowered to strengthen national outreach efforts, develop digital tools to simplify the certification process, modernize shopping options, and prioritize equity in WIC service delivery. Retention of participating families requires ongoing commitment to culturally relevant services. WIC families navigate complex racial, ethnic, and geographic disparities in maternal health\textsuperscript{252} and birth outcomes,\textsuperscript{253} breastfeeding rates,\textsuperscript{254} and access to healthy foods.\textsuperscript{255} In order to deliver quality services and enhance WIC’s role in closing disparities in health outcomes, WIC providers must be conscious of intergenerational and historical trauma that may inform participant behavior and trust. Efforts to diversify the WIC workforce – including credentialed staff such as Registered Dietitians (RDs) and International Board Certified Lactation Consultants (IBCLCs) – are essential to building trust with marginalized communities. As WIC providers grapple with limited funding to offer competitive salaries and new higher education requirements for credentialed staff, USDA should take a larger role in promoting the WIC workforce and building linkages with higher educational institutions that serve as a pipeline to the nutrition, dietetics, and lactation support professions. In 2019, the National WIC Association launched an 18-month effort to improve culturally relevant service delivery through the Advancing Health Equity to Achieve Diversity and Inclusion in WIC (AHEAD in WIC) initiative. Informed by a first-of-its-kind landscape survey of 59 State WIC Agencies and over 1,500 WIC providers, AHEAD in WIC is developing a national health equity training curriculum that can be implemented across the country, while also lifting up state and local resources and strategies that enhance the WIC participant experience. Through the AHEAD in WIC initiative, NWA has provided sub-grants to seven local WIC provider agencies that will test and evaluate promising practices to improve equitable service delivery. Local sub-grant recipients are assessing how WIC outreach and partnerships, as well as administrative factors such as hiring practices and training competencies, shape WIC service delivery and address social determinants of health. Projects range from an effort in New Orleans to strengthen community health referrals for WIC participants to an effort in central California to enhance maternal health services in a tribal community.

\textbf{SPOTLIGHT: MINNESOTA}
Through NWA’s AHEAD in WIC initiative, Hennepin County WIC is developing a program that supports breastfeeding peer counselors in continuing their education and pursuing an IBCLC credential, strengthening and diversifying the lactation support workforce.

\textit{“NEW JERSEY WIC RESPONDED TO COVID-19 BY LAUNCHING A PARTICIPANT PORTAL, A MECHANISM WHERE CERTIFICATION CAN BE INITIATED ONLINE, REDUCING THE AMOUNT OF TIME NEEDED FOR IN-PERSON INTERACTION AND INCREASING ACCESS TO WIC FOR ALL ELIGIBLE APPLICANTS. PARTICIPATION IN NEW JERSEY INCREASED OVER 6.5% DURING THE PANDEMIC, SHOWING HOW MODERNIZING THE CERTIFICATION PROCESS CAN REALLY HELP WIC’S REACH.”}

\textbf{NANCY SCOTTO-ROSATO}
\textbf{STATE WIC DIRECTOR}
\textbf{NEW JERSEY WIC}
With nearly all states having recognized the decade-long transition from paper vouchers to electronic benefit transfer (EBT) cards, WIC is accelerating ongoing efforts to modernize transaction technologies and provide an accessible shopping experience that is comparable to options available to all consumers. During the COVID-19 pandemic, WIC deepened longstanding relationships with retail grocers, farmers markets, and technology vendors to scale up solutions that promote program efficiency and participant convenience. As WIC emerges from the pandemic, essential reforms can unleash a new era of innovation that delivers modern and equitable shopping platforms and transaction technologies for WIC shoppers.

In recent years, the introduction of new technologies paired with changes to retailer practices has simplified the shopping experience and reduced the potential stigma and time spent obtaining WIC foods in a retail setting. The nationwide transition from paper vouchers to EBT cards streamlined the transaction for both participants and cashiers, providing for a more straightforward and discrete experience. EBT transactions also ensure greater program integrity and reduces burden on retailers by consolidating electronic data to simplify reimbursement requests.

During the COVID-19 pandemic, several WIC vendors furthered the success of EBT by rolling out self-checkout options that even further reduce the role of the cashier.

With improvements to in-store transactions, WIC’s tailored food prescription continues to cause challenges as participants must identify WIC-approved products – including appropriate package sizes – in the store before approaching checkout. Unsuccessful shopping trips can limit the effect of WIC participation, driving families to...
Retail stores have employed different strategies to assist WIC participants in identifying eligible items, including shelf tags and dedicated aisles or corners for WIC products. WIC providers have also launched efforts to provide in-person support to new families navigating the shopping experience, although such programming diminished during COVID-19 due to social distancing concerns. Some of the most common challenges stemming from limited package size options have been waived during COVID-19 and could be permanently revised in a forthcoming food package rulemaking, based on recommendations from the National Academies of Sciences, Engineering, and Medicine (NASEM) to provide a broader range of options in several food categories.

One of the most effective solutions for in-store shopping challenges has been the introduction of mobile applications that assist participants in checking their benefit balance and scanning barcodes to identify whether a product is WIC-approved. WIC shopping apps can also be paired with clinic-oriented information, including appointment schedulers and reminders, recipes and nutrition education materials, and clinic locator tools. Although WIC shopping apps can make the shopping experience easier and are associated with higher redemptions, 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.

Underutilize the benefit or even exit the program. Retail stores have employed different strategies to assist WIC participants in identifying eligible items, including shelf tags and dedicated aisles or corners for WIC products. WIC providers have also launched efforts to provide in-person support to new families navigating the shopping experience, although such programming diminished during COVID-19 due to social distancing concerns. Some of the most common challenges stemming from limited package size options have been waived during COVID-19 and could be permanently revised in a forthcoming food package rulemaking, based on recommendations from the National Academies of Sciences, Engineering, and Medicine (NASEM) to provide a broader range of options in several food categories.

One of the most effective solutions for in-store shopping challenges has been the introduction of mobile applications that assist participants in checking their benefit balance and scanning barcodes to identify whether a product is WIC-approved. WIC shopping apps can also be paired with clinic-oriented information, including appointment schedulers and reminders, recipes and nutrition education materials, and clinic locator tools. Although WIC shopping apps can make the shopping experience easier and are associated with higher redemptions, 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.

Underutilize the benefit or even exit the program. Retail stores have employed different strategies to assist WIC participants in identifying eligible items, including shelf tags and dedicated aisles or corners for WIC products. WIC providers have also launched efforts to provide in-person support to new families navigating the shopping experience, although such programming diminished during COVID-19 due to social distancing concerns. Some of the most common challenges stemming from limited package size options have been waived during COVID-19 and could be permanently revised in a forthcoming food package rulemaking, based on recommendations from the National Academies of Sciences, Engineering, and Medicine (NASEM) to provide a broader range of options in several food categories.

One of the most effective solutions for in-store shopping challenges has been the introduction of mobile applications that assist participants in checking their benefit balance and scanning barcodes to identify whether a product is WIC-approved. WIC shopping apps can also be paired with clinic-oriented information, including appointment schedulers and reminders, recipes and nutrition education materials, and clinic locator tools. Although WIC shopping apps can make the shopping experience easier and are associated with higher redemptions, 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.

Realizing Online Shopping in WIC

The COVID-19 pandemic widened disparities in available shopping options for WIC participants as the general shopping public increasingly turned to online platforms that minimize or eliminate presence in a retail grocery store. In the first few months of the pandemic, USDA took the appropriate step of drastically expanding an online purchasing pilot project in the Supplemental Nutrition Assistance Program (SNAP) to provide new shopping models in 47 states and the District of Columbia. This step left WIC shoppers as one of the few consumer groups that could not conduct transactions through online platforms, limiting access to a range of options to obtain foods, including in-store pickup, curbside pickup, and home delivery.

SNAP was well positioned to escalate the online purchasing pilot program, because Congress had authorized development of this technology in the 2014 farm bill. When the pandemic began, WIC did not have the benefit of years of industry consensus and systems development to roll out online platforms that could conduct

Spotlight: Pennsylvania

Through NWA’s CREW initiative, Adagio Health WIC in Pittsburgh is stationing WIC staff at grocery store locations to provide in-person support to WIC shoppers, cashiers, and retail store managers.

Modern Shopping Options Popular with WIC Participants

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order WIC foods for pick-up</td>
<td>65.2%</td>
</tr>
<tr>
<td>Order WIC foods for home delivery, w/ additional out-of-pocket delivery fee</td>
<td>35.4%</td>
</tr>
<tr>
<td>Use self-checkout aisle in store</td>
<td>74.8%</td>
</tr>
<tr>
<td>Use a drive-through window</td>
<td>53.6%</td>
</tr>
<tr>
<td>Use special section in store to find WIC foods</td>
<td>64.7%</td>
</tr>
</tbody>
</table>
WIC transactions. NWA convened a stakeholder working group in April 2020 to map out necessary actions and build momentum for USDA action, as State WIC Agencies worked directly with retailers to develop a patchwork of mid-step solutions, such as online ordering with in-store pickup. USDA has since initiated two efforts to shift WIC toward online shopping platforms: awarding a multi-year grant to the Gretchen Swanson Center for Nutrition to test and evaluate online ordering projects in November 2020 and establishing a Congressionally-required Task Force on Supplemental Foods Delivery in March 2021.

In December 2021, the Gretchen Swanson Center for Nutrition announced three subgrant projects to implement online ordering models with retailers of varying sizes. The next year, Washington State and Massachusetts WIC will partner with Walmart; Minnesota, Iowa, and Nebraska WIC will partner with Hy-vee; a regional grocery chain; and South Dakota and Rosebud Sioux WIC will partner with Buche Foods, a small independent chain.

These efforts will likely inform upcoming USDA rulemaking to modernize WIC vendor rules and address regulations that currently prohibit online transactions and types of online-capable stores from obtaining WIC authorization. The USDA Task Force report, in particular, identified several regulatory barriers that inhibit State WIC Agencies, EBT processors, and retail grocers from moving forward with online shopping. Regulatory reform is a necessary and urgent step in providing long-term clarity of program parameters that will guide future innovation to develop modern WIC transaction technologies. As WIC steps into a new generation of vendor regulation, it is important to adapt rules to support not only online transactions, but also emerging and future technologies that may be used in the commercial space – including mobile payments.

The USDA Task Force – composed of a broad range of stakeholders, including NWA, WIC providers, retail grocers, EBT processors, and food manufacturers – encouraged future online WIC shopping models to be integrated into existing commercial platforms to ensure that WIC participants can access the same variety of online shopping options without stigma, added difficulty, or personal cost. Retailers should be applying lessons learned from development of online SNAP to enhance the participant experience, including efforts to display the benefits balance during shopping and tags on the online shopping platform to identify WIC-eligible items. These facets of online shopping can remedy longstanding challenges in the in-person shopping experience.

Online shopping platforms must also account for the programmatic differences between SNAP and WIC. Since WIC is a monthly prescription for healthy foods, retailers must build in additional safeguards to assure the nutritional integrity of WIC order fulfillment and account for appropriate substitutions. The addition of online platforms – especially virtual platforms with broad national reach – requires an adjustment of vendor management practices. Additional and more expansive monitoring efforts, including WIC vendor monitoring of fulfillment centers, raise the question of cross-state collaboration and federal coordination. The USDA Task Force encouraged a scheme for nationwide authorization of virtual platforms – a departure from the current practice of state-by-state authorization of physical store locations – to streamline WIC’s transition to online shopping.

Building on lessons learned in the SNAP space, the USDA Task Force encouraged introduction of a preauthorization hold on WIC benefits to mirror commercial transactions in online shopping. This mechanism will reduce the need for refund transactions or adjustments to account for substitutions – critical concerns due to the complexity of WIC benefit issuance and the challenges with providing real-time benefits balance information to participating families.

WIC’s efforts to scale up online shopping must also be cognizant of equity concerns, ensuring that new virtual platforms are accessible, able

---

“WE NEED TO WORK TOWARDS CREATING AN EQUITABLE WIC SHOPPING EXPERIENCE THAT CENTERS WIC SHOPPERS. THROUGH MY WORK WITH THE USDA TASK FORCE, I’VE SEEN FIRSTHAND HOW ALL STAKEHOLDERS ARE INVESTED IN MODERNIZING THE WIC SHOPPING EXPERIENCE AND FINDING THE SOLUTION FOR ONLINE SHOPPING. SMART, MODERN, AND COST-EFFICIENT SOLUTIONS THAT CAN STREAMLINE WIC PARTICIPANT ACCESS TO RETAILER PLATFORMS AND FARMERS MARKETS ARE AN ESSENTIAL STEP IN BUILDING THE NEXT GENERATION OF WIC SERVICES.”

MELINDA NEWPORT
WIC DIRECTOR
CHICKASAW NATION WIC
to be utilized, and have the scope of coverage to serve WIC’s diverse population — including rural and tribal communities that may currently be underserved by available retail options. Although more than three-quarters of current WIC sales are conducted by large national or regional chains, USDA should support small vendors in transitioning to online WIC platforms, including through the development of plug-and-play solutions for common point-of-sale systems. While smaller vendors may generally have higher food prices than larger chains, these stores are essential for resolving participant access issues and, in some communities, encourage higher redemption of issued WIC benefits.

Federal funding will be instrumental in supporting development of online WIC platforms, and equitable solutions should be considered to sustain a variety of options and encourage participant utilization of new platforms. Policymakers should be mindful of new fees — including those imposed on participants to utilize online platforms and retailers to process online transactions — that could inhibit implementation and uptake of online WIC platforms.

Online shopping platforms should also amplify and reflect WIC’s core nutrition mission, with adequate safeguards in place to assure healthy food environments. Thoughtful consumer protections should be established to prevent shopping mechanisms or advertising that encourages unhealthy purchases and to maintain the privacy of WIC participant data.

**WIC’S DIRECT PARTNERSHIP WITH FARMERS**

As the last link in a dedicated food supply chain that grows, produces, and distributes healthy foods, WIC plays an important role in engaging families in the local farm economy. The WIC benefit bump implemented in 2021 builds on decades of partnership with local farmers to supply fruits and vegetables to WIC families while creating new markets for local producers. As WIC innovates in the retail grocery space to promote online transactions, there are new opportunities to drive purchases and invest in electronic transactions that bring WIC families into direct contact with farmers, farmers markets, and farm stands in their communities.

With the introduction of WIC’s Cash Value Benefit (CVB) in 2009, WIC authorizes farmers to directly conduct WIC transactions for produce at farmers markets and farm stands. This step greatly enhances the purchasing power of WIC families at farmers markets and complements the additional benefit provided by the WIC Farmers Market Nutrition Program (FMNP) — a separate USDA program that provides a small seasonal benefit to approximately 1.2 million WIC participants.

As WIC transitioned to EBT technology, farmers faced increased challenges in conducting WIC transactions. The transition to an EBT system meant that individual farmers would have to procure handheld EBT point-of-sale devices with reliable internet access at the market location. Since farmers are authorized individually in WIC, farmers markets are limited in utilizing strategies to streamline transactions that are common in the SNAP space, such as central point-of-sale models that utilize tokens. Although some State WIC Agencies have facilitated the procurement of handheld equipment for farmers, many states have deemed this process too costly and burdensome to implement.

For several years, State WIC Agencies have partnered with EBT processors and other technology vendors to build accessible technologies to allow for cost-efficient electronic transactions that can process both WIC Cash Value Benefit and WIC FMNP benefits. These technologies are even more critical as WIC enhances the benefit for fruits and vegetables — creating a larger market share for farmers markets. State WIC Agencies have also highlighted increased challenges in contracting with banks to process paper vouchers for WIC FMNP, building urgency for new solutions. As part of the $390 million provided in the American Rescue Plan Act for WIC outreach, innovation, and program modernization, USDA has created new funding opportunities to support states in transitioning from paper vouchers to electronic transactions at farmers markets.
WIC’s mission of building a healthier nation for families does not end at the clinic door. Integrating health equity into program services requires deliberate action to address the varied, yet intersecting, factors that affect maternal, infant, and child health. This spotlight chapter examines one facet of the broader effort necessary to secure health equity: environmental justice. Environmental quality is demonstrated to impact the success of pregnancies and early childhood development, with low-income families and communities of color disproportionately harmed by pollution, climate change, and contamination in the food supply. As WIC builds solutions to close racial disparities and deliver improved maternal and child health outcomes, WIC providers must be active agents of change in securing environmental equity for their communities.

WIC’s ongoing efforts to close disparities in maternal, infant, and child health are undermined by changing environmental conditions resulting from climate change, ongoing pollution, and corporate practices. The effects of centuries of industrialization are felt globally, but WIC participants, by virtue of their life stage, are acutely vulnerable to environmental toxins and food contamination. These risks are compounded by the disproportionate burden – both in exposure and economic costs – of climate change that is shouldered by low-income families and communities. Efforts to secure environmental justice must be cognizant of the particular impacts that intersect with maternal, infant, and child health.

AIR POLLUTION

In 2020, approximately 97 million people lived in counties with air pollution levels that exceeded standards set by the U.S. Environmental Protection Agency (EPA). Contemporary activities – including everyday actions like heating a home or driving a car, industrial and agricultural practices, and natural disasters like...
Infants and young children are particularly vulnerable to air pollution because their organs, including their lungs, are still developing. For at least the first two years of life, children are growing alveoli – air sacs in the lungs – at an exponential rate, which continues to increase throughout adolescence. Children also breathe more air per pound of body weight than adults, indicating that they are more susceptible to higher intake of airborne pollutants. Early exposure can have long-term health consequences for children, including higher rates of asthma and allergic disease in childhood, reduced lung function, and increased pulmonary challenges for individuals with cystic fibrosis. More than 23 million Americans – including six million children – are affected by asthma, with Black children being 40 percent more likely to have asthma and eight times more likely to die from asthma-related causes than white children.

**HEAT EXPOSURE AND EXTREME WEATHER**

Global climate change is associated with temperature changes, changing weather patterns, and increased incidence of natural disasters, such as flooding and wildfires. Although the immediate impacts of climate change may not be as severe in the contiguous United States compared to other parts of the world, the particular risks faced by pregnant women, newborns, and young children will only grow more acute as average temperatures continue to rise. Both the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recognize the impacts of climate change on overall health.

