



THE STATE OF WIC

INVESTING IN THE NEXT GENERATION



National WIC Association

FEBRUARY 2022

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.

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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.

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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.

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PREFACE: A MESSAGE FROM THE NATIONAL WIC ASSOCIATION

FEBRUARY 10, 2022

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



INTRODUCTION: THE STATE OF WIC

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.



FAST FACTS

83%

STRONG MAJORITY
OF LIKELY VOTERS
SUPPORT WIC¹

\$2.48

EVERY DOLLAR SPENT
ON WIC MORE THAN
DOUBLES ITS RETURN
ON INVESTMENT²

76%

MORE THAN THREE-
QUARTERS OF LIKELY
VOTERS SUPPORT
INCREASING VALUE OF
WIC BENEFIT³

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).⁴ WIC is a lifeline for new parents, serving approximately 43 percent of all infants born in the United States.⁵ 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.⁶ While WIC is a breastfeeding promotion program, three

food packages provide infant formula for partially breastfed and fully formula-fed infants.⁷ WIC benefits can, with few exceptions, be redeemed at retail grocery stores by an electronic benefit transfer (EBT), or e-WIC, card.⁸ At an overall value of only \$36 per month,⁹ the WIC food benefit constitutes less than 9 percent of an average grocery budget.¹⁰

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.¹¹ 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.¹² Under the American Rescue Plan Act passed in March 2021 and then



"THE HEALTHY FOODS PROVIDED BY WIC SUPPORT MY FAMILY IN BUILDING HEALTHY HABITS. MY GRANDKIDS ARE ALWAYS ITCHING FOR A FRUIT OR VEGETABLE TO SNACK ON – IT'S LED ME TO RETHINK MY OWN RELATIONSHIP WITH FOOD AND MAKE MORE NUTRITIOUS MEALS. WIC BENEFITS THE WHOLE FAMILY!"

KEMPERNIE
WIC GRANDMOTHER, MISSISSIPPI

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.¹³ 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.¹⁴

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.¹⁵ 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.¹⁶ These nutrition education options grew increasingly popular during COVID-19, with WIC providers reporting significantly higher attendance at virtual appointments.¹⁷ More than 80 percent of WIC participants expressed a preference for continued remote education after the pandemic.¹⁸

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.¹⁹

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 1992,²⁰ an extension of program eligibility for breastfeeding participants to one year postpartum in 2004,²¹ and critical investments to nationalize WIC's Breastfeeding Peer Counselor Program in 2010.²² These efforts resulted in a 30 percent increase in breastfeeding

initiation rates among WIC participants since 1998.²³ 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.²⁴

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.²⁵ WIC's anemia screenings are effective in tailoring nutrition interventions, with WIC infants now outpacing non-WIC infants in healthy iron intake.²⁶ 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.²⁷ Similar to immunizations, well-child visits, and other early preventive care, WIC's health screenings were not easily transferrable to remote service models.²⁸ Sixty percent of WIC participants surveyed during the COVID-19 pandemic noted the benefit of using measurements taken at a recent doctor's visit,²⁹ 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.³⁰ WIC participation is also associated with a higher likelihood of families showing

up at well-child visits,³¹ higher rates of childhood immunization than non-participating low-income children,³² and higher rates of accessing dental care.³³ WIC referrals and the rapport built between participants and WIC staff is increasingly important during the pandemic, with reported declines in routine childhood immunizations³⁴ and increased risk of family violence or child abuse during COVID-19.³⁵

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 delivery³⁶ and is demonstrated to reduce health disparities for infants of color.³⁷

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,³⁸ as well as maternal health risks such as cardiovascular disease and hypertension.³⁹ Increasing evidence points to WIC's role in reducing pregnancy-related health risks, like preeclampsia, that are associated with maternal mortality.⁴⁰ WIC drives successful pregnancy outcomes by enhancing micronutrient intake (e.g., providing folate to reduce risk of neural tube defects⁴¹) and mitigating the effects of chronic diet-related conditions like obesity and type-2 diabetes.⁴²

With approximately 40 percent of women in the United States between ages 20 and 39 affected by obesity,⁴³ WIC's efforts to enhance access to nutritious foods and nutrition education play an important role in improving maternal nutrition.⁴⁴ 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 Act⁴⁵ 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.⁴⁶

One out of every ten infants in the United States is delivered preterm, with more than 8 percent of all infants facing low birthweight.⁴⁷ Both preterm and low birthweight infants are at increased risk of emergent health complications, infant mortality, and long-term health conditions.⁴⁸ WIC participation is demonstrated to reduce preterm birth,⁴⁹ increase the likelihood of healthy birthweights,⁵⁰ and reduce racial and ethnic disparities in extended infant hospitalizations and stays in the neonatal intensive care unit (NICU).⁵¹

Adverse pregnancy and birth outcomes are highly correlated with entrenched, and growing, racial and ethnic disparities – particularly for Black and Indigenous mothers and children.⁵² 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.⁵³

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 percent⁵⁴ and more than doubled the rate of WIC mothers who are sustaining breastfeeding at twelve months.⁵⁵ 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,⁵⁶ including stress about breast milk supply and difficulty latching.⁵⁷ 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.⁵⁸

In 2018, only 71.8 percent of WIC-enrolled infants were ever breastfed,⁵⁹ compared to 83.9 percent of all infants in the United States.⁶⁰ 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 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.⁸⁶

HEALTHCARE COST SAVINGS

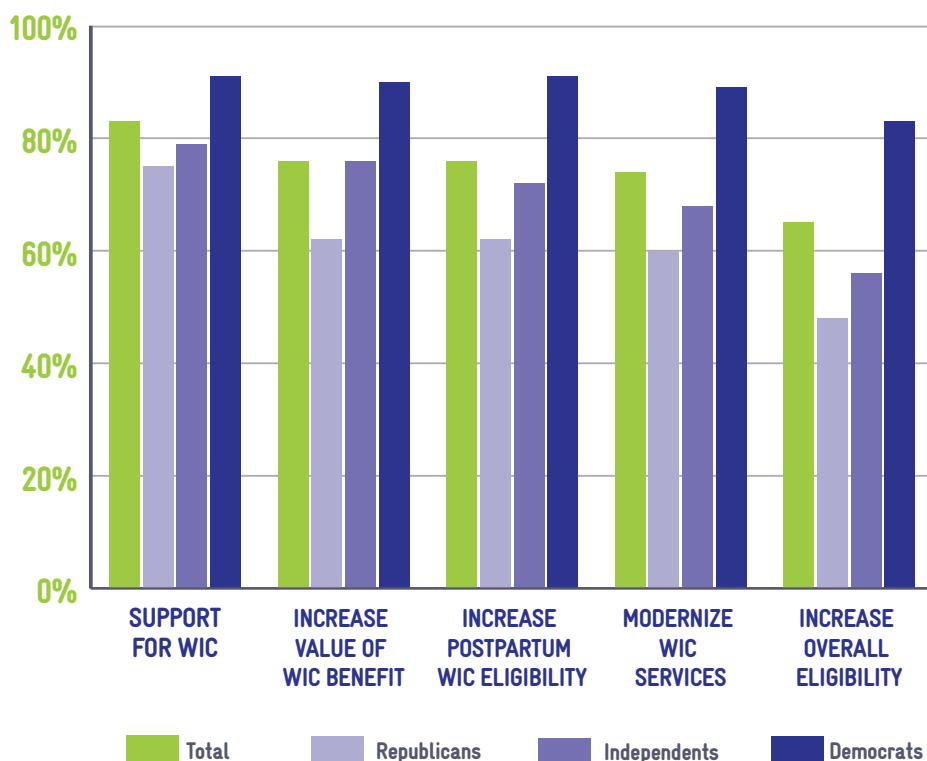
WIC's targeted nutrition support is an effective intervention that returns immediate healthcare cost savings and sets the trajectory for a healthier next generation. For every federal dollar invested, prenatal WIC participation alone returns about \$2.48 in medical, education, and productivity costs.⁸⁷ 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,