The United States currently records more than 600 deaths related to extreme heat each year, a rate that is relatively close to the 756 identified maternal deaths in 2019. The systematic review of 32 million birth records in 2020 identified an association between heat exposure and adverse birth outcomes, including preterm birth, low birthweight, and stillbirth. Heat-related stress can lead to decreased blood flow to the placenta, impacting fetal growth. Elevated average temperatures throughout pregnancy are also associated with increased risk of preeclampsia, a leading cause of maternal mortality and morbidity.

Studies indicate that pregnant women and newborns are susceptible to increased temperatures and heat waves because...
their ability to thermoregulate is compromised. Although it is not clear whether young children are similarly unable to thermoregulate in a manner similar to healthy adults, young children record a higher incidence of adverse health events and increased hospitalizations associated with heat waves or extreme heat.

The increased prevalence of extreme weather events also raises concern, as environmental quality is disrupted in affected communities and families are displaced. In 2012, the Intergovernmental Panel on Climate Change indicated the likelihood of increased frequency of heat waves, rising wind speed of tropical cyclones, and increased intensity of droughts in the decades ahead. While initial disaster response efforts may address immediate health risks, each disaster could present longer-term health risks to affected communities – such as increased air pollution after wildfires and respiratory conditions stemming from indoor dampness and mold growth in flooded homes.

As communities grapple with an increased rate of climate-related disasters, WIC must build on the success of its programmatic response during the COVID-19 pandemic to more readily assist emergency feeding efforts. WIC traditionally had few flexibilities to assist affected families in the immediate aftermath, with limitations on WIC’s authority to replace redeemed foods that were then destroyed in the disaster and no authority to issue bottled water, even for formula-fed participants. WIC was better positioned to support the needs of families that relocated after a disaster, with procedures to transfer a certification from one state to another without interruption. COVID-specific waiver authority ensured that WIC could more nimbly respond to the needs of WIC families. States employed COVID waivers to expand the range of WIC-approved foods, ensuring options would be on the shelf even during supply chain disruptions. Although these flexibilities are specific to the COVID-19 pandemic, WIC’s nimbler response ensured consistent access to nutritious foods for families during the prolonged emergency and demonstrated a new model of WIC disaster response that must be adapted for future emergencies.

CLEAN WATER AND FOOD SAFETY

Longstanding challenges in the food and water supply stemming from naturally occurring toxins are exacerbated by contemporary agricultural practices and changing weather patterns associated with climate change. In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) identified several food safety concerns impacting WIC-eligible foods. As WIC channeled approximately $4.9 billion in healthy food benefits in 2021 to retail grocery stores, environmental concerns impacting any element of the food supply chain have particular impact on participating families. WIC families are attuned to food and water safety concerns, consistent with evidence that WIC’s core nutrition mission has a spillover effect that elevates health consciousness among all individuals in a WIC household. Nutrition and safety efforts at the Food and Drug Administration (FDA) must be bolstered and coordinated with USDA’s Food and Nutrition Service to address the evolving risks to food supply chains associated with climate change.

CLEAN WATER

Although water is not issued as part of the WIC food packages, water is consistently recommended by the Dietary Guidelines for Americans (DGAs) as a healthier substitute to sugar-sweetened beverages, coffees, teas, and juices. Water is also critical for pregnant women and infants older than six months to prevent dehydration, as well as a key element in safe food preparation and use of infant formula. Despite water’s foundational importance to positive nutrition, more than two million Americans live without access to safe drinking water or sanitation.

Water systems are regulated through a patchwork of federal, state, and local policies, with the U.S. Environmental Protection Agency (EPA) having identified nearly 1,200 community water systems and over 21,000 permittees who are...
out of compliance with federal safety standards. Inadequate access to plumbing and noncompliant water systems are disproportionately located in low-income and rural communities, with an historic inequity continuing to affect tribal communities. Rural and tribal communities may face overlapping challenges to water access, including a lack of piped water service, poor water quality, deteriorating water infrastructure, and unsupported maintenance operations.

Additionally, 15 percent of Americans rely on private wells that are not regulated by the EPA or monitored at the federal level for chemical or microbial contaminants. Private water wells are susceptible to contamination from both natural and human activities, including the use of chemical fertilizers and surface water seepage, with 23 percent of private wells evaluated by the U.S. Geological Service testing positive for contaminants such as nitrates and naturally-occurring arsenic. Children, especially infants, drinking well water contaminated with nitrates or nitrites are at higher risk of developing methemoglobinemia, commonly known as blue baby syndrome, a blood disorder that can result in serious illness or death.

Water systems are vulnerable to naturally occurring heavy metals, such as lead, that originate in the soil and can be carried through natural water sources. Heavy metal contamination is amplified by antiquated water infrastructure, such as lead pipes, faucets, and water fixtures, and other industrial and agricultural activities that increase the risk of exposure. Exposure to certain heavy metals in drinking water can affect pregnancy outcomes and child development, increase the risk of preterm birth, and pass along to the infant through breastmilk.

In November 2021, President Biden signed the Infrastructure Investment and Jobs Act. The law invests $55 billion in clean water infrastructure, including $2.5 billion in a drinking water infrastructure resilience and sustainability program, a grant program to strengthen rural and low-income community water systems, and $3.5 billion in dedicated funding for water and sanitation projects on tribal lands. This transformational investment represents the largest step in decades to close persistent disparities in access to clean drinking water and modernize community systems to reduce environmental toxins and contaminants that impact health outcomes.

Between 2010 and 2017, there were at least 85 multistate outbreaks of foodborne illness related to pathogens in fresh produce, such as *e. coli* and *salmonella*. Although contaminated fresh produce constituted only 12.7 percent of all foodborne outbreaks in the United States, an increased share of produce-related outbreaks crossed state borders. Fresh produce is susceptible to pathogens because it is often consumed raw and not processed before sale, necessitating stronger practices by producers and distributors to assure food safety.

Access to clean agricultural water can be a critical determinant in reducing pathogens. Water used in growing, harvesting, and storing produce can mitigate the risk of pathogens, but if the water itself is not safe, can result in even greater risk of contamination. Changing temperatures and other trends associated with climate change are impacting the prevalence of pathogens and associated with increased risk of foodborne illness.

In December 2021, the Food and Drug Administration (FDA) revived an effort to regulate agricultural water to increase monitoring of foodborne pathogens before harvest. The 2017 NASEM Report noted that foodborne pathogens could pass through raw or unwashed fruits and vegetables and pointed toward expert advice from USDA and the American Academy of Pediatrics to wash or cook produce and offer children a variety of fruits and vegetables. Continued foodborne outbreaks - including an outbreak as recent as December 2021 - necessitates greater accountability from producers to proactively monitor for pathogens and prevent contaminated products from reaching consumers.

Metals are present throughout the environment and exist in air, water, soil, and food. Some metals, such as lead, arsenic, and mercury, pose risks to human health.
“AS A PROGRAM THAT SERVES NEARLY HALF OF ALL INFANTS BORN IN THE UNITED STATES, WIC’S NUTRITION EDUCATION AND ISSUED FOODS NEED TO BE ALIGNED WITH THE MOST CURRENT SCIENCE. WIC FAMILIES, LIKE ALL OTHER SHOPPERS, HAVE CONCERNS ABOUT HEAVY METALS IMPACTING THE FOOD SUPPLY. THESE MUST BE ADDRESSED SWIFTLY SO ALL CHILDREN CAN GROW AND THRIVE. WE ARE ENCOURAGED TO SEE THAT USDA AND FDA ARE STRENGTHENING THEIR PARTNERSHIP TO ENSURE THE SAFETY OF FOOD ON THE GROCERY STORE SHELF.”

AMANDA HOVIS
NUTRITION COORDINATOR
TEXAS WIC

as iron, are beneficial to improved nutrition and may be included – or even added – into WIC-eligible foods to enhance overall health outcomes. Certain heavy metals exist in foods at unsafe levels, requiring all stakeholders - including agricultural partners and retail grocers - to take steps to reduce the presence of heavy metals in the food supply.

The 2017 NASEM Report highlighted the risk of methylmercury in certain seafood, such as shark, swordfish, and king mackerel. Although seafood consumption during pregnancy is generally associated with improved cognitive outcomes, mercury exposure during pregnancy or early childhood could result in lasting damage to the child’s nervous system, including cognitive deficits, impaired motor skills, and learning difficulties. The Dietary Guidelines for Americans (DGAs) urge consumption of low-mercury seafood, noting specific benefits during pregnancy and breastfeeding and for infants older than six months and young children.

In October 2021, FDA and EPA jointly issued revised guidance on safe seafood consumption, reflecting recommendations from the 2020-2025 DGAs. The guidance recommends a number of popular, accessible seafood options that are low in methylmercury, including Atlantic mackerel, herring, salmon, sardines, scallops, shrimp, tilapia, trout, and canned light tuna. Studies indicate that the choices recommended by FDA and EPA, including fresh options incorporated into a subsistence diet, do not pose a risk of hazardous exposure.

The 2017 NASEM Report likewise cautioned against the risk of arsenic, a known carcinogen, in rice. Inorganic arsenic, naturally occurring in the environment, is also associated with gastrointestinal, neurological, pulmonary, and immunological impairments. Rice-based options included in the current WIC food packages include brown rice as a whole grain substitution, rice-based breakfast cereals for adults and children, and rice-based infant cereal options. Dependent on stocking practices at individual authorized retailers, each rice-based option has an alternative within the issued food group (e.g., wheat, oats, and barley). FDA estimates that eliminating rice-based food options from the diets of infants and children under age 6 could reduce long-term risk of cancer from inorganic arsenic by 23 percent.

In 2021, FDA launched the Closer to Zero Initiative to set action levels to reduce heavy metals in infant foods as a Congressional investigation identified high levels of heavy metals in leading commercial brands. FDA’s multi-year effort will evaluate
the presence of heavy metals like arsenic, cadmium, mercury, and lead in infant cereals, puréed fruits and vegetables, and infant formula. Even before the Closer to Zero Initiative was announced, the National WIC Association and the Academy of Nutrition and Dietetics jointly called on USDA to actively partner with FDA to strengthen regulations, oversight, and enforcement to assure safety of infant foods and consistent nutrition education messaging.\textsuperscript{376}

Infants and young children are at particular risk of exposure to heavy metals, since they have two- to three-times the intake of food per body mass compared to adults – resulting in more rapid absorption of environmental toxins into the body.\textsuperscript{377} FDA’s advice to consume a variety of foods may prove challenging for infants, who could have few age-appropriate alternatives available in their communities. Based on participant input and declining redemptions, some State WIC Agencies removed rice-based options from approved product lists.

As FDA contemplates science-based action levels, WIC providers have actively called on FDA to issue interim guidance clarifying the safety of products currently on the shelf to inform benefits issuance, state WIC approved product lists, retailer stocking practices, and nutrition education efforts. USDA can also take steps to improve choice in the WIC food packages for concerned parents by enacting the 2017 NASEM Report recommendations that permit enhanced substitutions of jarred infant foods for fruits and vegetables.\textsuperscript{378}

\begin{figure}[h]
  \centering
  \includegraphics[width=\textwidth]{image.png}
  \caption{Image description}
  \label{fig:image}
\end{figure}

\section*{PERSISTENT ORGANIC POLLUTANTS}

Industrial pollution and manufacturing by-products have resulted in global contamination with "forever chemicals," also known as persistent organic pollutants (POPs). POPs are chemical toxins that can exist for decades in the soil, air, and animals, particularly embedding in animal or human fat.\textsuperscript{379} Although POPs constitute a wide range of pollutants, chronic exposure can result in impaired immune, nervous, endocrine, cardiovascular, and reproductive function, as well as cancer, diabetes, and obesity.\textsuperscript{380} As with other environmental toxins, pregnant women and newborn infants are especially vulnerable to the effects of POPs, which may impact developing body systems.\textsuperscript{381}

The 2017 NASEM Report raises concern with a subset of POPs called dioxins that enter the food supply through contaminated animal feed.\textsuperscript{382} Once exposed, dioxins will embed in the fat tissue of an animal and remain for years, affecting both meat and associated animal products (e.g., eggs, milk, other dairy).\textsuperscript{383} Since the pollutants are clustered in fat tissue, the 2017 NASEM Report echoed the World Health Organization recommendation to prioritize low-fat dairy products to reduce exposure to dioxins.\textsuperscript{384} This food safety concern complements the 2017 NASEM Report’s nutrition considerations to maintain issuance of low- and non-fat dairy products to reduce saturated fat and added sugar consumption across the WIC food packages,\textsuperscript{385} a finding that is only echoed by stricter limitations on Calories for Other Uses (COUs) in the 2020-2025 Dietary Guidelines for Americans.\textsuperscript{386}

Other POPs of concern include per- and polyfluoroalkyl (PFAS), which are associated with increased risk of high blood pressure or preeclampsia in pregnant women, decreases in infant birthweight, and decreased vaccine response in children.\textsuperscript{387} PFAS is commonly utilized in food packaging.\textsuperscript{388} As the EPA engages in a series of activities to monitor and contain POP exposure,\textsuperscript{389} USDA can engage food manufacturers and retailers in steps to limit harmful packaging and hold industry to account to ensure a safer environment for the next generation.

\section*{SPOTLIGHT: OREGON}

Responsive to participant concerns and decreased redemptions, Oregon WIC became the first state agency to remove infant rice cereals from approved product lists in 2018.
APPENDIX: STATE PROFILES OF WIC SERVICES
### Table: State-by-State Impacts of the WIC Benefit Bump: April 1, 2021 - March 31, 2022

<table>
<thead>
<tr>
<th>State</th>
<th>Children</th>
<th>Adults</th>
<th>Total Additional Benefits</th>
<th>State</th>
<th>Children</th>
<th>Adults</th>
<th>Total Additional Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>56,046</td>
<td>24,032</td>
<td>$17,686,780</td>
<td>Montana</td>
<td>7,824</td>
<td>2,786</td>
<td>$2,346,144</td>
</tr>
<tr>
<td>Alaska</td>
<td>8,335</td>
<td>3,018</td>
<td>$2,518,478</td>
<td>Nebraska</td>
<td>19,213</td>
<td>6,607</td>
<td>$5,683,690</td>
</tr>
<tr>
<td>American Samoa</td>
<td>2,785</td>
<td>730</td>
<td>$759,842</td>
<td>Nevada</td>
<td>31,673</td>
<td>11,692</td>
<td>$9,604,330</td>
</tr>
<tr>
<td>Arizona</td>
<td>80,412</td>
<td>28,003</td>
<td>$23,896,248</td>
<td>New Hampshire</td>
<td>8,812</td>
<td>2,650</td>
<td>$2,495,168</td>
</tr>
<tr>
<td>Arkansas</td>
<td>22,529</td>
<td>13,493</td>
<td>$8,307,778</td>
<td>New Jersey</td>
<td>82,035</td>
<td>30,441</td>
<td>$25,008,990</td>
</tr>
<tr>
<td>California</td>
<td>580,821</td>
<td>189,194</td>
<td>$168,812,994</td>
<td>New Mexico</td>
<td>17,767</td>
<td>7,993</td>
<td>$5,825,174</td>
</tr>
<tr>
<td>Colorado</td>
<td>43,230</td>
<td>17,615</td>
<td>$13,612,308</td>
<td>New York</td>
<td>207,000</td>
<td>78,018</td>
<td>$43,484,272</td>
</tr>
<tr>
<td>Connecticut</td>
<td>24,324</td>
<td>9,387</td>
<td>$7,492,656</td>
<td>North Carolina</td>
<td>143,886</td>
<td>54,288</td>
<td>$43,999,212</td>
</tr>
<tr>
<td>Delaware</td>
<td>9,483</td>
<td>3,532</td>
<td>$2,883,894</td>
<td>North Dakota</td>
<td>5,944</td>
<td>2,065</td>
<td>$1,763,360</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>6,806</td>
<td>2,453</td>
<td>$2,052,844</td>
<td>Northern Marianas</td>
<td>1,952</td>
<td>549</td>
<td>$542,848</td>
</tr>
<tr>
<td>Florida</td>
<td>209,638</td>
<td>88,398</td>
<td>$66,911,396</td>
<td>Ohio</td>
<td>67,967</td>
<td>36,778</td>
<td>$24,071,686</td>
</tr>
<tr>
<td>Georgia</td>
<td>92,248</td>
<td>41,538</td>
<td>$30,139,472</td>
<td>Oklahoma</td>
<td>46,995</td>
<td>21,145</td>
<td>$15,339,438</td>
</tr>
<tr>
<td>Guam</td>
<td>2,911</td>
<td>1,049</td>
<td>$876,686</td>
<td>Oregon</td>
<td>44,453</td>
<td>14,945</td>
<td>$13,070,266</td>
</tr>
<tr>
<td>Hawaii</td>
<td>14,847</td>
<td>5,229</td>
<td>$4,445,022</td>
<td>Pennsylvania</td>
<td>83,926</td>
<td>36,463</td>
<td>$27,019,604</td>
</tr>
<tr>
<td>Idaho</td>
<td>16,341</td>
<td>6,235</td>
<td>$5,028,906</td>
<td>Puerto Rico</td>
<td>60,305</td>
<td>20,882</td>
<td>$17,877,658</td>
</tr>
<tr>
<td>Illinois</td>
<td>73,496</td>
<td>34,365</td>
<td>$24,415,216</td>
<td>Rhode Island</td>
<td>8,929</td>
<td>3,500</td>
<td>$2,766,218</td>
</tr>
<tr>
<td>Indiana</td>
<td>87,109</td>
<td>31,854</td>
<td>$26,308,970</td>
<td>South Carolina</td>
<td>44,399</td>
<td>19,457</td>
<td>$14,334,214</td>
</tr>
<tr>
<td>Iowa</td>
<td>31,525</td>
<td>12,211</td>
<td>$9,726,146</td>
<td>South Dakota</td>
<td>8,770</td>
<td>2,951</td>
<td>$2,575,772</td>
</tr>
<tr>
<td>Kansas</td>
<td>23,853</td>
<td>9,499</td>
<td>$7,630,970</td>
<td>Tennessee</td>
<td>52,170</td>
<td>27,761</td>
<td>$18,300,012</td>
</tr>
<tr>
<td>Kentucky</td>
<td>59,526</td>
<td>21,538</td>
<td>$17,871,180</td>
<td>Texas</td>
<td>321,154</td>
<td>186,136</td>
<td>$118,175,156</td>
</tr>
<tr>
<td>Louisiana</td>
<td>34,767</td>
<td>23,259</td>
<td>$13,553,550</td>
<td>Utah</td>
<td>19,533</td>
<td>8,448</td>
<td>$6,304,890</td>
</tr>
<tr>
<td>Maine</td>
<td>24,383</td>
<td>9,401</td>
<td>$7,508,230</td>
<td>Vermont</td>
<td>7,112</td>
<td>2,079</td>
<td>$2,001,280</td>
</tr>
<tr>
<td>Maryland</td>
<td>63,754</td>
<td>26,654</td>
<td>$20,300,708</td>
<td>Virgin Islands</td>
<td>1,455</td>
<td>725</td>
<td>$501,630</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>67,083</td>
<td>21,745</td>
<td>$19,469,910</td>
<td>Virginia</td>
<td>66,083</td>
<td>24,988</td>
<td>$20,162,830</td>
</tr>
<tr>
<td>Michigan</td>
<td>115,557</td>
<td>39,058</td>
<td>$33,890,466</td>
<td>Washington</td>
<td>70,841</td>
<td>24,858</td>
<td>$21,075,874</td>
</tr>
<tr>
<td>Minnesota</td>
<td>56,596</td>
<td>19,570</td>
<td>$16,796,048</td>
<td>West Virginia</td>
<td>17,565</td>
<td>6,553</td>
<td>$5,325,138</td>
</tr>
<tr>
<td>Mississippi</td>
<td>33,475</td>
<td>14,637</td>
<td>$10,776,758</td>
<td>Wisconsin</td>
<td>48,959</td>
<td>16,267</td>
<td>$14,287,582</td>
</tr>
<tr>
<td>Missouri</td>
<td>38,201</td>
<td>20,781</td>
<td>$13,530,130</td>
<td>Wyoming</td>
<td>3,764</td>
<td>1,568</td>
<td>$1,194,808</td>
</tr>
</tbody>
</table>

**Total Children**: 3,380,567  
**Total Adults**: 1,371,071  
**Total Additional Benefits**: $1,062,322,630
HOW WIC HELPS THE UNITED STATES OF AMERICA

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.