BIPARTISAN SUPPORT FOR INCREASED WIC INVESTMENTS⁸⁵





"WIC IS AN IMPORTANT PART IN CLOSING RACIAL DISPARITIES IN MATERNAL HEALTH. AS A MOTHER, WIC'S HEALTHY FOODS AND SUPPORT WERE CRITICAL TO SUPPORTING HEALTHY OUTCOMES FOR MY THREE CHILDREN AND ENHANCING MY MILK QUALITY, ENSURING I COULD SUSTAIN BREASTFEEDING. NOW, AS A CLINICIAN, I URGE EVERY EXPECTANT MOTHER TO ACCESS WIC TO STRENGTHEN HER AND HER CHILDREN'S DIETS. IT'S TIME TO BRING WIC INTO THE FUTURE AND WORK MORE CLOSELY WITH HEALTHCARE TO IMPROVE MATERNAL, INFANT, AND CHILD HEALTH OUTCOMES."

VENAY UECKE, RN, MSN, CNM
WIC MOM, NAVAJO NATION

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



FAST FACTS

4.7 MILLION

ALL PARTICIPATING
CHILDREN AND WOMEN
ARE ELIGIBLE FOR WIC
BENEFIT BUMP¹¹³



WIC BENEFIT BUMP
RESULTS IN INCREASED
VARIETY OF WIC
PURCHASES¹¹⁴

\$1.1 BILLION

MORE THAN \$1 BILLION
IN ADDITIONAL FRUIT
AND VEGETABLE
BENEFITS ISSUED SINCE
APRIL 2021¹¹⁵

SPOTLIGHT THE WIC BENEFIT BUMP: ENHANCED ACCESS TO FRUITS AND VEGETABLES

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.¹¹⁶

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 2020.¹¹⁷

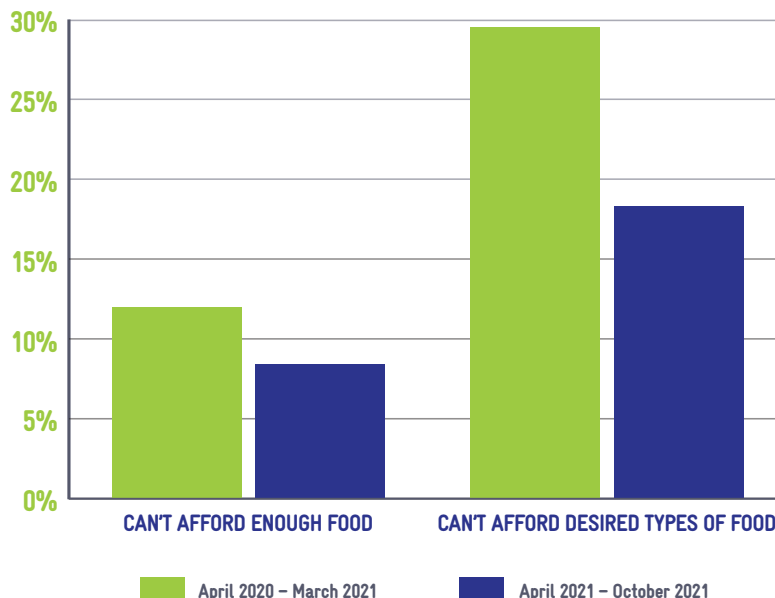
Food insufficiency was disproportionately higher in households with children, which reported a 17 percent increase in food insecurity between 2019 and

2020.¹¹⁸ The average grocery budget in the United States increased more than 6 percent in 2020,¹¹⁹ 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.¹²⁰ 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.¹²¹ Fresh fruits and vegetables are especially susceptible to disruptions in distribution channels, including trucking,¹²² and are expected to continue to cost more in the months ahead.¹²³

Insufficient household resources to purchase nutritious foods makes it even more difficult for parents to nurture healthy behaviors in their young

FOOD INSUFFICIENCY IN HOUSEHOLDS WITH CHILDREN DURING COVID-19¹²⁴



children,¹²⁵ with 61 percent of SNAP households recently reiterating that affordability is the most significant barrier to adopting a healthy diet.¹²⁶ 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.¹²⁷ Increases in childhood obesity affect all age groups,

reversing the progress in recent years that had decreased obesity rates for children age 2-5.¹²⁸

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.¹²⁹ If the bill had been passed upon introduction, it would have injected \$484 million in additional benefits into the economy¹³⁰ 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.¹³¹

The bipartisan Schrier-Wright proposal was passed as part of the American Rescue Plan Act in March 2021.¹³² 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.¹³³ Successful implementation of the WIC benefit bump over summer 2021 encouraged Congress to extend the benefit increase in the continuing resolution passed on September 30.¹³⁴ In that legislation,



"THIS YEAR WAS A CRISIS. BUT EVEN IN GOOD TIMES, KIDS BENEFIT SO MUCH FROM WHOLE, FRESH FOODS. HAVING THE INCREASE IN WIC FRUITS AND VEGETABLES HAS HELPED MAKE SURE OUR CHILDREN HAVE THE OPPORTUNITY TO SAMPLE AND DEVELOP PREFERENCE FOR A VARIETY OF HEALTHY FOODS."

CASHAWNA
WIC MOM, RHODE ISLAND

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.¹³⁵ 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.¹³⁶

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.¹³⁷ Redemption rates are steady and even increasing as participants become more familiar with the added benefit.¹³⁸ 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 2021.¹³⁹

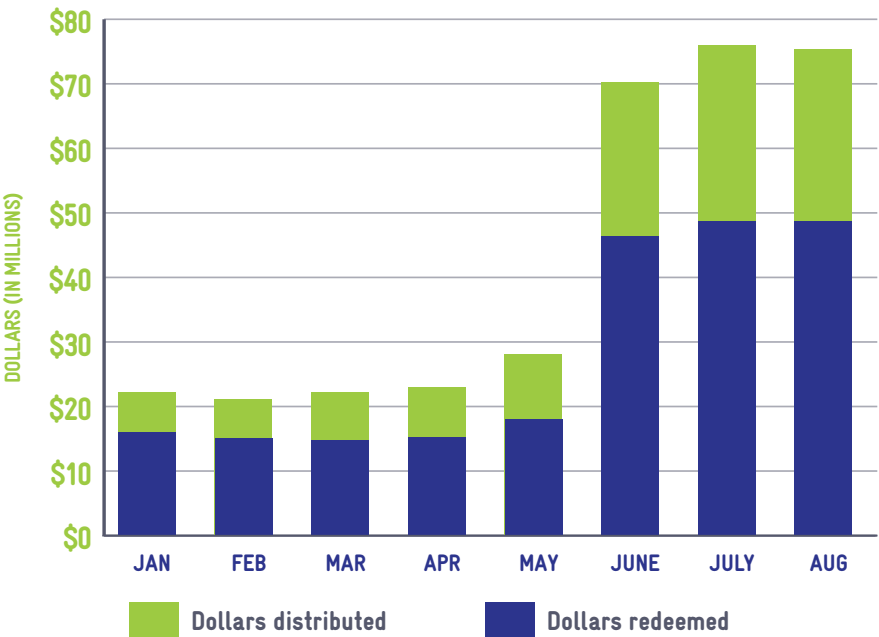
Enhanced fruit and vegetable benefits for WIC families are a game changer in national efforts to improve child nutrition. In a survey of 10,000 WIC participants in five State WIC Agencies, 83 percent identified that the initial benefit levels were not enough, but only 26 percent echoed that sentiment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

the WIC benefit bump was in place.¹⁴¹ 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.¹⁴² 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.¹⁴³

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.¹⁴⁴ 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 2022.¹⁴⁵

With the introduction of the WIC benefit bump, households with children reported the best rates during the

TOTAL DOLLARS DISTRIBUTED AND REDEEMED FOR CASH VALUE BENEFIT ACROSS 29 STATE WIC AGENCIES IN 2021¹⁴⁰





"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."

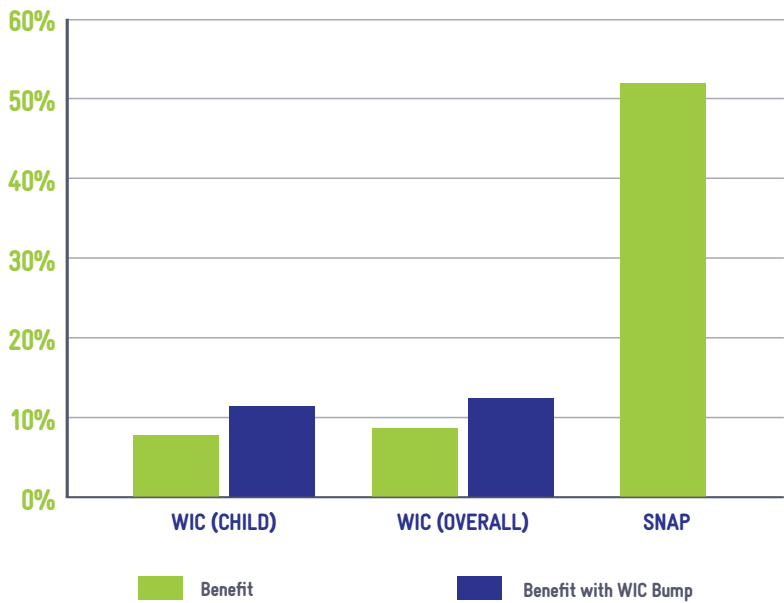
LORI TAYLOR
 FOUNDER AND CEO, THE PRODUCE MOMS
 INDIANAPOLIS, INDIANA

entire pandemic of being able to afford the types of foods they wanted.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.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.¹⁴⁸ Retail grocers can modify business practices and offer in-store promotions to account for available stock and attract WIC shoppers.¹⁴⁹ 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.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.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)¹⁵² and less than 9 percent of a family's monthly grocery budget.¹⁵³ WIC's child food benefit is also considerably smaller than the infant food packages,¹⁵⁴ reflecting an imbalance that may contribute to a 30 percent drop-off in WIC participation by the child's first birthday.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.¹⁵⁶

FEDERAL BENEFITS AS PERCENTAGE OF AVERAGE MONTHLY GROCERY BUDGETS¹⁵⁷





FAST FACTS

8.7%

WIC BENEFIT IS ONLY
FRACTION OF FAMILY'S
GROCERY BUDGET¹⁵⁸



NEW FRUIT AND VEGETABLE
LEVELS PROVIDE AN
AVERAGE INCREASE OF
\$20 PER MONTH¹⁵⁹



DGAS RECOMMEND
EXPANDING SEAFOOD
OPTIONS TO ALL CHILD AND
ADULT FOOD PACKAGES¹⁶⁰

CHAPTER TWO: NEXT STEPS TO IMPROVE WIC'S NUTRITION OUTCOMES

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 2022,¹⁶¹ 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.

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.¹⁶² 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.¹⁶³ USDA sets regulatory parameters that govern the types, quantity, and nutritional content of foods that can be redeemed with WIC benefits.¹⁶⁴ 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.¹⁶⁵ 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,¹⁶⁶ WIC implemented revised food packages in 2009 for the first time in nearly three decades.¹⁶⁷ 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.¹⁶⁸ 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.¹⁶⁹



"WIC MUST UTILIZE EVIDENCE-BASED NUTRITION SCIENCE RECOMMENDATIONS INCLUDED IN THE 2017 NASEM REPORT TO ADVANCE NEW OPPORTUNITIES THAT STRENGTHEN THE WIC FOOD PACKAGES. THIS IS THE BEST STEP TO EMPOWER WIC STAFF IN THEIR DAILY EFFORTS TO PROMOTE AND EDUCATE ABOUT NOURISHING FOOD OPTIONS THAT SUPPORT OPTIMAL HEALTH FOR THE WIC-ELIGIBLE POPULATION. NOW IS THE TIME FOR USDA TO OPTIMIZE LONGSTANDING RECOMMENDATIONS THAT PROVIDE FLEXIBILITY AND DIVERSITY IN WIC'S OFFERINGS THAT ALIGN WITH WIC'S SOLID SCIENTIFIC FOUNDATION."

ARYN DEGRAVE
WIC NUTRITIONIST
MILWAUKEE, WISCONSIN

The 2009 food package changes were documented to improve nutrition outcomes, including higher dietary quality for children participating in WIC¹⁷⁰ and reductions in childhood obesity among WIC-enrolled toddlers.¹⁷¹ Changes in WIC benefit issuance were associated with increased consumption of fruits and vegetables,¹⁷² non-/low-fat dairy,¹⁷³ legumes, and whole grains,¹⁷⁴ lower consumption of whole milk¹⁷⁵ and sugar-sweetened beverages,¹⁷⁶ and increased breastfeeding initiation.¹⁷⁷ WIC participants reported reduced intake of sodium, saturated fat, and sugar,¹⁷⁸ resulting in higher scores on the Healthy Eating Index.¹⁷⁹

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.¹⁸⁰ 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,¹⁸¹ including in low-income neighborhoods.¹⁸² The 2009 changes brought about increased access to healthy options not just for WIC families, but for the entire shopping public.¹⁸³

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*.¹⁸⁴ 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).¹⁸⁵

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.¹⁸⁶ 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.¹⁸⁷ 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.¹⁸⁸

Notably, the 2017 NASEM Report was tasked with designing food packages that were "cost-neutral."¹⁸⁹ 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.¹⁹⁰ 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.¹⁹¹

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.¹⁹²

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.¹⁹³ 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.¹⁹⁴ 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.