49% of infants born in the United States participate in WIC

7,837,672 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN THE UNITED STATES?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>675,227</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>628,152</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>514,009</td>
</tr>
<tr>
<td>Infants</td>
<td>1,868,344</td>
</tr>
<tr>
<td>Children</td>
<td>4,151,940</td>
</tr>
</tbody>
</table>

57% of eligible individuals in the United States participate in WIC

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>65%</td>
</tr>
<tr>
<td>2018</td>
<td>72%</td>
</tr>
</tbody>
</table>

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

Child participation in WIC increased 10% during the first year of the COVID-19 pandemic.

The obesity rate among WIC toddlers in the United States decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 14%

Childhood obesity in WIC IN THE UNITED STATES

MORTALITY AND BIRTH OUTCOMES IN THE UNITED STATES

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2013-2017</td>
<td>29.6</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2019</td>
<td>5.6</td>
</tr>
<tr>
<td>Preterm birth rate, 2019</td>
<td>10%</td>
</tr>
</tbody>
</table>

Childhood obesity rate, WIC toddlers, 2018 14%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $1.1B in additional benefits to 4.8M participants.

The obesity rate among WIC toddlers in the United States decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 14%

Childhood obesity in WIC IN THE UNITED STATES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$19,355</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>77%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$38.48</td>
</tr>
<tr>
<td>$2.9B to spend at food retailers</td>
<td>$1.7B</td>
</tr>
<tr>
<td>$2.0B nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE ECONOMY OF THE UNITED STATES IN FY 2020


FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS
INDIAN TRIBAL ORGANIZATIONS

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate 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</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>

WHO PARTICIPATES IN WIC IN THE INDIAN TRIBAL ORGANIZATIONS?

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, 24 percent continued breastfeeding at 6 months.

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.6M in additional benefits to 34,712 participants in Indian Tribal Organizations.

INDIAN TRIBAL ORGANIZATION WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$14,963</td>
</tr>
<tr>
<td>Medicaid receipt</td>
<td>68%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$48.70</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$18.2M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$12.9M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$30.3M</td>
</tr>
</tbody>
</table>

HOW WIC HELPS ACOMA, CANONCITO, AND LAGUNA INDIAN TRIBAL ORGANIZATION

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

WIC PARTICIPANTS

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

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

- 2018: 68%
- 1998: 49%

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

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $54,784 in additional benefits to 253 participants.

ACL WIC PARTICIPANT CHARACTERISTICS

- $16,397 average family income
- 88% received Medicaid
- $42.97 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE ACL ECONOMY IN FY 2020

- $176,140 to spend at food retailers
- $325,532 nutrition, breastfeeding services & admin


FEBRUARY 2022

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

State WIC Director
Jackie Siow
PO Box 310
New Laguna, NM 87038
Phone: (505) 552-6067
Email: j.siow@aclwic.org
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.

61% of infants born in Alabama participate in WIC

59% of eligible individuals in Alabama participate in WIC

130,739 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ALABAMA?

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

Fast Fact: Alabama WIC has fully implemented e-WIC statewide and has enabled e-WIC at self checkout for WIC families at participating stores.

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, 7 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 2018.

Childhood obesity rate, WIC toddlers, 2018: 16%

MORTALITY AND BIRTH OUTCOMES IN ALABAMA
Maternal mortality per 100,000 births, 2013-2017: 34.5
Infant mortality per 1,000 live births, 2019: 7.7
Preterm birth rate, 2019: 12%

ALABAMA WIC PARTICIPANT CHARACTERISTICS

- $17,111 average family income
- 71% received Medicaid
- $38.63 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE ALABAMA ECONOMY IN FY 2020

- $53.8M to spend at food retailers
- $32.2M formula rebates received
- $26.4M nutrition, breastfeeding services & admin

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.

57% of eligible individuals in Alaska participate in WIC

40% of infants born in Alaska participate in WIC

18,963 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ALASKA?

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1,591</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>1,988</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>813</td>
</tr>
<tr>
<td>Infants</td>
<td>4,037</td>
</tr>
<tr>
<td>Children</td>
<td>10,534</td>
</tr>
</tbody>
</table>

Fast Fact: Alaska WIC implemented the Balto Box program, allowing rural participants to order WIC foods online for the first time.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>67%</td>
</tr>
<tr>
<td>2018</td>
<td>82%</td>
</tr>
</tbody>
</table>

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.5M in additional benefits to 11,454 participants.

CHILDHOOD OBESITY IN WIC IN ALASKA
The obesity rate among WIC toddlers in Alaska decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 20%

MORTALITY AND BIRTH OUTCOMES IN ALASKA

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2013-2017</td>
<td>12.4</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2019</td>
<td>5.0</td>
</tr>
<tr>
<td>Preterm birth rate, 2019</td>
<td>10%</td>
</tr>
</tbody>
</table>

ALASKA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$26,638</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$45.68</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE ALASKA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>nutrition, breastfeeding</td>
<td>$7.3M</td>
</tr>
<tr>
<td>services &amp; admin</td>
<td>$3.4M</td>
</tr>
<tr>
<td>to spend at food retailers</td>
<td>$8.4M</td>
</tr>
</tbody>
</table>


FEBRUARY 2022
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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

5,396 WIC PARTICIPANTS

Who participates in WIC in American Samoa?

- Pregnant women: 406
- Breastfeeding women: 460
- Postpartum women: 125
- Infants: 768
- Children: 3,637

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

2016 80%
2000 76%

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
Childhood obesity rate, WIC toddlers, 2018 14%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $770K in additional benefits to 3,559 participants.

Fast Fact: American Samoa WIC participants are utilizing the EZWIC App to access their available benefits as well as to view authorized WIC food items on their smart phone.

AMERICAN SAMOA WIC PARTICIPANT CHARACTERISTICS

- $26,768 average family income
- $63.94 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE AMERICAN SAMOA ECONOMY IN FY 2020

- $3.6M to spend at food retailers
- $1.0M formula rebates received
- $1.3M nutrition, breastfeeding services & admin

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.

37% of infants born in Arizona participate in WIC

52% of eligible individuals in Arizona participate in WIC

151,081 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Who Participates in WIC in Arizona?</th>
<th>2018</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>12,349</td>
<td>12,349</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>5,406</td>
<td>5,406</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>13,871</td>
<td>13,871</td>
</tr>
<tr>
<td>Infants</td>
<td>30,174</td>
<td>30,174</td>
</tr>
<tr>
<td>Children</td>
<td>89,281</td>
<td>89,281</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>66%</td>
</tr>
<tr>
<td>2018</td>
<td>70%</td>
</tr>
</tbody>
</table>

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

Fast Fact: In 2021, Arizona WIC launched a Participant Portal that interfaces with its Management Information System, allowing new applicants and current participants to see their program information in real time.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $23.8M in additional benefits to 108,037 participants.

CHILDHOOD OBESITY IN WIC IN ARIZONA
The obesity rate among WIC toddlers in Arizona decreased by 3 percentage points between 2010 and 2018.

| Childhood obesity rate, WIC toddlers, 2018 | 13% |

MORTALITY AND BIRTH OUTCOMES IN ARIZONA
Maternal mortality per 100,000 births, 2013-2017: 27.3
Infant mortality per 1,000 live births, 2019: 5.4
Preterm birth rate, 2019: 9%

ARIZONA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Average Family Income</th>
<th>Average Monthly Food Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$21,213</td>
<td>$31.08</td>
</tr>
</tbody>
</table>

87% received Medicaid

$47.7M to spend at food retailers
$42.8M formula rebates received
$36.9M nutrition, breastfeeding services & admin

How WIC Supported the Arizona Economy in FY 2020


FEBRUARY 2022

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

60% of infants born in Arkansas participate in WIC

52% of eligible individuals in Arkansas participate in WIC

79,859 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ARKANSAS?

Pregnant women
Breastfeeding women
Postpartum women
Infants
Children

8,463
3,268
9,012
22,042
37,074

Fast Fact: Arkansas WIC implemented a new mobile app in October 2020 giving participants a Spanish translation option and ability to check e-WIC Card balances, complete nutrition education, and receive text messages.

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

2018 57%
2010 46%

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $8.3M in additional benefits to 35,983 participants.

CHILDHOOD OBESITY IN WIC IN ARKANSAS

The obesity rate among WIC toddlers in Arkansas decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 13%

MORTALITY AND BIRTH OUTCOMES IN ARKANSAS

Maternal mortality per 100,000 births, 2013-2017 44.5
Infant mortality per 1,000 live births, 2019 7.0
Preterm birth rate, 2019 12%

ARKANSAS WIC PARTICIPANT CHARACTERISTICS

$18,589 average family income
70% received Medicaid
$35.28 average monthly food cost in FY 2020

$24.8M to spend at food retailers
$22.4M formula rebates received
$21.3M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE ARKANSAS ECONOMY IN FY 2020

$21.3M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $8.3M in additional benefits to 35,983 participants.

Fast Fact: Arkansas WIC implemented a new mobile app in October 2020 giving participants a Spanish translation option and ability to check e-WIC Card balances, complete nutrition education, and receive text messages.

Fast Fact: Arkansas WIC implemented a new mobile app in October 2020 giving participants a Spanish translation option and ability to check e-WIC Card balances, complete nutrition education, and receive text messages.

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.

54% of infants born in California participate in WIC

1,194,194 WIC PARTICIPANTS

Who participates in WIC in California?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>100,047</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>90,986</td>
</tr>
<tr>
<td>Postpartum</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>

Fast Fact: California WIC now offers local agency services through video conferencing, texting, email, phone, online education, and in-person.

67% of eligible individuals in California participate in WIC

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

2018: 77%
2010: 76%

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

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $168.9M in additional benefits to 770,710 participants.

CHILDHOOD OBESITY IN WIC
The obesity rate among WIC toddlers in California decreased by 3 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 16%

MORTALITY AND BIRTH OUTCOMES
Maternal mortality per 100,000 births, 2013-2017: 17.6
Infant mortality per 1,000 live births, 2019: 4.2
Preterm birth rate, 2019: 9%

California WIC Participant Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$21,363</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>80%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$43.99</td>
</tr>
</tbody>
</table>
| Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $168.9M in additional benefits to 770,710 participants.

HOW WIC SUPPORTED THE CALIFORNIA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$465.0M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$207.9M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$329.4M</td>
</tr>
</tbody>
</table>

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

8,250 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CHEROKEE?

Pregnant women
Breastfeeding women
Postpartum women
Infants
Children

WIC PARTICIPANTS

$19,495 average family income
80% received Medicaid
$34.85 average monthly food cost in FY 2020

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.

2018
55%

1998
36%

HOW WIC SUPPORTED THE CHEROKEE ECONOMY IN FY 2020

$2.3M to spend at food retailers
$1.7M formula rebates received
$3.2M nutrition, breastfeeding services & admin


FEBRUARY 2022 Please direct all questions to NWA at 202.232.5492 visit nwica.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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

784 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CHEYENNE RIVER SIOUX?

- Pregnant women: 60
- Breastfeeding women: 40
- Postpartum women: 43
- Infants: 135
- Children: 506

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

CHEYENNE RIVER SIOUX WIC PARTICIPANT CHARACTERISTICS

- $10,960 average family income
- 65% received Medicaid
- $59.75 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE CHEYENNE RIVER SIOUX ECONOMY IN FY 2020

- $455,748 to spend at food retailers
- $40,705 formula rebates received
- $665,736 nutrition, breastfeeding services & admin

HOW WIC HELPS
CHICKASAW 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

3,850 WIC PARTICIPANTS

Pregnant women 352
Breastfeeding women 219
Postpartum women 336
Infants 901
Children 2,042

3,850 WIC PARTICIPANTS

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

2018 70%
2000 40%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $586,638 in additional benefits to 2,638 participants.

Fast Fact: The Chickasaw Nation WIC Program launched a new mobile nutrition education app in July, providing 24/7 access to informative content and support for moms everywhere.

CHICKASAW WIC PARTICIPANT CHARACTERISTICS

$22,247 average family income
71% received Medicaid
$26.84 average monthly food cost in FY 2020

$1.2M to spend at food retailers
$1.1M formula rebates received
$3.3M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE CHICKASAW ECONOMY IN FY 2020

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

3,921 WIC PARTICIPANTS

Pregnant women 295
Breastfeeding women 196
Postpartum women 350
Infants 984
Children 2,096

WHO PARTICIPATES IN WIC IN CHOCTAW?

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

2018 53%
1998 9%

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

$1.5M to spend at food retailers
$25.85 average monthly food cost in FY 2020

$1.5M formula rebates received
$1.6M nutrition, breastfeeding services & admin

Fast Fact: Choctaw has a mobile van that serves 3 underserved counties.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $963,536 in additional benefits to 4,458 participants.

HOW WIC HELPS THE CITIZEN POTAWATOMI 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

1,740 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CITIZEN POTAWATOMI?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>203</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>94</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>119</td>
</tr>
<tr>
<td>Infants</td>
<td>410</td>
</tr>
<tr>
<td>Children</td>
<td>914</td>
</tr>
</tbody>
</table>

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

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $252,068 in additional benefits to 1,150 participants.

CITIZEN POTAWATOMI WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$27,817</td>
</tr>
<tr>
<td>Medicaid recipients</td>
<td>84%</td>
</tr>
<tr>
<td>Average food cost in FY 2020</td>
<td>$25.16</td>
</tr>
<tr>
<td>$440,996 to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$499,721 formula rebates received</td>
<td></td>
</tr>
<tr>
<td>$2,394,157 nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE CITIZEN POTAWATOMI ECONOMY IN FY 2020

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.

57%
of infants born in CNMI participate in WIC

3,087
WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CNMI?

<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>

BREASTFEEDING IN WIC

CNMI WIC breastfeeding initiation rates increased by 30 percentage points between 2010 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>63%</td>
</tr>
<tr>
<td>2018</td>
<td>93%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in CNMI in 2018, 37 percent continued breastfeeding at 6 months.

CHILDBIRTH OBESITY IN WIC IN CNMI

Childhood obesity rate, WIC toddlers, 2018 9%

Fast Fact: CNMI WIC was awarded the Breastfeeding Performance Bonus award.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $0.6M in additional benefits to 2,536 participants.

CNMI WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,270</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>79%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$58.08</td>
</tr>
<tr>
<td>to spend at food retailers</td>
<td>$2.2M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$0.7M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding</td>
<td>$1.1M</td>
</tr>
<tr>
<td>services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

FEBRUARY 2022

**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.

### 38% of infants born in Colorado participate in WIC

### 50% of eligible individuals in Colorado participate in WIC

### 94,470 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>8,347</td>
</tr>
<tr>
<td>Breastfeeding</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>

**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, **26 percent** continued breastfeeding at 6 months.

**Fast Fact:** A digital outreach campaign focused on new mothers in Colorado generated 5 million impressions through paid search, social media, and streaming audio ads.

**Benefit Bump:** Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated **$13.6M** in additional benefits to **61,042** participants.

### CHILDHOOD OBESITY IN WIC IN COLORADO
The obesity rate among WIC toddlers in Colorado decreased by **1 percentage point** between 2010 and 2018.

**Childhood obesity rate, WIC toddlers, 2018**: 9%

**MORTALITY AND BIRTH OUTCOMES IN COLORADO**

- Maternal mortality per 100,000 births, 2013-2017: **21.9**
- Infant mortality per 1,000 live births, 2019: **4.9**
- Preterm birth rate, 2019: **10%**

**COLORADO WIC PARTICIPANT CHARACTERISTICS**

- **$22,290** average family income
- **56%** received Medicaid
- **$32.97** average monthly food cost in FY 2020

**HOW WIC SUPPORTED THE COLORADO ECONOMY IN FY 2020**

- **$31.5M** to spend at food retailers
- **$18.1M** formula rebates received
- **$25.1M** nutrition, breastfeeding services & admin

**Benefit Bump:** Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated **$13.6M** in additional benefits to **61,042** participants.


**FEBRUARY 2022**

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

**National WIC Association**
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.

37% of infants born in Connecticut participate in WIC
50% of eligible individuals in Connecticut participate in WIC
54,509 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CONNECTICUT?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</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>

Fast Fact: Connecticut WIC collaborates with SNAP on the development of the Maximizing Your WIC & SNAP Benefits flyer with the focus of ensuring families utilize all benefits available to reduce incidences of food insecurity.

50% of eligible individuals in Connecticut participate in WIC

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>81%</td>
</tr>
<tr>
<td>2010</td>
<td>65%</td>
</tr>
</tbody>
</table>

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,711 participants.

CHILDHOOD OBESITY IN WIC IN CONNECTICUT
The obesity rate among WIC toddlers in Connecticut decreased by 3 percentage points between 2010 and 2018.
Childhood obesity rate, WIC toddlers, 2018 15%

MORTALITY AND BIRTH OUTCOMES IN CONNECTICUT
Maternal mortality per 100,000 births, 2013-2017 19.0
Infant mortality per 1,000 live births, 2019 4.4
Preterm birth rate, 2019 9%

CONNECTICUT WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,558</td>
<td>$22.1M to spend at food retailers</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>86%</td>
<td>$14.6M nutrition, breastfeeding services &amp; admin</td>
</tr>
<tr>
<td>Food cost</td>
<td>$42.07</td>
<td>$13.9M formula rebates received</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE CONNECTICUT ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,558</td>
<td>$22.1M to spend at food retailers</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>86%</td>
<td>$14.6M nutrition, breastfeeding services &amp; admin</td>
</tr>
<tr>
<td>Food cost</td>
<td>$42.07</td>
<td>$13.9M formula rebates received</td>
</tr>
</tbody>
</table>


FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org
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.

48% of infants born in the District of Columbia participate in WIC

15,539 WIC PARTICIPANTS

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

WHO PARTICIPATES IN WIC IN THE DISTRICT OF COLUMBIA?

BREASTFEEDING IN WIC
DC 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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.3M in additional benefits to 9,982 participants.

CHILDHOOD OBESITY IN WIC IN THE DISTRICT OF COLUMBIA
The obesity rate among WIC toddlers in the District of Columbia decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 13%

MORTALITY AND BIRTH OUTCOMES IN THE DISTRICT OF COLUMBIA
Maternal mortality per 100,000 births, 2013-2017 35.6
Infant mortality per 1,000 live births, 2017 7.7
Preterm birth rate, 2017 11%

THE DISTRICT OF COLUMBIA WIC PARTICIPANT CHARACTERISTICS
$8,958 average family income
60% received Medicaid
$29.80 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE DISTRICT OF COLUMBIA ECONOMY IN FY 2020
$4.8M to spend at food retailers
$4.6M formula rebates received
$5.8M nutrition, breastfeeding services & admin


DC Fast Fact: From February 2020 to September 2021, DC had a 26% increase in WIC participation among children.

FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org
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.

55% of infants born in Delaware participate in WIC

55% of eligible individuals in Delaware participate in WIC

19,766 WIC PARTICIPANTS
Pregnant women 1,590
Breastfeeding women 1,421
Postpartum women 1,318
Infants 5,838
Children 9,599

WHO PARTICIPATES IN WIC IN DELAWARE?

Fast Fact: From February 2020 to September 2021, Delaware had an 18% increase in WIC participation among children.

16% of infants born in Delaware participate in WIC

49% of eligible individuals in Delaware participate in WIC

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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.8M in additional benefits to 12,797 participants.

CHILDHOOD OBESITY IN WIC IN DELAWARE
The obesity rate among WIC toddlers in Delaware decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 16%

MORTALITY AND BIRTH OUTCOMES IN DELAWARE
Maternal mortality per 100,000 births, 2013-2017 16.9
Infant mortality per 1,000 live births, 2019 6.4
Preterm birth rate, 2019 11%

DELAWARE WIC PARTICIPANT CHARACTERISTICS

$17,324 average family income
42% received Medicaid
$30.08 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE DELAWARE ECONOMY IN FY 2020

$6.0M to spend at food retailers
$5.7M formula rebates received
$5.1M nutrition, breastfeeding services & admin


FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS
THE EASTERN BAND OF CHEROKEE INDIANS

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

665 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN EASTERN BAND OF CHEROKEE INDIANS?

Pregnant women
Breastfeeding women
Postpartum women
Infants
Children

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $121,866 in additional benefits to 551 participants.

EASTERN BAND OF CHEROKEE INDIANS WIC PARTICIPANT CHARACTERISTICS

$7,144 average family income
97% received Medicaid
$30.21 average monthly food cost in FY 2020

$216,085 to spend at food retailers
$100,748 formula rebates received
$357,431 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

154 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>6</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>8</td>
</tr>
<tr>
<td>Infants</td>
<td>39</td>
</tr>
<tr>
<td>Children</td>
<td>85</td>
</tr>
</tbody>
</table>

WIC supports the Eastern Shoshone Tribe by providing healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. The program provides nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.

State WIC Director
Sherry Ferris
PO Box 999
Fort Washakie, WY 82514
Phone: (307) 332-6733
Email: estwic@qwestoffice.net

WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>6</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>8</td>
</tr>
<tr>
<td>Infants</td>
<td>39</td>
</tr>
<tr>
<td>Children</td>
<td>85</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>2018</td>
<td>48%</td>
</tr>
<tr>
<td>2004</td>
<td>41%</td>
</tr>
</tbody>
</table>

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

HOW WIC SUPPORTED THE EASTERN SHOSHONE ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family income</td>
<td>$4,911</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>52%</td>
</tr>
<tr>
<td>Food cost</td>
<td>$67.52</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$240,728</td>
</tr>
<tr>
<td>$124,309 to spend at food retailers</td>
<td>$124,309</td>
</tr>
</tbody>
</table>

HOW WIC HELPS EIGHT NORTHERN 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

247 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN EIGHT NORTHERN INDIAN PUEBLOS?

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>23</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>11</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>14</td>
</tr>
<tr>
<td>Infants</td>
<td>51</td>
</tr>
<tr>
<td>Children</td>
<td>148</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>51%</td>
</tr>
<tr>
<td>1998</td>
<td>26%</td>
</tr>
</tbody>
</table>

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

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $31,054 in additional benefits to 146 participants.

EIGHT NORTHERN INDIAN PUEBLOS WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$21,252</td>
</tr>
<tr>
<td>Percentage receiving Medicaid</td>
<td>77%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$58.08</td>
</tr>
<tr>
<td>Average amount spent at food retailers in FY 2020</td>
<td>$155,832</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$251,894</td>
</tr>
</tbody>
</table>


FEBRUARY 2022

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

State WIC Director
Leonard Mirabal
610 Calle Vigil PO Box 969
Ohkay Owingeh, NM 87566
Phone: (505) 692-6400
Email: lmirabal@enipc.org
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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

267 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Who Participates in WIC in Five Sandoval Indian Pueblos?</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>
<tr>
<td>17</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>17</td>
</tr>
<tr>
<td>65</td>
</tr>
<tr>
<td>147</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
Five Sandoval Indian Pueblos 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>26%</td>
</tr>
<tr>
<td>2018</td>
<td>49%</td>
</tr>
</tbody>
</table>

Fast Fact: Five Sandoval Indian Pueblos is adding additional vendors to increase accessibility of WIC foods for their Native American communities.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $21,772 in additional benefits to 99 participants.

FIVE SANDOVAL INDIAN PUEBLOS
WIC PARTICIPANT CHARACTERISTICS

- $18,957 average family income
- 77% received Medicaid
- $52.67 average monthly food cost in FY 2020
- $145,989 to spend at food retailers
- $23,160 formula rebates received
- $485,226 nutrition, breastfeeding services & admin

WIC PARTICIPANTS

- $18,957 average family income
- 77% received Medicaid
- $52.67 average monthly food cost in FY 2020

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.

58% of infants born in Florida participate in WIC
57% of eligible individuals in Florida participate in WIC

543,711 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN FLORIDA?

Pregnant women 48,246
Breastfeeding women 56,339
Postpartum women 24,893
Infants 128,481
Children 285,752

Fast Fact: Florida WIC enhanced their mobile app by adding an Upload Documents option linked to their MIS system. This option makes it easier for participants to send eligibility documents to local WIC offices for review.

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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $66.1M in additional benefits to 294,416 participants.

CHILDHOOD OBESITY IN WIC IN FLORIDA
The obesity rate among WIC toddlers in Florida decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 13%

MORTALITY AND BIRTH OUTCOMES IN FLORIDA
Maternal mortality per 100,000 births, 2013-2017 28.1
Infant mortality per 1,000 live births, 2019 6.1
Preterm birth rate, 2019 11%

FLORIDA WIC PARTICIPANT CHARACTERISTICS

$20,551 average family income
86% received Medicaid
$41.81 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE FLORIDA ECONOMY IN FY 2020

$209.7M to spend at food retailers
$127.4M formula rebates received
$107.6M nutrition, breastfeeding services & admin

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.

51% of infants born in Georgia participate in WIC

49% of eligible individuals in Georgia participate in WIC

241,407 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN GEORGIA?

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

Fast Fact: Georgia WIC received at least 12 waivers in response to COVID-19, including physical presence and larger package sizes for whole grains.

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

2018 64%
2010 54%

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

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $30.6M in additional benefits to 135,701 participants.

CHILDOOD OBESITY IN WIC IN GEORGIA
The obesity rate among WIC toddlers in Georgia decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 14%

MORTALITY AND BIRTH OUTCOMES IN GEORGIA
Maternal mortality per 100,000 births, 2013-2017 66.3
Infant mortality per 1,000 live births, 2019 7.0
Preterm birth rate, 2019 12%

GEORGIA WIC PARTICIPANT CHARACTERISTICS

$15,200 average family income
70% received Medicaid
$38.59 average monthly food cost in FY 2020

$87.9M to spend at food retailers
$58.6M formula rebates received
$63.2M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE GEORGIA ECONOMY IN FY 2020


February 2022

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

State WIC Director
Sean Mack
2 Peachtree St 10th Floor, Suite 10-294
Atlanta, GA 30303
Phone: (404) 657-2884
Email: Sean.Mack@dph.ga.gov

64
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.

40% of infants born in Guam participate in WIC

57% of eligible individuals in the United States participate in WIC

7,175 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</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>

WHO PARTICIPATES IN WIC IN GUAM?

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>76%</td>
</tr>
<tr>
<td>1998</td>
<td>55%</td>
</tr>
</tbody>
</table>

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 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>9%</td>
</tr>
<tr>
<td>2010</td>
<td>12%</td>
</tr>
</tbody>
</table>

Childhood obesity rate, WIC toddlers, 2018

Fast Fact: Due to higher food costs in the territory, the average WIC food benefit in Guam is 71% higher than the national average.

GUAM WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$17,940</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>53%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$65.37</td>
</tr>
<tr>
<td>received in FY 2020</td>
<td></td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE GUAM ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates received</td>
<td>$1.8M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$2.7M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$4.9M</td>
</tr>
</tbody>
</table>

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $0.8M in additional benefits to 3,635 participants.

Benefit Bump:


FEBRUARY 2022

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

43% of infants born in Hawaii participate in WIC

57% of eligible individuals in Hawaii participate in WIC

32,197 WIC PARTICIPANTS

Who participates in WIC in Hawaii?

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

Fast Fact: Hawaii WIC launched an online application in June 2021. In the first 6 months, about 2,000 applications were submitted.

Breastfeeding in WIC

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

Childhood Obesity in WIC

The obesity rate among WIC toddlers in Hawaii increased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 11%

Mortality and Birth Outcomes in Hawaii

Maternal mortality per 100,000 births, 2013-2017 22.9
Infant mortality per 1,000 live births, 2019 5.1
Preterm birth rate, 2019 11%

WIC Participant Characteristics

Hawaii

$26,215 average family income
69% received Medicaid
$49.23 average monthly food cost in FY 2020

$15.1M to spend at food retailers
$6.7M formula rebates received
$9.5M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $4.4M in additional benefits to 19,955 participants.

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.

41% of infants born in Idaho participate in WIC

37,264 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN IDAHO?

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>3,131</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>3,388</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>1,893</td>
</tr>
<tr>
<td>Infants</td>
<td>8,680</td>
</tr>
<tr>
<td>Children</td>
<td>20,172</td>
</tr>
</tbody>
</table>

47% of eligible individuals in Idaho participate in WIC

BREASTFEEDING IN WIC

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>88%</td>
</tr>
<tr>
<td>2010</td>
<td>84%</td>
</tr>
</tbody>
</table>

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

$10.4M to spend at food retailers

$7.7M formula rebates received

$9.0M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $5.0M in additional benefits to 22,421 participants.

$22,406 average family income

75% received Medicaid

$28.25 average monthly food cost in FY 2020

$9.0M nutrition, breastfeeding services & admin

Fast Fact: Idaho now offers Education Choice which provides participants the opportunity to choose follow-up nutrition education that works best for them, including telephone, video calls, and online and in-person appointments.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $5.0M in additional benefits to 22,421 participants.

IDAHO WIC PARTICIPANT CHARACTERISTICS

MORTALITY AND BIRTH OUTCOMES IN IDAHO

Maternal mortality per 100,000 births, 2013-2017 32.8

Infant mortality per 1,000 live births, 2019 4.3

Preterm birth rate, 2019 9%

88% of eligible individuals in Idaho participate in WIC

$28.25 average monthly food cost in FY 2020

FEBRUARY 2022


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.

43% of infants born in Illinois participate in WIC

48% of eligible individuals in Illinois participate in WIC

232,543 WIC PARTICIPANTS

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

WHO PARTICIPATES IN WIC IN ILLINOIS?

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.


Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $24.3M in additional benefits to 107,318 participants.

CHILDHOOD OBESITY IN WIC IN ILLINOIS
The obesity rate among WIC toddlers in Illinois decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 15%

MORTALITY AND BIRTH OUTCOMES IN ILLINOIS
Maternal mortality per 100,000 births, 2013-2017 21.4
Infant mortality per 1,000 live births, 2019 5.7
Preterm birth rate, 2019 11%

WIC PARTICIPANT CHARACTERISTICS

ILLINOIS

HOW WIC SUPPORTED THE ILLINOIS ECONOMY IN FY 2020

$17,342 average family income
86% received Medicaid
$48.14 average monthly food cost in FY 2020

$94.9M to spend at food retailers
$56.1M formula rebates received
$53.4M nutrition, breastfeeding services & admin

HOW WIC HELPS
THE INDIAN TOWNSHIP
PASSAMAQUODDY RESERVATION

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

66 WIC PARTICIPANTS

| WHO PARTICIPATES IN WIC IN INDIAN TOWNSHIP PASSAMAQUODDY? | Women | 22 |
| | Infants | 16 |
| | Children | 28 |

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

2018 78%
2016 73%

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $8,918 in additional benefits to 41 participants.

ININDIAN TOWNSHIP PASSAMAQUODDY WIC PARTICIPANT CHARACTERISTICS

$11,600 average family income
68% received Medicaid
$69.54 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE INDIAN TOWNSHIP PASSAMAQUODDY ECONOMY IN FY 2020

$51,669 to spend at food retailers
$45,389 nutrition, breastfeeding services & admin

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.

51% of infants born in Indiana participate in WIC

59% of eligible individuals in Indiana participate in WIC

168,412 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</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>

Fast Fact: Indiana WIC state staff developed and translated six handouts and eight videos, as well as provided onsite support, for Afghan refugees at Camp Atterbury in 2021.

BREASTFEEDING IN WIC

Indiana 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>2018</td>
<td>76%</td>
</tr>
<tr>
<td>2010</td>
<td>63%</td>
</tr>
</tbody>
</table>

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $26.5M in additional benefits to 119,576 participants.

CHILDHOOD OBESITY IN WIC IN INDIANA

The obesity rate among WIC toddlers in Indiana decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

MORTALITY AND BIRTH OUTCOMES IN INDIANA

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate or Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2013-2017</td>
<td>50.2</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2019</td>
<td>6.5</td>
</tr>
<tr>
<td>Preterm birth rate, 2019</td>
<td>10%</td>
</tr>
</tbody>
</table>

INDIANA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,653</td>
</tr>
<tr>
<td>Medicaid participation</td>
<td>68%</td>
</tr>
<tr>
<td>Average food cost in FY 2020</td>
<td>$28.71</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE INDIANA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$37.4M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$44.9M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$50.1M</td>
</tr>
</tbody>
</table>


February 2022

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

41% of infants born in Iowa participate in WIC

60% of eligible individuals in Iowa participate in WIC

WHO PARTICIPATES IN WIC IN IOWA?

<table>
<thead>
<tr>
<th>Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>5,316</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>4,636</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>5,771</td>
</tr>
<tr>
<td>Infants</td>
<td>15,659</td>
</tr>
<tr>
<td>Children</td>
<td>39,219</td>
</tr>
</tbody>
</table>

70,601 WIC PARTICIPANTS

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.

Fast Fact: Iowa is partnering with Minnesota and Nebraska WIC to implement a USDA subgrant to scale up online shopping options with Hy-Vee, a regional grocery chain.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $9.9M in additional benefits to 44,652 participants.

CHILDHOOD OBESITY IN WIC IN IOWA
The obesity rate among WIC toddlers in Iowa did not change between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 16%

MORTALITY AND BIRTH OUTCOMES IN IOWA

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2013-2017</td>
<td>26.5</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2019</td>
<td>5.0</td>
</tr>
<tr>
<td>Preterm birth rate, 2019</td>
<td>9%</td>
</tr>
</tbody>
</table>

IOWA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$26,141</td>
</tr>
<tr>
<td>Receiving Medicaid</td>
<td>67%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$30.77</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE IOWA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$21.8M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$16.9M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$17.5M</td>
</tr>
</tbody>
</table>


FEBRUARY 2022

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

National WIC Association
HOW WIC HELPS
THE INTER-TRIBAL
COUNCIL OF 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

10,729 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>715</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>576</td>
</tr>
<tr>
<td>Postpartum women</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>

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

Fast Fact: ITCA is working to expand breastfeeding collaborations by providing technical assistance and training to local agencies to help them develop successful partnerships with hospitals.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $1.2M in additional benefits to 5,456 participants.