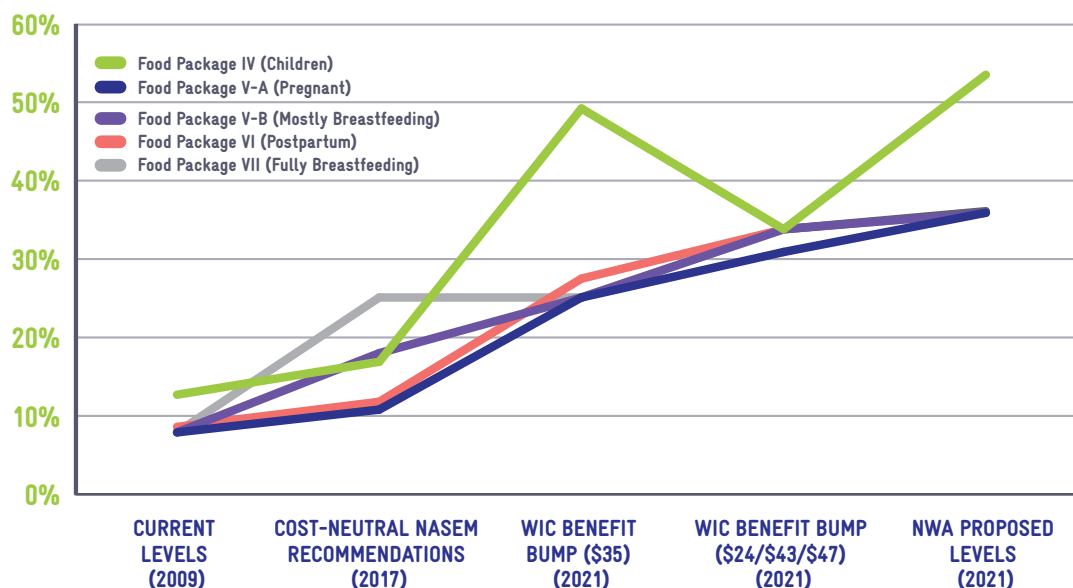
OVERALL VALUE

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.¹⁹⁵ 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,¹⁹⁶ resulting in real and perceived diminished value as participants are required to reapply at the one-year mark. Since 30 percent of

WIC CVB AS PERCENTAGE OF FRUIT/VEGETABLE RECOMMENDED INTAKE, AS REDEEMED¹⁹⁷



participating infants do not recertify for WIC services after their first birthday,¹⁹⁸ 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.¹⁹⁹

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.²⁰⁰ 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.

This historic investment in maternal and child nutrition has already enhanced access to nutritious foods for more than 4.7 million participants, but enshrining a higher issuance for children - similar to the \$35 value - in the long-term is



an essential step to guaranteeing that participating children will be able to obtain 50 percent of recommended intake. In a multistate survey of 10,000 WIC participants, 94 percent indicated a preference for a Cash Value Benefit that issued more than \$24/month.²⁰¹

PROTEIN FOODS

Higher value for 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.²⁰² Seafood is an important source of protein and other essential nutrients, including iron, choline, omega-3 fatty

acids, and vitamin D.²⁰³ 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.²⁰⁴ 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.²⁰⁵

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.²⁰⁶ The 2017 NASEM Report notes that these foods are not nutritionally interchangeable.²⁰⁷ Enhanced value of the overall WIC



"WE HAVE A WONDERFUL OPPORTUNITY TO SUPPORT ALL YOUNG FAMILIES WHO WANT MORE LOCALLY SOURCED AND NUTRIENT-DENSE WHOLE FOOD CHOICES FOR THEIR CHILDREN. BY INCREASING INVESTMENT IN THE WIC FOOD PACKAGE TO 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.



"OUR STORES SEE MANY WIC SHOPPERS. WIC'S TARGETED BENEFIT HELPS ENSURE CUSTOMERS CAN AFFORD NUTRITIOUS FOODS LIKE FRUITS AND VEGETABLES, WHICH OFTEN COST MORE THAN UNHEALTHIER OPTIONS. INCREASING THE WIC BENEFIT MAKES A HUGE DIFFERENCE IN HELPING FAMILIES MAKE HEALTHIER EATING DECISIONS AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITIES."

MIKE ROBERTS
HARPS FOOD STORES
SPRINGDALE, ARKANSAS

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



FAST FACTS

10%

CHILD PARTICIPATION
INCREASED DURING FIRST
YEAR OF PANDEMIC²¹⁷

\$390 MILLION

CONGRESS PROVIDED NEW
FUNDING TO STRENGTHEN
REMOTE SERVICES AND
SUPPORT WIC INNOVATION²¹⁸

55

STATE WIC AGENCIES
JOINED TOGETHER TO
FORM NWA'S NATIONAL
RECRUITMENT &
RETENTION CAMPAIGN²¹⁹

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.

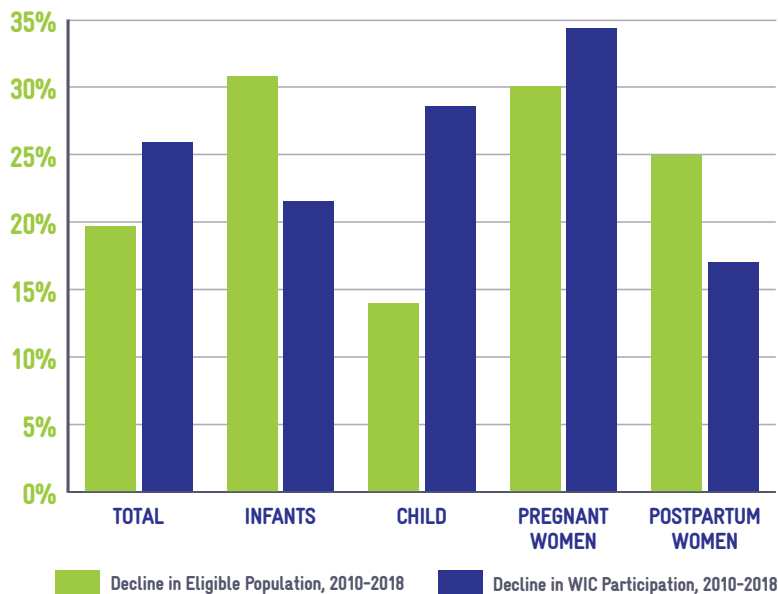
NEW TRENDS IN WIC PARTICIPATION

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.²²⁰ This significant departure from WIC's engrained service delivery model was well received by participants,²²¹ removed systemic barriers to continued participation,²²² and reversed ongoing participation decline fueled by diminished reach among eligible children.²²³

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 2020.²²⁴ 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.²²⁵ 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 2020.²²⁶ Due to fewer overall births in the United States, there were 30 percent fewer eligible infants in 2018 than 2010.²²⁷

SOCIETAL FACTORS IMPACT DECLINES IN WIC PARTICIPATION, 2010-2018²²⁸



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.²²⁹ Thirty percent of participating infants exit from WIC services by their first birthday as a result of these structural barriers.²³⁰ 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.²³¹

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,²³² 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.²³³ Although the Trump Administration ultimately saw the wisdom of explicitly excluding WIC from harmful changes to immigration policy,²³⁴ WIC providers continue to struggle to reassure immigrant

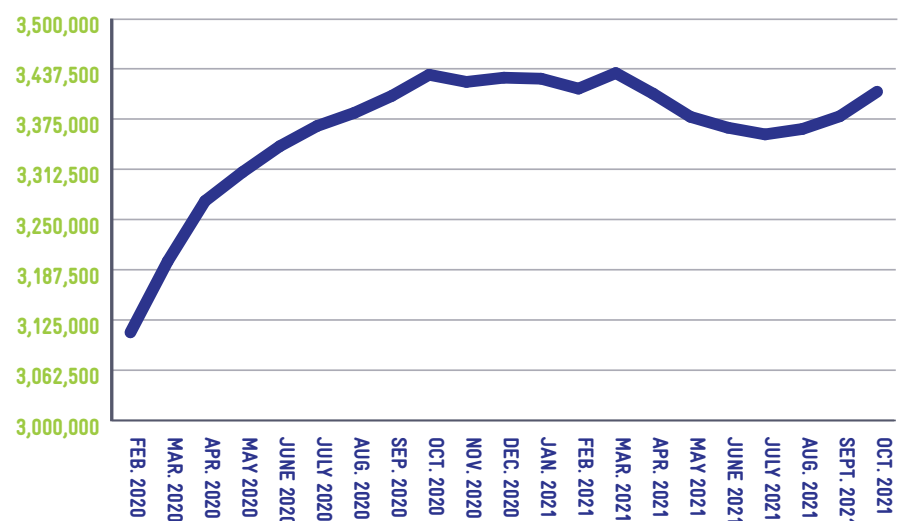
and mixed-status families of the safety of WIC participation.