INTER-TRIBAL COUNCIL OF ARIZONA WIC PARTICIPANT CHARACTERISTICS

- $18,773 average family income
- 83% received Medicaid
- $25.00 average monthly food cost in FY 2020
- $2.3M to spend at food retailers
- $2.1M formula rebates received
- $3.1M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

National WIC Association
HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

1,736 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN THE INTER-TRIBAL COUNCIL OF NEVADA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women                                           125</td>
</tr>
<tr>
<td>Breastfeeding women                                    104</td>
</tr>
<tr>
<td>Postpartum women                                        137</td>
</tr>
<tr>
<td>Infants                                                  404</td>
</tr>
<tr>
<td>Children                                                  966</td>
</tr>
</tbody>
</table>

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

2018 53%
1998 48%

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 | 33% received Medicaid | $25.06 average monthly food cost in FY 2020 | $316,327 to spend at food retailers | $355,661 formula rebates received | $638,154 nutrition, breastfeeding services & admin |

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $123,110 in additional benefits to 584 participants.

Fast Fact: ITCN staff travel to the reservations to service the community and sign participants up to eliminate any barriers.


FEBRUARY 2022

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

National WIC Association

73
HOW WIC HELPS THE INTER-TRIBAL COUNCIL 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

WHO PARTICIPATES IN WIC IN THE INTER-TRIBAL COUNCIL OF OKLAHOMA?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>55</td>
</tr>
<tr>
<td>Breastfeeding women</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>

786 WIC PARTICIPANTS

BREASTFEEDING IN WIC

The Inter-Tribal Council of Oklahoma WIC breastfeeding initiation rates increased by 31 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>24%</td>
</tr>
<tr>
<td>2018</td>
<td>55%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in the Inter-Tribal Council of Oklahoma in 2018, 16 percent continued breastfeeding at 6 months.

Fast Fact: The Inter-Tribal Council of Oklahoma WIC, in partnership with area physicians, offers a wide range of specialty formulas.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $95,100 in additional benefits to 419 participants.

INTER-TRIBAL COUNCIL OF OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$23,164</td>
</tr>
<tr>
<td>Medicaid</td>
<td>31%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$50.45</td>
</tr>
<tr>
<td>WIC participants</td>
<td>786</td>
</tr>
<tr>
<td>WIC breastfeeding</td>
<td>49%</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE INTER-TRIBAL COUNCIL OF OKLAHOMA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$410,876 spent at food retailers</td>
<td>57%</td>
</tr>
<tr>
<td>$67,184 formula rebates received</td>
<td>4%</td>
</tr>
<tr>
<td>$356,058 nutrition, breastfeeding services &amp; admin</td>
<td>29%</td>
</tr>
</tbody>
</table>

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 participate in WIC

62,761 WIC PARTICIPANTS

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

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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.4M in additional benefits to 33,196 participants.

CHILDHOOD OBESITY IN WIC IN KANSAS
The obesity rate among WIC toddlers in Kansas did not change between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 14%

MORTALITY AND BIRTH OUTCOMES IN KANSAS
Maternal mortality per 100,000 births, 2013-2017 26.6
Infant mortality per 1,000 live births, 2019 5.4
Preterm birth rate, 2019 10%

KANSAS WIC PARTICIPANT CHARACTERISTICS

$22,213 average family income
65% received Medicaid
$29.88 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE KANSAS ECONOMY IN FY 2020

$16.8M to spend at food retailers
$15.0M formula rebates received
$16.2M nutrition, breastfeeding services & admin


State WIC Director
David Thomason
1000 SW Jackson St, Suite 220
Topeka, KS 66612

Phone: (785) 296-1320
Email: david.thomason@ks.gov

FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org
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.

58% of infants born in Kentucky participate in WIC
58% of eligible individuals in Kentucky participate in WIC

113,382 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN KENTUCKY?

- Pregnant women: 11,169
- Breastfeeding women: 5,259
- Postpartum women: 10,117
- Infants: 31,358
- Children: 55,479

Fast Fact: Kentucky has 11 Regional Breastfeeding Coordinators who provide a resource to WIC staff and participants as well as birthing hospitals across the Commonwealth.

58% of infants born in Kentucky participate in WIC
58% of eligible individuals in Kentucky participate in WIC

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 rate, WIC toddlers, 2018: 16%

CHILDHOOD OBESITY IN WIC IN KENTUCKY

The obesity rate among WIC toddlers in Kentucky decreased by 2 percentage points between 2010 and 2018.

MORTALITY AND BIRTH OUTCOMES IN KENTUCKY

- Maternal mortality per 100,000 births, 2013-2017: 32.4
- Infant mortality per 1,000 live births, 2019: 4.9
- Preterm birth rate, 2019: 11%

KENTUCKY WIC PARTICIPANT CHARACTERISTICS

- $21,603 average family income
- 89% received Medicaid
- $37.84 average monthly food cost in FY 2020
- $44.5M to spend at food retailers
- $28.5M formula rebates received
- $30.1M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $17.8M in additional benefits to 80,903 participants.

Fast Fact:

- Kentucky has 11 Regional Breastfeeding Coordinators who provide a resource to WIC staff and participants as well as birthing hospitals across the Commonwealth.

HOW WIC SUPPORTED THE KENTUCKY ECONOMY IN FY 2020

- $21,603 average family income
- 89% received Medicaid
- $37.84 average monthly food cost in FY 2020


FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org

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

63% of infants born in Louisiana participate in WIC

127,365 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN LOUISIANA?

- Pregnant women: 12,160
- Breastfeeding women: 5,038
- Postpartum women: 14,981
- Infants: 37,779
- Children: 57,407

50% of eligible individuals in Louisiana participate in WIC

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

- 2018: 47%
- 2010: 30%

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

50% of eligible individuals in Louisiana participate in WIC

FEBRUARY 2022

State WIC Director
Jennifer Nicklas
628 N 4th Street
Baton Rouge, LA 70802
Phone: (504) 568-5065
Email: Jennifer.Nicklas@la.gov


Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $13.8M in additional benefits to 59,201 participants.

Fast Fact: Louisiana WIC is piloting self-checkout at some WIC-authorized grocery stores across the state, with plans to make this option available to shoppers in 2022.

CHILDHOOD OBESITY IN WIC IN LOUISIANA
The obesity rate among WIC toddlers in Louisiana decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 13%

MORTALITY AND BIRTH OUTCOMES IN LOUISIANA
Maternal mortality per 100,000 births, 2013-2017: 72.0
Infant mortality per 1,000 live births, 2019: 8.0
Preterm birth rate, 2019: 13%

LOUISIANA WIC PARTICIPANT CHARACTERISTICS

- $14,262 average family income
- 89% received Medicaid
- $37.79 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE LOUISIANA ECONOMY IN FY 2020

- $42.6M to spend at food retailers
- $32.3M formula rebates received
- $34.8M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $13.8M in additional benefits to 59,201 participants.

Fast Fact: Louisiana WIC is piloting self-checkout at some WIC-authorized grocery stores across the state, with plans to make this option available to shoppers in 2022.

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.

35% of infants born in Maine participate in WIC

63% of eligible individuals in Maine participate in WIC

20,172 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MAINE?

<table>
<thead>
<tr>
<th>Group</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>

2018

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,790 participants.

Infant mortality per 1,000 live births, 2019

Preterm birth rate, 2019

Childhood obesity rate, WIC toddlers, 2018

The obesity rate among WIC toddlers in Maine decreased by <1 percentage point between 2010 and 2018.

Fast Fact: Maine WIC is adding two way texting with WIC participants in 2022.

$20,045 average family income

$7,5M to spend at food retailers

$37.88 average monthly food cost in FY 2020

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2013-2017

Infant mortality per 1,000 live births, 2019

Preterm birth rate, 2019

$6.3M to spend at food retailers

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

FEBRUARY 2022

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

State WIC Director
Ginger Roberts-Scott
286 Water Street, 4th Floor
Augusta, ME 04333

Phone: (207) 287-5342
Email: Ginger.Roberts-Scott@maine.gov

63% of eligible individuals in Maine participate in WIC

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,790 participants.

Childhood obesity rate, WIC toddlers, 2018

The obesity rate among WIC toddlers in Maine decreased by <1 percentage point between 2010 and 2018.

Fast Fact: Maine WIC is adding two way texting with WIC participants in 2022.

$20,045 average family income

$7,5M to spend at food retailers

$37.88 average monthly food cost in FY 2020

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2013-2017

Infant mortality per 1,000 live births, 2019

Preterm birth rate, 2019

$6.3M to spend at food retailers

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

FEBRUARY 2022

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

State WIC Director
Ginger Roberts-Scott
286 Water Street, 4th Floor
Augusta, ME 04333

Phone: (207) 287-5342
Email: Ginger.Roberts-Scott@maine.gov

63% of eligible individuals in Maine participate in WIC

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,790 participants.

Childhood obesity rate, WIC toddlers, 2018

The obesity rate among WIC toddlers in Maine decreased by <1 percentage point between 2010 and 2018.

Fast Fact: Maine WIC is adding two way texting with WIC participants in 2022.

$20,045 average family income

$7,5M to spend at food retailers

$37.88 average monthly food cost in FY 2020

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2013-2017

Infant mortality per 1,000 live births, 2019

Preterm birth rate, 2019

$6.3M to spend at food retailers

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

FEBRUARY 2022

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

State WIC Director
Ginger Roberts-Scott
286 Water Street, 4th Floor
Augusta, ME 04333

Phone: (207) 287-5342
Email: Ginger.Roberts-Scott@maine.gov

63% of eligible individuals in Maine participate in WIC

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,790 participants.

Childhood obesity rate, WIC toddlers, 2018

The obesity rate among WIC toddlers in Maine decreased by <1 percentage point between 2010 and 2018.

Fast Fact: Maine WIC is adding two way texting with WIC participants in 2022.

$20,045 average family income

$7,5M to spend at food retailers

$37.88 average monthly food cost in FY 2020

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2013-2017

Infant mortality per 1,000 live births, 2019

Preterm birth rate, 2019

$6.3M to spend at food retailers

$3.7M formula rebates received

$6.3M nutrition, breastfeeding services & admin

FEBRUARY 2022

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

State WIC Director
Ginger Roberts-Scott
286 Water Street, 4th Floor
Augusta, ME 04333

Phone: (207) 287-5342
Email: Ginger.Roberts-Scott@maine.gov

63% of eligible individuals in Maine participate in WIC

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $7.5M in additional benefits to 33,790 participants.

Childhood obesity rate, WIC toddlers, 2018

The obesity rate among WIC toddlers in Maine decreased by <1 percentage point between 2010 and 2018.

Fast Fact: Maine WIC is adding two way texting with WIC participants in 2022.
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.

52% of infants born in Maryland participate in WIC

144,160 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MARYLAND?
Pregnant women 11,484
Breastfeeding women 15,155
Postpartum women 6,590
Infants 36,712
Children 74,219

66% of eligible individuals in Maryland participate in WIC

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

2018 72%
2010 60%

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

Childhood obesity rate, WIC toddlers, 2018 16%

CHILDHOOD OBESITY IN WIC IN MARYLAND
The obesity rate among WIC toddlers in Maryland decreased by <1 percentage point between 2010 and 2018.

MORTALITY AND BIRTH OUTCOMES IN MARYLAND
Maternal mortality per 100,000 births, 2013-2017 25.0
Infant mortality per 1,000 live births, 2019 5.8
Preterm birth rate, 2019 10%

MARYLAND WIC PARTICIPANT CHARACTERISTICS
$20,090 average family income
80% received Medicaid
$32.95 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE MARYLAND ECONOMY IN FY 2020
$48.4M to spend at food retailers
$33.8M formula rebates received
$32.0M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $20.4M in additional benefits to 90,692 participants.

Fast Fact: As of October 2021, Maryland allows the purchase of organic foods in all categories except infant formula.

Benefit Bump:

2018
$33.8M
2010
$32.0M


FEBRUARY 2022
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.

44% of infants born in Massachusetts participate in WIC

64% of eligible individuals in Massachusetts participate in WIC

117,693 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MASSACHUSETTS?

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

Fast Fact: Massachusetts WIC has data sharing agreements with their sister Medicaid and SNAP agencies, allowing them to send an online application link directly to potentially eligible families.

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

- 2018: 80%
- 2010: 74%

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

Childhood obesity rate, WIC toddlers, 2018: 16%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $19.3M in additional benefits to 88,054 participants.

CHILDHOOD OBESITY IN WIC IN MASSACHUSETTS

The obesity rate among WIC toddlers in Massachusetts decreased by <1 percentage point between 2010 and 2018.

WIC PARTICIPANT CHARACTERISTICS

- $19,765 average family income
- 90% received Medicaid
- $38.08 average monthly food cost in FY 2020

MORTALITY AND BIRTH OUTCOMES IN MASSACHUSETTS

- Maternal mortality per 100,000 births, 2013-2017: 13.7
- Infant mortality per 1,000 live births, 2019: 3.7
- Preterm birth rate, 2019: 9%

Massachusetts WIC has data sharing agreements with their sister Medicaid and SNAP agencies, allowing them to send an online application link directly to potentially eligible families.

HOW WIC SUPPORTED THE MASSACHUSETTS ECONOMY IN FY 2020

- $48.3M to spend at food retailers
- $24.6M formula rebates received
- $24.6M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

National WIC Association
HOW WIC HELPS
THE MISSISSIPPI BAND OF CHOCTAW INDIANS

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

774 WIC PARTICIPANTS

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>26%</td>
</tr>
<tr>
<td>2018</td>
<td>61%</td>
</tr>
</tbody>
</table>

 Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $122,850 in additional benefits to 549 participants.

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

MISSISSIPPI BAND OF CHOCTAW INDIANS WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Family Income</td>
<td>$9,838</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>55%</td>
</tr>
<tr>
<td>Average Monthly Food Cost</td>
<td>$28.04</td>
</tr>
<tr>
<td>Formula Rebates Received</td>
<td>$205,425</td>
</tr>
<tr>
<td>Nutrition, Breastfeeding Services &amp; Admin</td>
<td>$374,656</td>
</tr>
<tr>
<td>To Spend at Food Retailers</td>
<td>$228,592</td>
</tr>
</tbody>
</table>

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.

49% of infants born in Michigan participate in WIC

64% of eligible individuals in Michigan participate in WIC

238,396 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MICHIGAN?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</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>

Fast Fact: Michigan established a Diversity, Equity, & Inclusion (DEI) Committee to form a DEI Action Plan including DEI and racial equity goals for FY 2022.

BREASTFEEDING IN WIC
Michigan 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>55%</td>
</tr>
<tr>
<td>2018</td>
<td>68%</td>
</tr>
</tbody>
</table>

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $33.9M in additional benefits to 154,668 participants.

CHILDHOOD OBESITY IN WIC IN MICHIGAN
The obesity rate among WIC toddlers in Michigan decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

MORTALITY AND BIRTH OUTCOMES IN MICHIGAN
Maternal mortality per 100,000 births, 2013-2017: 27.6
Infant mortality per 1,000 live births, 2019: 6.4
Preterm birth rate, 2019: 10%

MICHIGAN WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,229</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>82%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$31.26</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MICHIGAN ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$80.2M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$49.4M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$61.0M</td>
</tr>
</tbody>
</table>


State WIC Director
Christina Herring-Johnson
320 S Walnut Lewis Cass Bldg, 6th Floor
Lansing, MI 48913

Phone: (517) 335-8951
Email: HerringC@michigan.gov

64% of eligible individuals in Michigan participate in WIC.

6% of eligible individuals in Michigan participate in WIC.

238,396 WIC PARTICIPANTS.

2018 68%
2010 55%.

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

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $33.9M in additional benefits to 154,668 participants.

CHILDHOOD OBESITY IN WIC IN MICHIGAN
The obesity rate among WIC toddlers in Michigan decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

Maternal mortality per 100,000 births, 2013-2017: 27.6
Infant mortality per 1,000 live births, 2019: 6.4
Preterm birth rate, 2019: 10%

MICHIGAN WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,229</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>82%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$31.26</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MICHIGAN ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$80.2M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$49.4M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$61.0M</td>
</tr>
</tbody>
</table>
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.

37% of infants born in Minnesota participate in WIC

66% of eligible individuals in Minnesota participate in WIC

117,229 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MINNESOTA?

<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</td>
<td>10,140</td>
</tr>
<tr>
<td>Postpartum</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>

Fast Fact: Minnesota WIC disaggregates participant data by race/ethnicity into cultural identity groups to better understand and serve their diverse communities.

CHILDHOOD OBESITY IN WIC IN MINNESOTA
The obesity rate among WIC toddlers in Minnesota decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 12%

BREASTFEEDING IN WIC
Minnesota 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>2010</td>
<td>73%</td>
</tr>
<tr>
<td>2018</td>
<td>79%</td>
</tr>
</tbody>
</table>

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $16.7M in additional benefits to 75,869 participants.

MORTALITY AND BIRTH OUTCOMES IN MINNESOTA
Maternal mortality per 100,000 births, 2013-2017 17.3
Infant mortality per 1,000 live births, 2019 4.5
Preterm birth rate, 2019 9%

MINNESOTA WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$28,675</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>85%</td>
</tr>
<tr>
<td>Food cost in FY 2020</td>
<td>$37.36</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE MINNESOTA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$45.2M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$27.3M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding</td>
<td>$33.2M</td>
</tr>
<tr>
<td>services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>


February 2022
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.

66% of infants born in Mississippi participate in WIC

62% of eligible individuals in Mississippi participate in WIC

94,445 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MISSISSIPPI?
- Pregnant women: 8,519
- Breastfeeding women: 3,545
- Postpartum women: 9,705
- Infants: 24,267
- Children: 48,409

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</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.

66% received Medicaid

$13,745 average family income

$61.87 average monthly food cost in FY 2020

$17.8M nutrition, breastfeeding services & admin

$57.1M to spend at food retailers

48,409 WIC PARTICIPANTS

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $10.4M in additional benefits to 46,572 participants.

Fast Fact: The Mississippi WIC Program was the last state WIC Program to operate a Direct Distribution system of food delivery before transitioning in 2021.

CHILDHOOD OBESITY IN WIC IN MISSISSIPPI
The obesity rate among WIC toddlers in Mississippi decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 15%

MORTALITY AND BIRTH OUTCOMES IN MISSISSIPPI
Maternal mortality per 100,000 births, 2013-2017: 27.2
Infant mortality per 1,000 live births, 2019: 8.7
Preterm birth rate, 2019: 15%

MISSISSIPPI WIC PARTICIPANT CHARACTERISTICS

HOW WIC SUPPORTED THE MISSISSIPPI ECONOMY IN FY 2020

FEBRUARY 2022

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.