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.²³⁵ 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.²³⁶ After years of declining caseload, WIC recorded a 10 percent increase in child participation during the first year of the pandemic.²³⁷

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.²³⁸ 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.²³⁹ These trends are consistent with sharp declines in the national fertility rate, with a 4 percent decrease in births recorded in calendar year 2020.²⁴⁰ Pregnant WIC participation reached a pandemic low in December 2020, exactly nine months after the onset of the pandemic.²⁴¹

TOTAL CHILD PARTICIPATION IN WIC DURING COVID-19²⁴²





"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

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.²⁴⁴

RESOLVING BARRIERS TO ACCESS

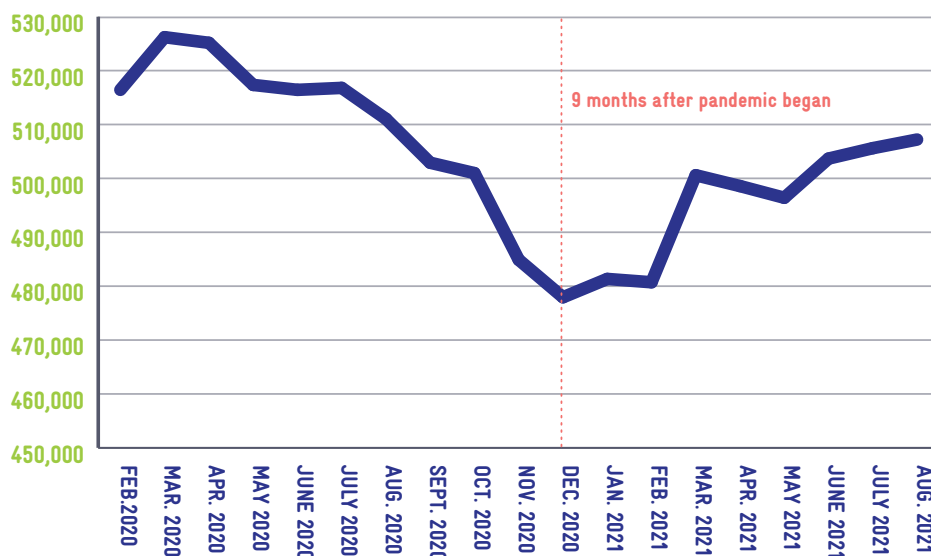
As WIC emerges from the COVID-19 pandemic, the program must incorporate lessons learned through modified services to sustain increased participation and enhance WIC's public health impact. Remote options available through COVID-related waivers enhanced flexibility within the program, enhanced participant 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,²⁴⁵ 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.

TOTAL PREGNANT PARTICIPATION IN WIC DURING COVID-19²⁴³



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 reapplication 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

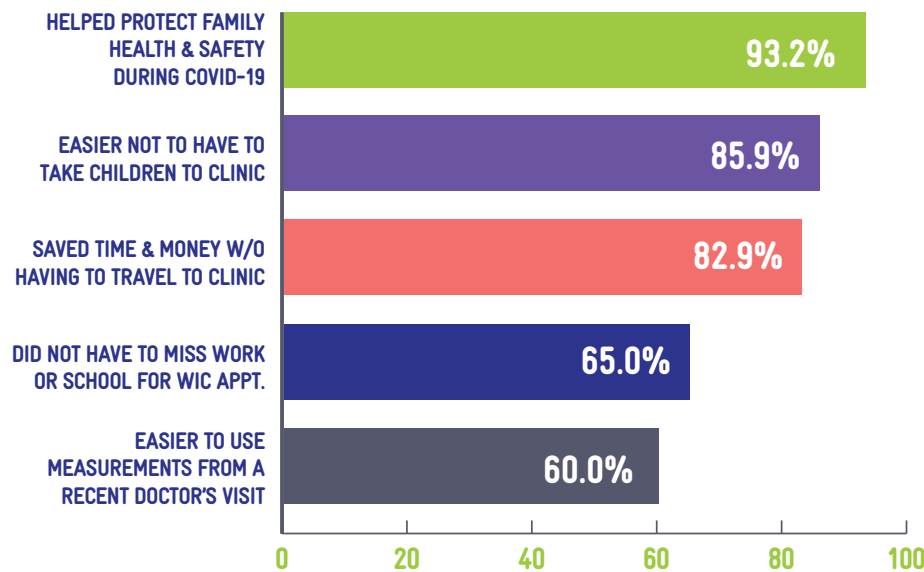
State WIC Agencies must also develop the infrastructure to sustain remote services and assure program integrity. Even before the pandemic, State WIC Agencies had piloted and established digital tools such as document uploaders, participant portals, online applications, and



"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, FASPEN, AGAF, FAAP
CHAIR, AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON NUTRITION
MEMPHIS, TENNESSEE**

PARTICIPANT PERCEPTIONS OF REMOTE WIC SERVICES



chatbots to simplify the certification process and reduce paperwork.²⁴⁸ 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.²⁴⁹ 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.²⁵⁰ 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.²⁵¹ 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





"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."

NANCY SCOTTO-ROSATO
STATE WIC DIRECTOR
NEW JERSEY WIC

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 health²⁵² and birth outcomes,²⁵³ breastfeeding rates,²⁵⁴ and access to healthy foods.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.

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.





FAST FACTS



65% OF WIC PARTICIPANTS WOULD PREFER ONLINE ORDERING OPTIONS²⁵⁶



82% OF WIC PARTICIPANTS ARE SATISFIED WITH MOBILE SHOPPING APPS²⁵⁷



1.2 MILLION WIC PARTICIPANTS ALSO RECEIVE FARMERS MARKET NUTRITION PROGRAM BENEFITS²⁵⁸

CHAPTER FOUR: UNLEASHING NEW TECHNOLOGIES FOR WIC SHOPPERS

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-STORE SUPPORTS 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.²⁵⁹ 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.²⁶⁰ EBT transactions also ensures greater program integrity and reduces burden on retailers by consolidating electronic data to simplify reimbursement requests.²⁶¹

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.²⁶²

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.²⁶³ Unsuccessful shopping trips can limit the effect of WIC participation, driving families to



"AS AN EMPLOYEE AT A LARGE GROCERY RETAILER AND A WIC PARTICIPANT MYSELF, I SEE FIRSTHAND HOW THE WIC SHOPPING EXPERIENCE CAN OFTEN BE CONFUSING AND COMPLICATED FOR BOTH THE SHOPPER AND THE CASHIER. WE NEED TO MAKE SURE THE WIC SHOPPING EXPERIENCE USES NEW TECHNOLOGY AND IS SHOPPER-FOCUSED."

ANTONIA
WIC MOM, SOUTH DAKOTA

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.²⁷¹ 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.²⁷² 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.

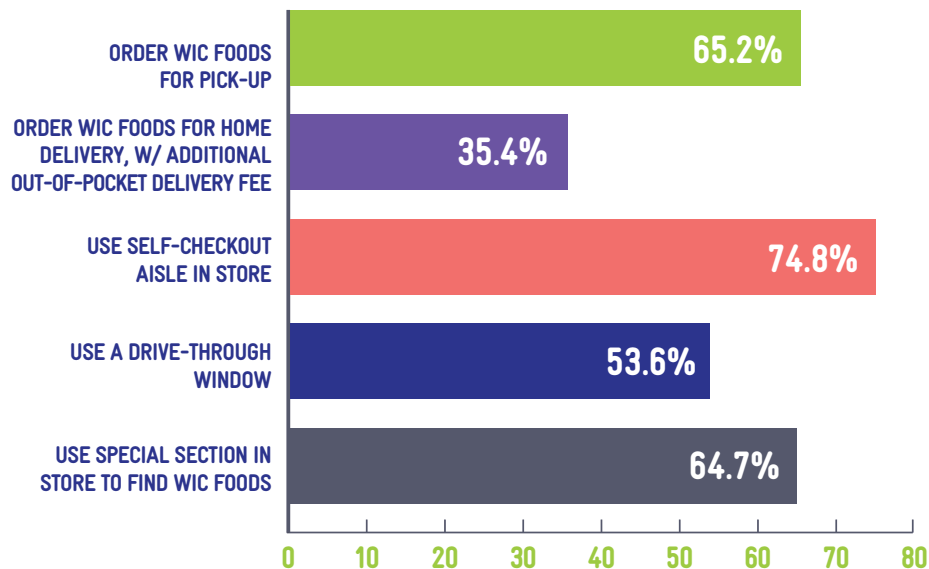
SNAP was well positioned to escalate the online purchasing pilot program, because Congress had authorized development of this technology in the 2014 farm bill.²⁷³ When the pandemic began, WIC did not have the benefit of years of industry consensus and systems development to roll out online platforms that could conduct

underutilize the benefit or even exit the program.²⁶⁴ 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.²⁶⁵ 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.²⁶⁶ 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.²⁶⁷

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.²⁶⁸ 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.²⁶⁹ Although WIC shopping apps can make the shopping experience easier and are associated with higher redemptions,²⁷⁰ 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.

MODERN SHOPPING OPTIONS POPULAR WITH WIC PARTICIPANTS



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.



"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

WIC transactions. NWA convened a stakeholder working group in April 2020 to map out necessary actions and build momentum for USDA action,²⁷⁴ as State WIC Agencies worked directly with retailers to develop a patchwork of mid-step solutions, such as online ordering with in-store pickup.²⁷⁵ 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 2020²⁷⁶ and establishing a Congressionally-required Task Force on Supplemental Foods Delivery in March 2021.²⁷⁷

In December 2021, the Gretchen Swanson Center for Nutrition announced three subgrant projects to implement online ordering models with retailers of varying sizes.²⁷⁸ Over 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.²⁷⁹ 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.²⁸⁰

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.²⁸¹ 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.²⁸² These facets of online shopping can remedy longstanding challenges in the in-person shopping experience.²⁸³

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.²⁸⁴ 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.²⁸⁵ 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.²⁸⁶

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.²⁸⁷ 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



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,²⁸⁸ 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.²⁸⁹ 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.²⁹⁰

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.²⁹¹ 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.²⁹²

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.²⁹³



FAST FACTS

SIX MILLION

CHILDREN DEVELOP
ASTHMA DUE TO AIR
POLLUTION IN THEIR
COMMUNITIES



INFRASTRUCTURE ACT
INVESTS \$55 BILLION IN
CLEAN WATER INITIATIVES



FDA LAUNCHED
NEW INITIATIVES TO
REGULATE HEAVY
METALS, AGRICULTURAL
WATER TO ASSURE
FOOD SAFETY

CHAPTER FIVE: ENVIRONMENTAL EQUITY FOR WIC FAMILIES

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.²⁹⁴ 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.

ENVIRONMENTAL CONCERNS FOR WIC FAMILIES

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.²⁹⁵ 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.²⁹⁶ Efforts to secure environmental justice must be cognizant of the particular impacts that intersect with maternal, infant, and child health.

AIR POLLUTION

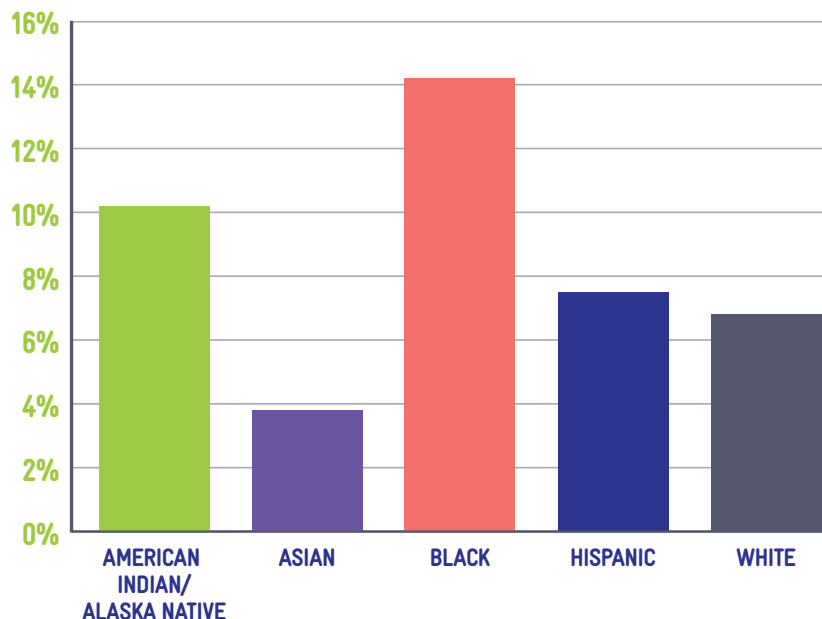
In 2020, approximately 97 million people lived in counties with air pollution levels that exceeded standards set by the U.S. Environmental Protection Agency (EPA).²⁹⁷ Contemporary activities – including everyday actions like heating a home or driving a car, industrial and agricultural practices, and natural disasters like

wildfires – contribute to ongoing ambient, or outdoor, air pollution.²⁹⁸ One of the most common ambient air pollutants is particulate matter – small, inhalable particles that can cause breathing problems as dust, smoke, or other toxins move into the lungs.²⁹⁹ Fine particulate matter, alone, is responsible for 63 percent of deaths from environmental causes and 3 percent of all deaths in the United States.³⁰⁰

Air pollution is not uniform across the country, with the National Academies of Sciences identifying significant racial disparities in exposure to particulate matter.³⁰¹ With traffic being one of the largest emitters of air pollutants in urban neighborhoods,³⁰² these inequities correspond with systemic discrimination in housing and transportation policy that has left communities of color vulnerable to exposure, illness, and negative health outcomes.³⁰³ The National Academies of Sciences were clear: the benefits of goods and services associated with particulate matter emissions disproportionately going toward white Americans at the expense of Black and Hispanic Americans.³⁰⁴ White Americans experience 17 percent less air pollution exposure than is caused by their consumption, whereas Black Americans experience 56 percent excess exposure and Hispanic Americans experience 63 percent excess exposure.³⁰⁵