43% of infants born in Missouri participate in WIC

WHO PARTICIPATES IN WIC IN MISSOURI?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>11,895</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>7,914</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>11,280</td>
</tr>
<tr>
<td>Infants</td>
<td>31,629</td>
</tr>
<tr>
<td>Children</td>
<td>60,146</td>
</tr>
</tbody>
</table>

122,864 WIC PARTICIPANTS

54% of eligible individuals in Missouri participate in WIC

MISSOURI PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$19,133</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>71%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$32.04</td>
</tr>
</tbody>
</table>

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.

CHRISTHOOD OBESITY IN WIC IN MISSOURI
The obesity rate among WIC toddlers in Missouri decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 13%

MORTALITY AND BIRTH OUTCOMES IN MISSOURI
Maternal mortality per 100,000 births, 2013-2017: 40.7
Infant mortality per 1,000 live births, 2019: 6.1
Preterm birth rate, 2019: 11%

HOW WIC SUPPORTED THE MISSOURI ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits to spend at food retailers</td>
<td>$38.1M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$31.0M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$27.8M</td>
</tr>
</tbody>
</table>

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $13.6M in additional benefits to 59,495 participants.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $13.6M in additional benefits to 59,495 participants.

Fast Fact: Missouri WIC has partnered to advocate for 585 Breastfeeding Friendly Worksites impacting over 211,000 employees.


FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org
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.

35% of infants born in Montana participate in WIC

18,288 WIC PARTICIPANTS

Who participates in WIC in Montana?

<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>

Fast Fact: Montana is piloting access to WIC via co-location at pediatric offices in four cities in 2022.

46% of eligible individuals in Montana participate in WIC

BREASTFEEDING IN WIC
Montana 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>2010</td>
<td>73%</td>
</tr>
<tr>
<td>2018</td>
<td>79%</td>
</tr>
</tbody>
</table>

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.4M in additional benefits to 10,733 participants.

CHILDHOOD OBESITY IN WIC IN MONTANA
The obesity rate among WIC toddlers in Montana decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 12%

MORTALITY AND BIRTH OUTCOMES IN MONTANA

Maternal mortality per 100,000 births, 2013-2017: 40.7
Infant mortality per 1,000 live births, 2019: 4.8
Preterm birth rate, 2019: 10%

MONTANA WIC PARTICIPANT CHARACTERISTICS

- $17,328 average family income
- 53% received Medicaid
- $28.31 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE MONTANA ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$17,328</td>
</tr>
<tr>
<td>Medicaid</td>
<td>53%</td>
</tr>
<tr>
<td>Food cost</td>
<td>$28.31</td>
</tr>
<tr>
<td>$5.1M to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$4.1M formula rebates received</td>
<td></td>
</tr>
<tr>
<td>$6.5M nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>

HOW WIC HELPS
THE MUSCOGEE CREEK 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

2,662 WIC PARTICIPANTS

Pregnant women 209
Breastfeeding women 85
Postpartum women 202
Infants 532
Children 1,634

BREASTFEEDING IN WIC
Muscogee Creek WIC breastfeeding initiation rates increased by 14 percentage points between 2000 and 2018.

2018 43%
2000 29%

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

Fast Fact: MCN WIC introduced an online application that makes it even easier to apply for WIC 24/7.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $407,508 in additional benefits to 1,877 participants.

MUSCOGEE CREEK WIC PARTICIPANT CHARACTERISTICS

$17,178 average family income
84% received Medicaid
$27.93 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE MUSCOGEE CREEK ECONOMY IN FY 2020

$758,263 to spend at food retailers
$640,847 formula rebates received
$825,568 nutrition, breastfeeding services & admin

HOW WIC HELPS THE NAVAJO 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

8,840 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</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>

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.

Fast Fact: Navajo Nation WIC has a service area in three states, covering over 27,000 acres.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $741,436 in additional benefits to 3,417 participants.

Navajo Nation WIC Participant Characteristics

- $19,161 average family income
- 77% received Medicaid
- $34.30 average monthly food cost in FY 2020
- $2.6M to spend at food retailers
- $1.4M formula rebates received
- $2.9M nutrition, breastfeeding services & admin


February 2022

Please direct all questions to NWA at 202.232.5492
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.

40% of infants born in Nebraska participate in WIC

54% of eligible individuals in Nebraska participate in WIC

40,080 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NEBRASKA?

- Pregnant women: 3,117
- Breastfeeding women: 3,294
- Postpartum women: 3,278
- Infants: 10,129
- Children: 20,262

Fast Fact: The number of children participating in Nebraska WIC increased by 9% from 2020 to 2021.

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

2018: 81%
2010: 70%

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

CHILDEHOOD OBESITY IN WIC IN NEBRASKA
The obesity rate among WIC toddlers in Nebraska increased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 15%

MORTALITY AND BIRTH OUTCOMES IN NEBRASKA
Maternal mortality per 100,000 births, 2013-2017: 22.7
Infant mortality per 1,000 live births, 2019: 4.9
Preterm birth rate, 2019: 10%

NEBRASKA WIC PARTICIPANT CHARACTERISTICS

- $22,284 average family income
- 64% received Medicaid
- $37.95 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE NEBRASKA ECONOMY IN FY 2020

- $15.3M to spend at food retailers
- $8.3M formula rebates received
- $9.9M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $6.1M in additional benefits to 27,514 participants.

NEBRASKA WIC PARTICIPANT CHARACTERISTICS

- $22,284 average family income
- 64% received Medicaid
- $37.95 average monthly food cost in FY 2020

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.

52% of infants born in Nevada participate in WIC

73,301 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NEVADA?

- Pregnant women: 5,182
- Breastfeeding women: 5,322
- Postpartum women: 6,423
- Infants: 18,396
- Children: 37,978

Fast Fact: Nevada WIC has implemented a publicly available data dashboard providing information on program participation and food redemption monthly.

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.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $9.8M in additional benefits to 44,040 participants.

CHILDHOOD OBESITY IN WIC IN NEVADA

The obesity rate among WIC toddlers in Nevada decreased by 3 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 12%

MORTALITY AND BIRTH OUTCOMES IN NEVADA

- Maternal mortality per 100,000 births, 2013-2017: 14.0
- Infant mortality per 1,000 live births, 2019: 5.7
- Preterm birth rate, 2019: 11%

NEVADA WIC PARTICIPANT CHARACTERISTICS

- $18,887 average family income
- 36% received Medicaid
- $33.17 average monthly food cost in FY 2020
- $23.2M to spend at food retailers
- $18.3M formula rebates received
- $15.7M nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE NEVADA ECONOMY IN FY 2020

- $23.2M to spend at food retailers
- $18.3M formula rebates received
- $15.7M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

National WIC Association
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.

28% of infants born in New Hampshire participate in WIC

14,961 WIC PARTICIPANTS

Pregnant women 1,103
Breastfeeding women 1,087
Postpartum women 993
Infants 3,384
Children 8,394

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.5M in additional benefits to 11,477 participants.

Fast Fact: All New Hampshire local agencies offer free lead testing for children and pregnant women.

44% of eligible individuals in New Hampshire participate in WIC

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 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 17%

MORTALITY AND BIRTH OUTCOMES IN NEW HAMPSHIRE
Maternal mortality per 100,000 births, 2013-2017 22.8
Infant mortality per 1,000 live births, 2019 3.2
Preterm birth rate, 2019 8%

NEW HAMPSHIRE WIC PARTICIPANT CHARACTERISTICS

$22,911 average family income
79% received Medicaid
$26.86 average monthly food cost in FY 2020

$4.1M to spend at food retailers
$2.8M formula rebates received
$4.1M nutrition, breastfeeding services & admin

$4.1M to spend at food retailers
$2.8M formula rebates received
$4.1M nutrition, breastfeeding services & admin

FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org

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.

33% of infants born in New Jersey participate in WIC

57% of eligible individuals in New Jersey participate in WIC

140,842 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NEW JERSEY?
- Pregnant women: 12,558
- Breastfeeding women: 13,730
- Postpartum women: 7,016
- Infants: 33,787
- Children: 73,751

Fast Fact: New Jersey WIC launched the WIC Participant Portal in May 2020 to streamline the certification process for new and existing WIC participants.

CHILDHOOD OBESITY IN WIC IN NEW JERSEY
The obesity rate among WIC toddlers in New Jersey decreased by 4 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 15%

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.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $24.9M in additional benefits to 112,024 participants.

MORTALITY AND BIRTH OUTCOMES IN NEW JERSEY
- Maternal mortality per 100,000 births, 2013-2017: 46.4
- Infant mortality per 1,000 live births, 2019: 4.2
- Preterm birth rate, 2019: 10%

NEW JERSEY WIC PARTICIPANT CHARACTERISTICS
- $21,433 average family income
- 34% received Medicaid
- $55.06 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE NEW JERSEY ECONOMY IN FY 2020
- $87.1M to spend at food retailers
- $31.9M formula rebates received
- $35.6M nutrition, breastfeeding services & admin


FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org

State WIC Director
Nancy Scotto Rosato
55 North Willow Street
Trenton, NJ 08625
Phone: (609) 292-9560
Email: Nancy.Scotto-Rosato@doh.nj.gov

$87.1M to spend at food retailers
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.

52% of infants born in New Mexico participate in WIC

44% of eligible individuals in New Mexico participate in WIC

52,006 WIC PARTICIPANTS

Pregnant women 4,655
Breastfeeding women 5,408
Postpartum women 2,260
Infants 11,978
Children 27,705

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

2018 83%
2010 75%

CHILDHOOD OBESITY IN WIC IN NEW MEXICO
The obesity rate among WIC toddlers in New Mexico decreased by 3 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 13%

MORTALITY AND BIRTH OUTCOMES IN NEW MEXICO

Maternal mortality per 100,000 births, 2013-2017 32.4
Infant mortality per 1,000 live births, 2019 5.7
Preterm birth rate, 2019 10%

NEW MEXICO WIC PARTICIPANT CHARACTERISTICS

$19,815 average family income
75% received Medicaid
$34.32 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE NEW MEXICO ECONOMY IN FY 2020

$15.5M to spend at food retailers
$9.8M formula rebates received
$15.6M nutrition, breastfeeding services & admin


FEBRUARY 2022
Please direct all questions to NWA at 202.232.5492
visit nwica.org
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.

49% of infants born in New York participate in WIC

61% of eligible individuals in New York participate in WIC

487,913 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN NEW YORK?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>38,972</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>52,010</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>23,804</td>
</tr>
<tr>
<td>Infants</td>
<td>111,724</td>
</tr>
<tr>
<td>Children</td>
<td>261,403</td>
</tr>
</tbody>
</table>

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>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>75%</td>
</tr>
<tr>
<td>2018</td>
<td>85%</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 2018.

Childhood obesity rate, WIC toddlers, 2018 14%

MORTALITY AND BIRTH OUTCOMES IN NEW YORK
Maternal mortality per 100,000 births, 2013-2017 25.5
Infant mortality per 1,000 live births, 2019 4.3
Preterm birth rate, 2019 9%

NEW YORK WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Average Family Income</th>
<th>19,539</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Enrollment</td>
<td>89%</td>
</tr>
<tr>
<td>Food Cost in FY 2020</td>
<td>51.71</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE NEW YORK ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula Rebates</td>
<td>$95.5M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$145.9M</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>$225.2M</td>
</tr>
</tbody>
</table>


FEBRUARY 2022
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.

54% of infants born in North Carolina participate in WIC

57% of eligible individuals in North Carolina participate in WIC

267,289 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NORTH CAROLINA?

- Pregnant women: 23,545
- Breastfeeding women: 20,179
- Postpartum women: 18,833
- Infants: 63,818
- Children: 140,914

Fast Fact: North Carolina received the USDA/Tufts THIS-WIC grant to develop a participant portal app to streamline the participant experience and focus appointments on nutrition education and breastfeeding promotion and support.

BREASTFEEDING IN WIC
North Carolina WIC breastfeeding initiation rates increased by 26 percentage points between 1998 and 2014.

2014: 68%
1998: 42%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $43.9M in additional benefits to 197,531 participants.

CHILDHOOD OBESITY IN WIC IN NORTH CAROLINA
The obesity rate among WIC toddlers in North Carolina increased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 15%

MORTALITY AND BIRTH OUTCOMES IN NORTH CAROLINA
Maternal mortality per 100,000 births, 2013-2017: 27.6
Infant mortality per 1,000 live births, 2019: 6.8
Preterm birth rate, 2019: 11%

NORTH CAROLINA WIC PARTICIPANT CHARACTERISTICS

- $13,783 average family income
- 84% received Medicaid
- $35.64 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE NORTH CAROLINA ECONOMY IN FY 2020

- $99.1M to spend at food retailers
- $53.5M formula rebates received
- $54.9M nutrition, breastfeeding services & admin

HOW WIC HELPS NORTH 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.

30% of infants born in North Dakota participate in WIC

52% of eligible individuals in North Dakota participate in WIC

13,326 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NORTH DAKOTA?

- Pregnant women: 1,038
- Breastfeeding women: 937
- Postpartum women: 1,045
- Infants: 3,190
- Children: 7,116

Fast Fact: North Dakota's FY 2020 participant survey showed that 84% of participants liked the option of remote WIC appointments. Participants were most satisfied with the convenience and time savings.

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

- 2018: 74%
- 2010: 59%

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $1.8M in additional benefits to 7,988 participants.

CHILDHOOD OBESITY IN WIC IN NORTH DAKOTA

The obesity rate among WIC toddlers in North Dakota increased by <1 percentage point between 2010 and 2018.

- Childhood obesity rate, WIC toddlers, 2018: 15%

MORTALITY AND BIRTH OUTCOMES IN NORTH DAKOTA

- Infant mortality per 1,000 live births, 2019: 7.5
- Preterm birth rate, 2019: 10%

NORTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

- $23,108 average family income
- 47% received Medicaid
- $47.29 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE NORTH DAKOTA ECONOMY IN FY 2020

- $5.7M to spend at food retailers
- $2.1M formula rebates received
- $4.1M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $1.8M in additional benefits to 7,988 participants.


FEBRUARY 2022

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

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

272 WIC PARTICIPANTS

Pregnant women 26
Breastfeeding women 17
Postpartum women 21
Infants 75
Children 133

BREASTFEEDING IN WIC
Northern Arapaho WIC breastfeeding initiation rates increased by 28 percentage points between 2004 and 2018.

2018 72%
2004 44%

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

NORTHERN ARAPAHO WIC PARTICIPANT CHARACTERISTICS

Average family income $4,121
Received Medicaid 64%
Average monthly food cost $62.12 in FY 2020

HOW WIC SUPPORTED THE NORTHERN ARAPAHO ECONOMY IN FY 2020

$132,878 to spend at food retailers
$311,867 nutrition, breastfeeding services & admin


FEBRUARY 2022 Please direct all questions to NWA at 202.232.5492 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.

49% of infants born in Ohio participate in WIC

218,648 WIC PARTICIPANTS

Who participates in WIC in Ohio?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>19,532</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>13,184</td>
</tr>
<tr>
<td>Postpartum</td>
<td>19,632</td>
</tr>
<tr>
<td>Infants</td>
<td>66,124</td>
</tr>
<tr>
<td>Children</td>
<td>100,176</td>
</tr>
</tbody>
</table>

Fast Fact: Ohio was the first state to implement the increase to the fruit and vegetable benefit in April 2021.

53% of eligible individuals in Ohio participate in WIC

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

2018 63%
2010 48%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $24.0M in additional benefits to 104,589 participants.

Childhood obesity rate, WIC toddlers, 2018 13%

The obesity rate among WIC toddlers in Ohio did not change between 2010 and 2018.

Mortality and birth outcomes in Ohio

Maternal mortality per 100,000 births, 2013-2017 24.7
Infant mortality per 1,000 live births, 2019 6.9
Preterm birth rate, 2019 11%

Ohio WIC participant characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$20,089</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>88%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$30.41</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$53.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$57.1M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$66.5M</td>
</tr>
</tbody>
</table>


February 2022

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

43% of infants born in Oklahoma participate in WIC

59% of eligible individuals in Oklahoma participate in WIC

94,876 WIC PARTICIPANTS
WHO PARTICIPATES IN WIC IN OKLAHOMA?

- Pregnant women: 9,642
- Breastfeeding women: 5,587
- Postpartum women: 7,183
- Infants: 21,606
- Children: 50,858

Fast Fact: Oklahoma WIC has partnered with Medicaid to provide potentially WIC eligible applicants with a link via text to apply for WIC at the time they apply for Medicaid.

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

- 2018: 75%
- 2010: 67%

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $15.3M in additional benefits to 67,765 participants.

CHILDHOOD OBESITY IN WIC IN OKLAHOMA
The obesity rate among WIC toddlers in Oklahoma decreased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

MORTALITY AND BIRTH OUTCOMES IN OKLAHOMA

- Maternal mortality per 100,000 births, 2013-2017: 33.9
- Infant mortality per 1,000 live births, 2019: 7.0
- Preterm birth rate, 2019: 11%

OKLAHOMA WIC PARTICIPANT CHARACTERISTICS

- $19,705 average family income
- 79% received Medicaid
- $30.85 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE OKLAHOMA ECONOMY IN FY 2020

- $24.5M to spend at food retailers
- $19.1M formula rebates received
- $20.8M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

99
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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

265 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN OMAHA NATION?

<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 PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$11,271</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>37%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$63.69</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$150,891</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$273,358</td>
</tr>
</tbody>
</table>
| Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $27,842 in additional benefits to 128 participants.
| Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

BREASTFEEDING IN WIC

Omaha Nation WIC breastfeeding initiation rates increased by 23 percentage points between 2000 and 2018.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $27,842 in additional benefits to 128 participants.

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.

43% of infants born in Oregon participate in WIC

88,970 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN OREGON?

Pregnant women 7,271
Breastfeeding women 7,501
Postpartum women 4,615
Infants 18,302
Children 51,281

63% of eligible individuals in Oregon participate in WIC

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.