Disproportionate exposure to environmental toxins contributes to stark racial disparities in maternal health, birth outcomes, and child development. Maternal exposure to particulate matter and other airborne pollutants, even if a relatively low exposure, is associated with adverse impacts on fetal development and birth outcomes.³⁰⁶ Maternal exposure can result in particulate matter and other pollutants being passed along to a fetus through the placenta.³⁰⁷ In 2020, a systematic review analyzed over 32 million birth records in the United States since 2007 and identified a significant association of exposure to air pollution with preterm birth, low birthweight, and stillbirth.³⁰⁸

RACIAL DISPARITIES IN CURRENT ASTHMA PREVALENCE AMONG CHILDREN IN 2018³²³



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.³⁰⁹ Children also breathe more air per pound of body weight than adults, indicating that they are more susceptible to higher intake of airborne pollutants.³¹⁰ 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.³¹¹ More than 23 million Americans – including six million children – are affected by asthma,³¹² 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.³¹³

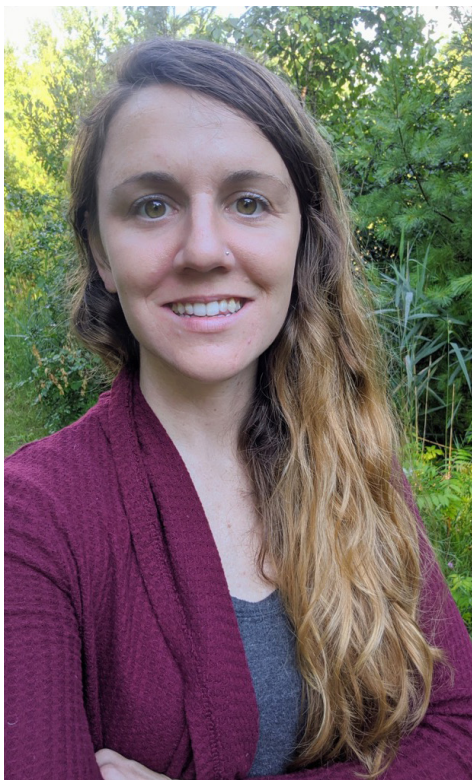
HEAT EXPOSURE AND EXTREME WEATHER

Global climate change is associated with temperature changes, changing weather patterns, and increased incidence of natural disasters, such as flooding and wildfires.³¹⁴ 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.³¹⁵ Both the American College of Obstetricians and Gynecologists (ACOG)³¹⁶ and the American Academy of Pediatrics (AAP)³¹⁷ recognize the impacts of climate change on overall health.

The United States currently records more than 600 deaths related to extreme heat each year,³¹⁸ a rate that is relatively close to the 754 identified maternal deaths in 2019.³¹⁹ 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.³²⁰ Heat-related stress can lead to decreased blood flow to the placenta, impacting fetal growth.³²¹ Elevated average temperatures throughout pregnancy are also associated with increased risk of preeclampsia, a leading cause of maternal mortality and morbidity.³²²

Studies indicate that pregnant women and newborns are susceptible to increased temperatures and heat waves because



"THE ENVIRONMENT, INCLUDING WHERE WE LIVE AND WHAT WE CONSUME, IMPACTS OUR HEALTH DAILY. EVERYONE, INCLUDING WIC FAMILIES, DESERVES ACCESS TO CLEAN WATER, FOOD, AND AIR TO GROW AND THRIVE. NWA CONVENED THE ENVIRONMENTAL QUALITY IN WIC TASK FORCE TO CHART THE NEXT STEPS FOR HOW WIC PROVIDERS CAN ADDRESS ENVIRONMENTAL INJUSTICES TO SHAPE A HEALTHIER AND MORE EQUITABLE FUTURE FOR THE NATION'S CHILDREN."

KARA LENNON
WIC DIRECTOR
CLINTON COUNTY WIC, NEW YORK

their ability to thermoregulate is compromised.³²⁴ 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 events³²⁵ and increased hospitalizations associated with heat waves or extreme heat.³²⁶

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.³²⁷ 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 wildfires³²⁸ and respiratory conditions stemming from indoor dampness and mold growth in flooded homes.³²⁹

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.³³⁰ 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.³³¹ 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.³³² 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.³³³ In 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) identified several food safety concerns impacting WIC-eligible foods.³³⁴ As WIC channeled approximately \$4.9 billion in healthy food benefits in 2021 to retail grocery stores,³³⁵ 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.³³⁶ 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.³³⁷ 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.³³⁸ Despite water's foundational importance to positive nutrition, more than two million Americans live without access to safe drinking water or sanitation.³³⁹

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.³⁴⁰ 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.³⁴¹ 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.³⁴²

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.³⁴³ 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.³⁴⁴ 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.³⁴⁵

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.³⁴⁶ 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.³⁴⁷ Exposure to certain heavy metals in drinking water can affect pregnancy outcomes³⁴⁸ and child development,³⁴⁹ increase the risk of preterm birth,³⁵⁰ and pass along to the infant through breastmilk.³⁵¹

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.³⁵² 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.

FOODBORNE PATHOGENS

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*.³⁵³ 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.³⁵⁴ 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.³⁵⁵

Access to clean agricultural water can be a critical determinant in reducing pathogens.³⁵⁶ 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.³⁵⁷ Changing temperatures and other trends associated with climate change are impacting the prevalence of pathogens and associated with increased risk of foodborne illness.³⁵⁸ In December 2021, the Food and Drug Administration (FDA) revived an effort to regulate agricultural water to increase monitoring of foodborne pathogens before harvest.³⁵⁹



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.³⁶⁰ 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.³⁶¹

HEAVY METALS

Metals are present throughout the environment and exist in air, water, soil, and food. Some metals, such



"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.³⁶² 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.³⁶³ 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.³⁶⁴ 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.³⁶⁵

In October 2021, FDA and EPA jointly issued revised guidance on safe seafood consumption, reflecting recommendations from the 2020-2025 DGAs.³⁶⁶ 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.³⁶⁷ 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.³⁶⁸

The 2017 NASEM Report likewise cautioned against the risk of arsenic, a known carcinogen, in rice.³⁶⁹ Inorganic arsenic, naturally occurring in the environment, is also associated with gastrointestinal, neurological, pulmonary, and immunological impairments.³⁷⁰ 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.³⁷¹ 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).³⁷² 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.³⁷³

In 2021, FDA launched the Closer to Zero Initiative to set action levels to reduce heavy metals in infant foods³⁷⁴ as a Congressional investigation identified high levels of heavy metals in leading commercial brands.³⁷⁵ FDA's multi-year effort will evaluate