Fast Fact: In 2020, Oregon expanded the WIC food package to include a broader range of essential foods, including canned fruit and vegetables and shelf stable beverage alternatives to increase access.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $13.2M in additional benefits to 59,787 participants.

CHILDHOOD OBESITY IN WIC IN OREGON
The obesity rate among WIC toddlers in Oregon decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 15%

OREGON WIC PARTICIPANT CHARACTERISTICS

$21,680 average family income
89% received Medicaid
$30.53 average monthly food cost in FY 2020

MORTALITY AND BIRTH OUTCOMES IN OREGON
Maternal mortality per 100,000 births, 2013-2017 19.5
Infant mortality per 1,000 live births, 2019 4.9
Preterm birth rate, 2019 8%

HOW WIC SUPPORTED THE OREGON ECONOMY IN FY 2020

$28.7M to spend at food retailers
$17.3M formula rebates received
$23.2M 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

3,207 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>185</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>167</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>289</td>
</tr>
<tr>
<td>Infants</td>
<td>901</td>
</tr>
<tr>
<td>Children</td>
<td>1,665</td>
</tr>
</tbody>
</table>

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>2018</td>
<td>59%</td>
</tr>
<tr>
<td>1998</td>
<td>36%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Osage Nation in 2018, 17 percent continued breastfeeding at 6 months.

ITQ Fast Fact: Osage Nation is on track to reach their highest monthly participation ever of 4,000 participants.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $642,508 in additional benefits to 2,904 participants.

OSAGE NATION WIC PARTICIPANT CHARACTERISTICS

- $30,507 average family income
- 87% received Medicaid
- $24.98 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE OSAGE NATION ECONOMY IN FY 2020

- $972,100 to spend at food retailers
- $1.3M formula rebates received
- $1.1M nutrition, breastfeeding services & admin

HOW WIC HELPS
OTOE-MISSOURIA 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate 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.

Fast Fact: Otoe-Missouria Tribe recognized its 31st year administering the WIC Program.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $40,602 in additional benefits to 178 participants.

OTOE-MISSOURIA WIC PARTICIPANT CHARACTERISTICS

- $20,794 average family income
- 68% received Medicaid
- $25.15 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE OTOE-MISSOURIA ECONOMY IN FY 2020

- $100,646 to spend at food retailers
- $125,874 formula rebates received
- $416,651 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.

41% of infants born in Pennsylvania participate in WIC

55% of eligible individuals in Pennsylvania participate in WIC

232,320 WIC PARTICIPANTS

Pregnant women 17,607
Breastfeeding women 13,447
Postpartum women 18,587
Infants 55,754
Children 126,925

WHO PARTICIPATES IN WIC IN PENNSYLVANIA?

BREASTFEEDING IN WIC
Pennsylvania WIC breastfeeding initiation rates increased by 18 percentage points between 2010 and 2018.

2018 65%
2010 47%

Among WIC infants who initiated breastfeeding in Pennsylvania in 2018, 16 percent continued breastfeeding at 6 months.


Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $27.4M in additional benefits to 122,189 participants.

CHILDHOOD OBESITY IN WIC IN PENNSYLVANIA
The obesity rate among WIC toddlers in Pennsylvania did not change between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 13%

MORTALITY AND BIRTH OUTCOMES IN PENNSYLVANIA

Maternal mortality per 100,000 births, 2013-2017 26.1
Infant mortality per 1,000 live births, 2019 5.9
Preterm birth rate, 2019 10%

PENNSYLVANIA WIC PARTICIPANT CHARACTERISTICS

$20,119 average family income
79% received Medicaid
$36.73 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE PENNSYLVANIA ECONOMY IN FY 2020

$82.2M to spend at food retailers
$53.5M formula rebates received
$52.5M nutrition, breastfeeding services & admin

HOW WIC HELPS
THE PLEASANT POINT
PASSAMAQUODDY RESERVATION

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.

49% of infants born in the United States participate in WIC
57% of eligible individuals in the United States participate in WIC

61 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN PLEASANT POINT PASSAMAQUODDY?

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</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>

BREASTFEEDING IN WIC

Pleasant Point Passamaquoddy WIC breastfeeding initiation rates increased by 40 percentage points between 1998 and 2018.

2018: 78%
1998: 38%

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

HOW WIC SUPPORTED THE PLEASANT POINT PASSAMAQUODDY ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$17,191</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>69%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$67.97</td>
</tr>
<tr>
<td>to spend at food retailers</td>
<td>$47,240</td>
</tr>
<tr>
<td>Nutrition, breastfeeding</td>
<td>$42,199</td>
</tr>
</tbody>
</table>

HOW WIC HELPS PUEBLO OF ISLETA

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

WHO PARTICIPATES IN WIC IN ISLETA?

1,723 WIC PARTICIPANTS

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

BREASTFEEDING IN WIC

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

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $170,178 in additional benefits to 764 participants.

84% received Medicaid

ISLETA WIC PARTICIPANT CHARACTERISTICS

$20,651 average family income

$30.60 average monthly food cost in FY 2020

$377,265 to spend at food retailers

$266,030 formula rebates received

$684,805 nutrition, breastfeeding services & admin

FEBRUARY 2022

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.

88% of infants born in Puerto Rico participate in WIC

113,449 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</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>

57% of eligible individuals in the United States participate in WIC

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>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>46%</td>
</tr>
<tr>
<td>2016</td>
<td>60%</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 2018.

Childhood obesity rate, WIC toddlers, 2018: 13%

Fast Fact: Puerto Rico WIC has developed a new remote system for eligibility and access to program benefits since the beginning of the COVID-19 pandemic.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $17.6M in additional benefits to 79,938 participants.

PUERTO RICO
WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$8,274</td>
</tr>
<tr>
<td>Medicaid</td>
<td>60%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$96.94</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE PUERTO RICO ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total spent at food retailers</td>
<td>$116.3M</td>
</tr>
<tr>
<td>Formula rebates received</td>
<td>$8.2M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$36.5M</td>
</tr>
</tbody>
</table>


FEBRUARY 2022

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

National WIC Association
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.

52% of infants born in Rhode Island participate in WIC

57% of eligible individuals in Rhode Island participate in WIC

21,504 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1,661</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>1,364</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>1,775</td>
</tr>
<tr>
<td>Infants</td>
<td>5,440</td>
</tr>
<tr>
<td>Children</td>
<td>11,264</td>
</tr>
</tbody>
</table>

WHO PARTICIPATES IN WIC IN RHODE ISLAND?

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>61%</td>
</tr>
<tr>
<td>2018</td>
<td>78%</td>
</tr>
</tbody>
</table>

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

57% of eligible individuals in Rhode Island participate in WIC

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.8M in additional benefits to 12,399 participants.

CHILDHOOD OBESITY IN WIC IN RHODE ISLAND
The obesity rate among WIC toddlers in Rhode Island increased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 17%

MORTALITY AND BIRTH OUTCOMES IN RHODE ISLAND
Maternal mortality per 100,000 births, 2013-2017 19.0
Infant mortality per 1,000 live births, 2019 5.9
Preterm birth rate, 2019 10%

RHODE ISLAND WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$19,959</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>83%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$42.54</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE RHODE ISLAND ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates</td>
<td>$4.8M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding, services &amp; admin</td>
<td>$6.3M</td>
</tr>
<tr>
<td>Food cost</td>
<td>$8.6M</td>
</tr>
</tbody>
</table>

# HOW WIC HELPS THE ROSEBUD 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.

### 49%
- of infants born in the United States participate in WIC

### 57%
- of eligible individuals in the United States participate in WIC

## WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>77</td>
</tr>
<tr>
<td>Breastfeeding</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>

## 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.

## ROSEBUD SIOUX WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$7,408</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>71%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$50.90</td>
</tr>
</tbody>
</table>

## HOW WIC SUPPORTED THE ROSEBUD SIOUX ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$583,087 to spend at food retailers</td>
<td>$787,211 nutrition, breastfeeding services &amp; admin</td>
</tr>
<tr>
<td>$221,844 formula rebates received</td>
<td>$787,211 nutrition, breastfeeding services &amp; admin</td>
</tr>
</tbody>
</table>

HOW WIC HELPS THE PUEBLO OF SAN FELIPE

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

249 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN SAN FELIPE?

- Pregnant women: 21
- Breastfeeding women: 26
- Postpartum women: 11
- Infants: 49
- Children: 142

BREASTFEEDING IN WIC
San Felipe WIC breastfeeding initiation rates increased by 35 percentage points between 1998 and 2018.

- 2018: 92%
- 1998: 57%

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

I TO Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $24,252 in additional benefits to 108 participants.

SAN FELIPE WIC PARTICIPANT CHARACTERISTICS

- $20,452 average family income
- 92% received Medicaid
- $114.76 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE SAN FELIPE ECONOMY IN FY 2020

- $270,374 to spend at food retailers
- $285,757 nutrition, breastfeeding services & admin

HOW WIC HELPS
THE SANTEE SIOUX

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

137 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN SANTEE SIOUX?

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>21</td>
</tr>
<tr>
<td>Infants</td>
<td>39</td>
</tr>
<tr>
<td>Children</td>
<td>77</td>
</tr>
</tbody>
</table>

BREASTFEEDING IN WIC
Santee Sioux WIC breastfeeding initiation rates increased by 4 percentage points between 2014 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>28%</td>
</tr>
<tr>
<td>2018</td>
<td>32%</td>
</tr>
</tbody>
</table>

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $11,452 in additional benefits to 56 participants.

SANTEE SIOUX
WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Family Income</td>
<td>$6,700</td>
</tr>
<tr>
<td>Medicaid Received</td>
<td>53%</td>
</tr>
<tr>
<td>Average Monthly Food Cost in FY 2020</td>
<td>$62.13</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE SANTEE SIOUX ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$58,155</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$96,285</td>
</tr>
</tbody>
</table>

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

229 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN SANTO DOMINGO?</th>
<th></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>

BREASTFEEDING IN WIC
Santo Domingo WIC breastfeeding initiation rates increased by 67 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>24%</td>
</tr>
<tr>
<td>2018</td>
<td>91%</td>
</tr>
</tbody>
</table>

Among WIC infants who initiated breastfeeding in Santo Domingo in 2018, 44 percent continued breastfeeding at 6 months.

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $21,260 in additional benefits to 104 participants.

SANTO DOMINGO WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>$12,290 average family income</th>
<th>89% received Medicaid</th>
<th>$121.03 average monthly food cost in FY 2020</th>
</tr>
</thead>
</table>

HOW WIC SUPPORTED THE SANTO DOMINGO ECONOMY IN FY 2020

$246,420 to spend at food retailers

$356,829 nutrition, breastfeeding services & admin


February 2022

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

State WIC Director
Rita Pacheco
PO Box 370
Santo Domingo Pueblo, NM 87052
Phone: (505) 465-2214
Email: rpacheco@kewa-nsn.us
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.

51% of infants born in South Carolina participate in WIC

47% of eligible individuals in South Carolina participate in WIC

102,845 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN SOUTH CAROLINA?

- Pregnant women: 9,799
- Breastfeeding women: 6,256
- Postpartum women: 10,238
- Infants: 29,069
- Children: 47,483

Fast Fact: South Carolina has made great technological strides by allowing its WIC participants to use their e-WIC cards at self-checkouts at Walmart and Kroger stores.

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

- 2018: 59%
- 2010: 46%

Among WIC infants who initiated breastfeeding in South Carolina in 2018, 15 percent continued breastfeeding at 6 months.

Fast Fact: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $14.4M in additional benefits to 64,060 participants.

CHILDHOOD OBESITY IN WIC IN SOUTH CAROLINA
The obesity rate among WIC toddlers in South Carolina decreased by <1 percentage point between 2010 and 2018.

- Childhood obesity rate, WIC toddlers, 2018: 13%

Benefit Bump: South Carolina has made great technological strides by allowing its WIC participants to use their e-WIC cards at self-checkouts at Walmart and Kroger stores.

MORTALITY AND BIRTH OUTCOMES IN SOUTH CAROLINA
Maternal mortality per 100,000 births, 2013-2017: 39.4

Infant mortality per 1,000 live births, 2019: 6.9

Preterm birth rate, 2019: 11%

SOUTH CAROLINA WIC PARTICIPANT CHARACTERISTICS

- $16,942 average family income
- 79% received Medicaid
- $43.82 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE SOUTH CAROLINA ECONOMY IN FY 2020

- $42.6M to spend at food retailers
- $24.6M formula rebates received
- $25.8M nutrition, breastfeeding services & admin


February 2022 Please direct all questions to NWA at 202.232.5492 visit nwica.org
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.

33% of infants born in South Dakota participate in WIC

59% of eligible individuals in South Dakota participate in WIC

WHO PARTICIPATES IN WIC IN SOUTH DAKOTA?

17,405 WIC PARTICIPANTS

Pregnant women 1,344
Breastfeeding women 1,232
Postpartum women 991
Infants 3,972
Children 9,866

Fast Fact: South Dakota WIC has an amazing website for WIC participants and those seeking great nutrition, breastfeeding, and other health information! Check out their Library page on sdwic.org/library.

Breastfeeding in WIC
South Dakota WIC breastfeeding initiation rates increased by 13 percentage points between 2010 and 2018.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.6M in additional benefits to 11,737 participants.

CHILDHOOD OBESITY IN WIC IN SOUTH DAKOTA
The obesity rate among WIC toddlers in South Dakota decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 16%

MORTALITY AND BIRTH OUTCOMES IN SOUTH DAKOTA
Maternal mortality per 100,000 births, 2013-2017 32.6
Infant mortality per 1,000 live births, 2019 7.0
Preterm birth rate, 2019 10%

SOUTH DAKOTA WIC PARTICIPANT CHARACTERISTICS

$20,607 average family income
82% received Medicaid
$38.61 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE SOUTH DAKOTA ECONOMY IN FY 2020

$6.5M to spend at food retailers
$3.3M formula rebates received
$7.5M nutrition, breastfeeding services & admin


FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS
THE STANDING ROCK 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.

49% of infants born in the United States participate in WIC
57% of eligible individuals in the United States participate in WIC

545 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN STANDING ROCK SIOUX?</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>

STANDING ROCK SIOUX
WIC PARTICIPANT CHARACTERISTICS

$6,312 average family income
51% received Medicaid
$48.46 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE STANDING ROCK SIOUX ECONOMY IN FY 2020

$258,458 to spend at food retailers
$67,593 formula rebates received
$1,211,579 nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $43,686 in additional benefits to 203 participants.

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

**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.

53% of infants born in Tennessee participate in WIC

156,119 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>Who Participates in WIC in Tennessee?</th>
<th></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>

**Fast Fact:** Tennessee WIC implemented the WIC Shopper App for families to access their benefit balance, view the Food Shopping Guide, and scan food product UPC codes in the store to check WIC eligibility.

46% of eligible individuals in Tennessee participate in WIC

**BREASTFEEDING IN WIC**
Tennessee WIC breastfeeding initiation rates increased by 13 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>22%</td>
</tr>
<tr>
<td>2018</td>
<td>35%</td>
</tr>
</tbody>
</table>

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

**Benefit Bump:** Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $18.5M in additional benefits to 80,780 participants.

**CHILDHOOD OBESITY IN WIC IN TENNESSEE**
The obesity rate among WIC toddlers in Tennessee decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 15%

**MORTALITY AND BIRTH OUTCOMES IN TENNESSEE**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality per 100,000 births, 2013-2017</td>
<td>35.8</td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births, 2019</td>
<td>7.0</td>
</tr>
<tr>
<td>Preterm birth rate, 2019</td>
<td>11%</td>
</tr>
</tbody>
</table>

**TENNESSEE WIC PARTICIPANT CHARACTERISTICS**

- $18,901 average family income
- 67% received Medicaid
- $29.09 average monthly food cost in FY 2020

**HOW WIC SUPPORTED THE TENNESSEE ECONOMY IN FY 2020**

- $38.8M to spend at food retailers
- $46.6M formula rebates received
- $43.0M nutrition, breastfeeding services & admin


FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492

visit nwica.org
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.

54% of infants born in Texas participate in WIC

55% of eligible individuals in Texas participate in WIC

54% of infants born in Texas participate in WIC

839,770 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN TEXAS?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>68,534</td>
</tr>
<tr>
<td>Breastfeeding women</td>
<td>108,660</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>38,110</td>
</tr>
<tr>
<td>Infants</td>
<td>203,532</td>
</tr>
<tr>
<td>Children</td>
<td>420,934</td>
</tr>
</tbody>
</table>

Fast Fact: On average, Texas WIC participants rated their happiness with their last WIC shopping experience a 4.7 out of 5.

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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $116.6M in additional benefits to 500,489 participants.

CHILDHOOD OBESITY IN WIC IN TEXAS
The obesity rate among WIC toddlers in Texas decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 16%

MORTALITY AND BIRTH OUTCOMES IN TEXAS
Maternal mortality per 100,000 births, 2013-2017: 39.2
Infant mortality per 1,000 live births, 2019: 5.5
Preterm birth rate, 2019: 11%

TEXAS WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount/Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$18,056</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>76%</td>
</tr>
<tr>
<td>Average monthly food cost</td>
<td>$26.10</td>
</tr>
<tr>
<td>Formula rebates</td>
<td>$218.6M</td>
</tr>
<tr>
<td>Nutrition services &amp; admin</td>
<td>$198.5M</td>
</tr>
<tr>
<td>Food cost in FY 2020</td>
<td>$211.7M</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE TEXAS ECONOMY IN FY 2020


FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS THREE AFFILIATED TRIBES

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

232 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN THREE AFFILIATED TRIBES?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>33</td>
</tr>
<tr>
<td>Infants</td>
<td>67</td>
</tr>
<tr>
<td>Children</td>
<td>132</td>
</tr>
</tbody>
</table>

2012 53%
2000 45%

BREASTFEEDING IN WIC
Three Affiliated Tribes WIC breastfeeding initiation rates increased by 8 percentage points between 2000 and 2012.

ITALO Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $22,640 in additional benefits to 99 participants.

THREE AFFILIATED TRIBES WIC PARTICIPANT CHARACTERISTICS

$2,894 average family income
23% received Medicaid
$72.21 average monthly food cost in FY 2020

$159,358 to spend at food retailers
$430,729 nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE THREE AFFILIATED TRIBES ECONOMY IN FY 2020

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

3,201 WIC PARTICIPANTS

Pregnant women 220
Breastfeeding women 498
Postpartum women 87
Infants 724
Children 1,672

WHO PARTICIPATES IN WIC IN THE U.S. VIRGIN ISLANDS?

BREASTFEEDING IN WIC
USVI WIC breastfeeding initiation rates increased by 12 percentage points between 2008 and 2018.

2018 86%
2008 74%

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 the U.S. Virgin Islands increased by 3 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 15%

Fast Fact: Due to higher food costs in the territory, the average WIC food benefit in the U.S. Virgin Islands is 66% higher than the national average.

VI THE U.S. VIRGIN ISLANDS WIC PARTICIPANT CHARACTERISTICS

$14,505 average family income
57% received Medicaid
$60.79 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE U.S. VIRGIN ISLANDS ECONOMY IN FY 2020

$2.2M to spend at food retailers
$0.9M formula rebates received
$1.6M nutrition, breastfeeding services & admin

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $500K in additional benefits to 2,159 participants.

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.

29% of infants born in Utah participate in WIC

54,221 WIC PARTICIPANTS

<table>
<thead>
<tr>
<th>WHO PARTICIPATES IN WIC IN UTAH?</th>
<th></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>

Fast Fact: As soon as Utah hit their 1 year anniversary with e-WIC, Utah implemented self-checkout for WIC purchases at all Smiths (Kroger) stores in the state.

45% of eligible individuals in Utah participate in WIC

BREASTFEEDING IN WIC
Utah WIC breastfeeding initiation rates increased by 22 percentage points between 1998 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $6.3M in additional benefits to 28,172 participants.

CHILDHOOD OBESITY IN WIC
The obesity rate among WIC toddlers in Utah decreased by 4 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 9%

MORTALITY AND BIRTH OUTCOMES
Maternal mortality per 100,000 births, 2013-2017 23.0
Infant mortality per 1,000 live births, 2019 5.3
Preterm birth rate, 2019 10%

How WIC Supported the Utah Economy in FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,086 average family income</td>
<td></td>
</tr>
<tr>
<td>44% received Medicaid</td>
<td></td>
</tr>
<tr>
<td>$36.08 average monthly food cost in FY 2020</td>
<td></td>
</tr>
<tr>
<td>$17.6M to spend at food retailers</td>
<td></td>
</tr>
<tr>
<td>$9.3M formula rebates received</td>
<td></td>
</tr>
<tr>
<td>$15.0M nutrition, breastfeeding services &amp; admin</td>
<td></td>
</tr>
</tbody>
</table>


February 2022

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

State WIC Director
Christopher Furner
3760 S Highland Drive, Suite 457
Salt Lake City, UT 84106
Phone: (801) 273-2939
Email: cfurner@utah.gov
HOW WIC HELPS
UTE MOUNTAIN UTE 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

159 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN UTE MOUNTAIN UTE?

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>26</td>
</tr>
<tr>
<td>Infants</td>
<td>42</td>
</tr>
<tr>
<td>Children</td>
<td>91</td>
</tr>
</tbody>
</table>

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>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>62%</td>
</tr>
<tr>
<td>2018</td>
<td>63%</td>
</tr>
</tbody>
</table>

ITE Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

UTE MOUNTAIN UTE WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$1,650</td>
</tr>
<tr>
<td>Received Medicaid</td>
<td>65%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$39.28</td>
</tr>
<tr>
<td>Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $25,926 in additional benefits to 122 participants.</td>
<td></td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE UTE MOUNTAIN UTE ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To spend at food retailers</td>
<td>$80,200</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$306,017</td>
</tr>
</tbody>
</table>


February 2022

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

42% of infants born in Vermont participate in WIC
75% of eligible individuals in Vermont participate in WIC

12,403 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN VERMONT?

Pregnant women 965
Breastfeeding women 1,178
Postpartum women 597
Infants 2,256
Children 7,407

Fast Fact: Vermont WIC is participating in the development of a Participant Portal to allow families to schedule appointments, upload documentation, view benefit balances and food package information, and chat with WIC staff. The first phase is scheduled to launch in fall 2022.

Acknowledged participation rates for Vermont WIC participants:

- 75% of eligible individuals in Vermont participate in WIC
- 57% of pregnant WIC participants in Vermont
- 75% of breastfeeding WIC participants in Vermont
- 11,609 WIC participants in Vermont
- 75% of participants in Vermont are age 5 or younger

BREASTFEEDING IN WIC

Vermont WIC breastfeeding initiation rates increased by 9 percentage points between 2010 and 2018.

2018 84%
2010 75%

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $2.0M in additional benefits to 9,229 participants.

Childhood obesity rate, WIC toddlers, 2018 13%

Childhood obesity rate, WIC toddlers, 2018 decreased by <1 percentage point between 2010 and 2018.

MORTALITY AND BIRTH OUTCOMES IN VERMONT

Maternal mortality per 100,000 births, 2013-2017 26.6
Preterm birth rate, 2019 8%

VERMONT WIC PARTICIPANT CHARACTERISTICS

$23,211 average family income
81% received Medicaid
$36.49 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE VERMONT ECONOMY IN FY 2020

$4.9M to spend at food retailers
$1.7M formula rebates received
$4.5M nutrition, breastfeeding services & admin


FEBRUARY 2022 Please direct all questions to NWA at 202.232.5492 visit nwica.org
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.

36% of infants born in Virginia participate in WIC

47% of eligible individuals in Virginia participate in WIC

141,741 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN VIRGINIA?

Pregnant women 12,173
Breastfeeding women 8,228
Postpartum women 12,714
Infants 36,386
Children 72,240

Fast Fact: Virginia WIC is in the process of launching VAWIC2GO, a WIC Shopping App for participants.

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.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $20.1M in additional benefits to 90,513 participants.

CHILDCHOOD OBESITY IN WIC IN VIRGINIA
The obesity rate among WIC toddlers in Virginia decreased by 6 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 16%

MORTALITY AND BIRTH OUTCOMES IN VIRGINIA
Maternal mortality per 100,000 births, 2013-2017 29.5
Infant mortality per 1,000 live births, 2019 5.8
Preterm birth rate, 2019 10%

WHO PARTICIPATES IN WIC IN VIRGINIA?

VIRGINIA

WIC PARTICIPANT CHARACTERISTICS

$14,014 average family income
71% received Medicaid
$30.77 average monthly food cost in FY 2020
$42.1M to spend at food retailers
$32.0M formula rebates received
$30.8M nutrition, breastfeeding services & admin

Fast Fact: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $20.1M in additional benefits to 90,513 participants.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $20.1M in additional benefits to 90,513 participants.

How WIC Supported the Virginia Economy in FY 2020

$42.1M to spend at food retailers
$32.0M formula rebates received
$30.8M 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.

**WHO PARTICIPATES IN WIC IN WASHINGTON?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>16,875</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>12,804</td>
</tr>
<tr>
<td>Postpartum</td>
<td>6,049</td>
</tr>
<tr>
<td>Infants</td>
<td>35,153</td>
</tr>
<tr>
<td>Children</td>
<td>91,066</td>
</tr>
</tbody>
</table>

**Fast Fact:** Washington WIC is partnering with community leaders to identify barriers to using WIC for Black birthing families, in an effort to reduce disparities in birth outcomes for Black families in the state.

**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.

**Benefit Bump:** Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $21.0M in additional benefits to 95,102 participants.

**CHILDHOOD OBESITY IN WIC IN WASHINGTON**

The obesity rate among WIC toddlers in Washington decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

**MORTALITY AND BIRTH OUTCOMES IN WASHINGTON**

- Maternal mortality per 100,000 births, 2013-2017: 19.7
- Infant mortality per 1,000 live births, 2019: 4.3
- Preterm birth rate, 2019: 8%

**WASHINGTON WIC PARTICIPANT CHARACTERISTICS**

- **Average family income:** $25,163
- **Received Medicaid:** 84%
- **Average monthly food cost in FY 2020:** $30.87

**HOW WIC SUPPORTED THE WASHINGTON ECONOMY IN FY 2020**

- **$45.7M** to spend at food retailers
- **$29.1M** formula rebates received
- **$45.6M** nutrition, breastfeeding services & admin


**FEBRUARY 2022**

Please direct all questions to NWA at 202.232.5492
visit nwica.org
HOW WIC HELPS
WICHITA, CADDO, AND DELAWARE TRIBES

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>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>

WHO PARTICIPATES IN WIC IN WCD?

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

BREASTFEEDING IN WIC
WCD WIC breastfeeding initiation rates increased by 33 percentage points between 2000 and 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</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.

Fast Fact: WCD consist of three tribes, Wichita Tribe, Caddo Tribe and Delaware Nation, all located in western Oklahoma.

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $690,562 in additional benefits to 3,159 participants.

WCD WIC PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average family income</td>
<td>$20,788</td>
</tr>
<tr>
<td>Medicaid received</td>
<td>80%</td>
</tr>
<tr>
<td>Average monthly food cost in FY 2020</td>
<td>$24.52</td>
</tr>
</tbody>
</table>

HOW WIC SUPPORTED THE WCD ECONOMY IN FY 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula rebates received</td>
<td>$1.2M</td>
</tr>
<tr>
<td>To spend at food retailers</td>
<td>$1.1M</td>
</tr>
<tr>
<td>Nutrition, breastfeeding services &amp; admin</td>
<td>$2.3M</td>
</tr>
</tbody>
</table>

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.

57% of infants born in West Virginia participate in WIC

54% of eligible individuals in West Virginia participate in WIC

WHO PARTICIPATES IN WIC IN WEST VIRGINIA?

<table>
<thead>
<tr>
<th>Category</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>3,721</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>1,744</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>4,081</td>
</tr>
<tr>
<td>Infants</td>
<td>10,481</td>
</tr>
<tr>
<td>Children</td>
<td>19,900</td>
</tr>
</tbody>
</table>

39,927 WIC PARTICIPANTS

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.

Fast Fact: West Virginia had a 7% increase in WIC participation among children during the first year of the COVID-19 pandemic.

CHILDHOOD OBESITY IN WIC IN WEST VIRGINIA
The obesity rate among WIC toddlers in West Virginia increased by 2 percentage points between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018 17%

MORTALITY AND BIRTH OUTCOMES IN WEST VIRGINIA
Maternal mortality per 100,000 births, 2013-2017 17.2
Infant mortality per 1,000 live births, 2019 6.1
Preterm birth rate, 2019 13%

WEST VIRGINIA WIC PARTICIPANT CHARACTERISTICS

- $9,820 average family income
- 90% received Medicaid
- $36.35 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE WEST VIRGINIA ECONOMY IN FY 2020

- $14.8M to spend at food retailers
- $11.0M formula rebates received
- $13.3M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

126
HOW WIC HELPS THE WINNEBAGO 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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

212 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN WINNEBAGO?

<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>

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $15,720 in additional benefits to 70 participants.

Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

WINNEBAGO WIC PARTICIPANT CHARACTERISTICS

- $8,765 average family income
- 21% received Medicaid
- $69.71 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE WINNEBAGO ECONOMY IN FY 2020

- $100,934 to spend at food retailers
- $202,962 for nutrition, breastfeeding services & admin

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.

37% of infants born in Wisconsin participate in WIC

57% of eligible individuals in Wisconsin participate in WIC

101,966 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN WISCONSIN?
- Pregnant women: 7,811
- Breastfeeding women: 5,573
- Postpartum women: 8,400
- Infants: 23,824
- Children: 56,358

Fast Fact: There was over a 30% increase in the amount of FMNP dollars spent in Wisconsin in 2021, and over a 200% increase in CVB dollars spent through the expansions.

BREASTFEEDING IN WIC
Wisconsin WIC breastfeeding initiation rates increased by 5 percentage points between 2010 and 2018.

2018: 73%
2010: 68%

Among WIC infants who initiated breastfeeding in Wisconsin in 2018, 18 percent continued breastfeeding at 6 months.

Benefit Bump: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $14.3M in additional benefits to 65,434 participants.

CHILDHOOD OBESITY IN WIC IN WISCONSIN
The obesity rate among WIC toddlers in Wisconsin decreased by <1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 14%

MORTALITY AND BIRTH OUTCOMES IN WISCONSIN
- Maternal mortality per 100,000 births, 2013-2017: 19.9
- Infant mortality per 1,000 live births, 2019: 5.9
- Preterm birth rate, 2019: 10%

WISCONSIN WIC PARTICIPANT CHARACTERISTICS
- $20,046 average family income
- 45% received Medicaid
- $34.69 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE WISCONSIN ECONOMY IN FY 2020
- $36.3M to spend at food retailers
- $21.5M formula rebates received
- $23.4M nutrition, breastfeeding services & admin


FEBRUARY 2022
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.

33% of infants born in Wyoming participate in WIC

9,690 WIC PARTICIPANTS

Who participates in WIC in Wyoming?

- Pregnant women: 788
- Breastfeeding women: 782
- Postpartum women: 697
- Infants: 2,190
- Children: 5,233

Fast Fact: Wyoming WIC now has a Facebook Breastfeeding Support Group. Wyoming also created and went live with a Wyoming WIC Instagram account.

BREASTFEEDING IN WIC

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

- 2018: 82%
- 2010: 76%

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

Benefit Bump: Congress enhanced WIC’s fruit and vegetable benefit to align with scientific recommendations. From April 2021 to March 2022, this provided an estimated $1.2M in additional benefits to 5,359 participants.

CHILDHOOD OBESITY IN WIC IN WYOMING

The obesity rate among WIC toddlers in Wyoming decreased by 1 percentage point between 2010 and 2018.

Childhood obesity rate, WIC toddlers, 2018: 11%

MORTALITY AND BIRTH OUTCOMES IN WYOMING

- Maternal mortality per 100,000 births, 2013-2017: 34.8
- Infant mortality per 1,000 live births, 2019: 7.2
- Preterm birth rate, 2019: 10%

WYOMING WIC PARTICIPANT CHARACTERISTICS

- Average family income: $22,451
- Medicaid: 51%
- Average monthly food cost: $28.23

HOW WIC SUPPORTED THE WYOMING ECONOMY IN FY 2020

- $2.4M to spend at food retailers
- $1.9M formula rebates received
- $3.9M nutrition, breastfeeding services & admin


FEBRUARY 2022

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

National WIC Association
HOW WIC HELPS ZUNI PUEBLO

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.

49% of infants born in the United States participate in WIC

57% of eligible individuals in the United States participate in WIC

655 WIC PARTICIPANTS

Pregnant women 42
Breastfeeding women 65
Postpartum women 19
Infants 107
Children 422

WHO PARTICIPATES IN WIC IN ZUNI?

BREASTFEEDING IN WIC
Zuni WIC breastfeeding initiation rates increased by 21 percentage points between 1998 and 2018.

2018 93%
1998 72%

Among WIC infants who initiated breastfeeding in Zuni in 2018, 49 percent continued breastfeeding at 6 months.

ITQ Fast Fact: WIC serves nearly 700,000 American Indian participants, including through 33 Indian Tribal Organizations.

ZUNI WIC PARTICIPANT CHARACTERISTICS

$14,519 average family income
81% received Medicaid

$45.45 average monthly food cost in FY 2020

HOW WIC SUPPORTED THE ZUNI ECONOMY IN FY 2020

$294,402 to spend at food retailers
$22,355 formula rebates received
$515,720 nutrition, breastfeeding services & admin


310 Brumberg, supra n.298.

311 Id. 321

312 Id. 322


315 Id.

316 Id.

317 Id.


320 Id.

321 Id.


323 USDA Task Force Report, supra n.279, at 4.

324 Id. at 4-5.

325 Id. at 10.


327 Id.

328 Id. at 5.

329 Id. at 11-11.


331 Id.

332 Id. at 4-5.

333 Id. at 10.


335 Id.

336 Id.

337 Id.

338 Id.

339 Id.

340 Id.

341 Id.


344 Id.

345 Id.

346 Id.

347 Id.

348 Id.

349 Id.

350 Id.

351 Id.

352 Id.

353 Id.

354 Id.

355 Id.

356 Id.

357 Id.

358 Id.

359 Id.

360 Id.

361 Id.

362 Id.

363 Id.

364 Id.

365 Id.

366 Id.

367 Id.

368 Id.

369 Id.

370 Id.

371 Id.

372 Id.

373 Id.

374 Id.

375 Id.

376 Id.

377 Id.

378 Id.

379 Id.

380 Id.

381 Id.

382 Id.

383 Id.

384 Id.

385 Id.

386 Id.

387 Id.

388 Id.

389 Id.

390 Id.

391 Id.

392 Id.

393 Id.

394 Id.

395 Id.

396 Id.

397 Id.

398 Id.

399 Id.

400 Id.

401 Id.

402 Id.

403 Id.

404 Id.

405 Id.

406 Id.

407 Id.

408 Id.

409 Id.

410 Id.

411 Id.

412 Id.

413 Id.

414 Id.

415 Id.

416 Id.

417 Id.

418 Id.

419 Id.

420 Id.

421 Id.

422 Id.

423 Id.

424 Id.

425 Id.

426 Id.

427 Id.

428 Id.

429 Id.

430 Id.

431 Id.

432 Id.

433 Id.

434 Id.

435 Id.

436 Id.

437 Id.

438 Id.

439 Id.

440 Id.

441 Id.

442 Id.

443 Id.

444 Id.

445 Id.

446 Id.

447 Id.

448 Id.

449 Id.

450 Id.

451 Id.

452 Id.

453 Id.

454 Id.

455 Id.

456 Id.

457 Id.

458 Id.

459 Id.

460 Id.

461 Id.

462 Id.

463 Id.

464 Id.

465 Id.

466 Id.

467 Id.

468 Id.

469 Id.

470 Id.

471 Id.

472 Id.

473 Id.

474 Id.

475 Id.

476 Id.

477 Id.

478 Id.

479 Id.

480 Id.

481 Id.

482 Id.

483 Id.

484 Id.

485 Id.

486 Id.

487 Id.

488 Id.

489 Id.

490 Id.

491 Id.

492 Id.

493 Id.

494 Id.

495 Id.

496 Id.

497 Id.

498 Id.

499 Id.

500 Id.

501 Id.

502 Id.
388  Seltenrich N (2020) PFAS in Food Packaging: A Hot, Greasy