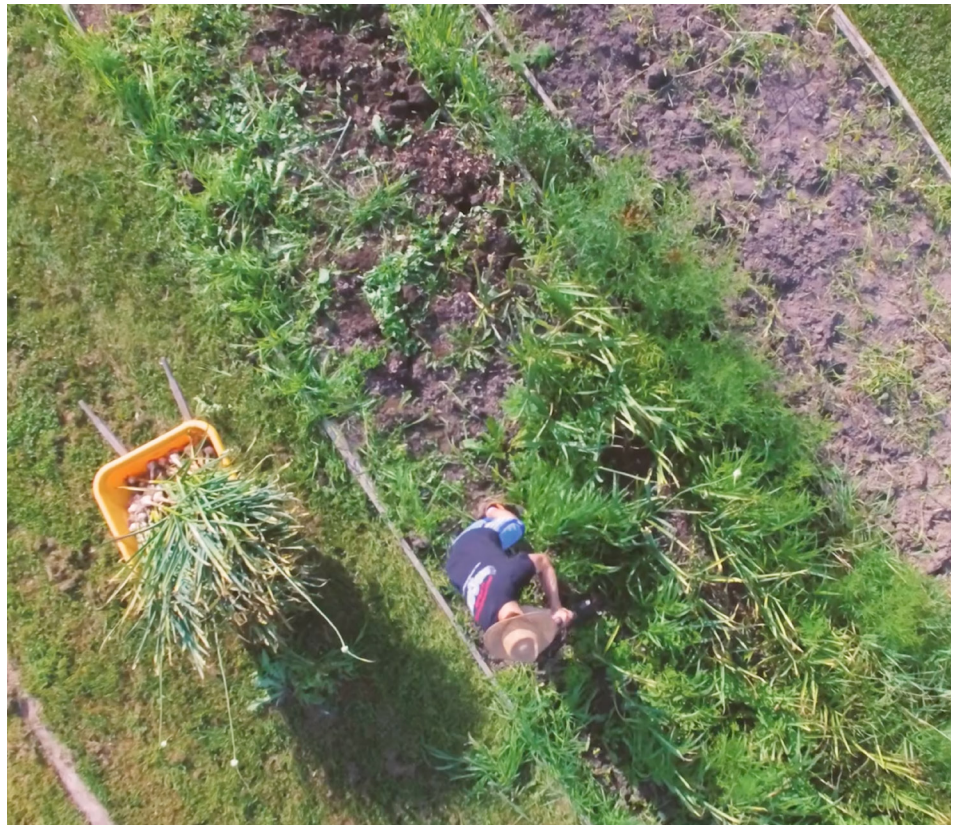
the presence of heavy metals like arsenic, cadmium, mercury, and lead in infant cereals, puréed fruits and vegetables, and infant formula. Even before the Closer to Zero Initiative was announced, the National WIC Association and the Academy of Nutrition and Dietetics jointly called on USDA to actively partner with FDA to strengthen regulations, oversight, and enforcement to assure safety of infant foods and consistent nutrition education messaging.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.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.³⁷⁸

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.



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.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.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.³⁸¹

The 2017 NASEM Report raises concern with a subset of POPs called dioxins that enter the food supply through contaminated animal feed.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).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.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,³⁸⁵ a finding that is only echoed by stricter limitations on Calories for Other Uses (COUs) in the 2020-2025 Dietary Guidelines for Americans.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.³⁸⁷ PFAS is commonly utilized in food packaging.³⁸⁸ As the EPA engages in a series of activities to monitor and contain POP exposure,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.



APPENDIX: STATE PROFILES OF WIC SERVICES

STATE-BY-STATE IMPACTS OF THE WIC BENEFIT BUMP: APRIL 1, 2021 - MARCH 31, 2022

STATE	CHILDREN	ADULTS	TOTAL ADDITIONAL BENEFITS	STATE	CHILDREN	ADULTS	TOTAL ADDITIONAL BENEFITS
Alabama	56,046	24,032	\$17,868,780	Montana	7,824	2,786	\$2,346,144
Alaska	8,335	3,018	\$2,518,478	Nebraska	19,213	6,607	\$5,683,490
American Samoa	2,785	730	\$759,842	Nevada	31,673	11,692	\$9,604,330
Arizona	80,412	28,003	\$23,896,248	New Hampshire	8,812	2,650	\$2,495,168
Arkansas	22,529	13,493	\$8,307,778	New Jersey	82,035	30,441	\$25,008,990
California	580,821	189,194	\$168,812,994	New Mexico	17,767	7,993	\$5,825,174
Colorado	43,230	17,615	\$13,612,308	New York	207,000	78,018	\$63,484,272
Connecticut	24,324	9,387	\$7,492,656	North Carolina	143,886	54,288	\$43,999,212
Delaware	9,483	3,532	\$2,883,894	North Dakota	5,944	2,065	\$1,763,360
District of Columbia	6,806	2,453	\$2,052,844	Northern Marianas	1,952	549	\$542,848
Florida	209,638	88,398	\$66,911,396	Ohio	67,967	36,778	\$24,071,686
Georgia	92,248	41,538	\$30,139,472	Oklahoma	46,995	21,145	\$15,339,438
Guam	2,911	1,049	\$876,686	Oregon	44,453	14,945	\$13,070,266
Hawaii	14,847	5,229	\$4,445,022	Pennsylvania	83,926	36,463	\$27,019,604
Idaho	16,341	6,235	\$5,028,906	Puerto Rico	60,305	20,882	\$17,877,658
Illinois	73,496	34,365	\$24,415,216	Rhode Island	8,929	3,500	\$2,766,218
Indiana	87,109	31,854	\$26,308,970	South Carolina	44,399	19,457	\$14,334,214
Iowa	31,525	12,211	\$9,726,146	South Dakota	8,770	2,951	\$2,575,772
Kansas	23,853	9,499	\$7,430,970	Tennessee	52,170	27,761	\$18,300,012
Kentucky	59,526	21,538	\$17,871,180	Texas	321,154	186,136	\$118,175,156
Louisiana	34,767	23,259	\$13,553,550	Utah	19,533	8,448	\$6,304,890
Maine	24,383	9,401	\$7,508,230	Vermont	7,112	2,079	\$2,001,280
Maryland	63,754	26,654	\$20,300,708	Virgin Islands	1,455	725	\$501,630
Massachusetts	67,083	21,745	\$19,469,910	Virginia	66,083	24,988	\$20,162,830
Michigan	115,557	39,058	\$33,890,466	Washington	70,841	24,858	\$21,075,874
Minnesota	56,596	19,570	\$16,796,048	West Virginia	17,565	6,553	\$5,325,138
Mississippi	33,475	14,637	\$10,776,758	Wisconsin	48,959	16,267	\$14,287,582
Missouri	38,201	20,781	\$13,530,130	Wyoming	3,764	1,568	\$1,194,808
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



57%

of eligible individuals in the United States participate in WIC

7,837,672 WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN THE UNITED STATES?

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

BREASTFEEDING IN WIC

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



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



Fast Fact: Child participation in WIC increased 10% during the first year 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 **\$1.1B** in additional benefits to **4.8M** participants.

CHILDHOOD OBESITY IN WIC IN THE UNITED STATES

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

Childhood obesity rate, WIC toddlers, 2018 **14%**

MORTALITY AND BIRTH OUTCOMES IN THE UNITED STATES

Maternal mortality per 100,000 births, 2013-2017 **29.6**

Infant mortality per 1,000 live births, 2019 **5.6**

Preterm birth rate, 2019 **10%**

UNITED STATES OF AMERICA WIC PARTICIPANT CHARACTERISTICS

\$19,355
average
family income

77%
received
Medicaid

\$38.48
average monthly
food cost
in FY 2020

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

\$2.9B
to spend
at food
retailers

\$1.7B
formula
rebates
received

\$2.0B
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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



National WIC Association

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

WHO PARTICIPATES IN WIC IN THE INDIAN TRIBAL ORGANIZATIONS?

Pregnant women	4,872
Breastfeeding women	3,377
Postpartum women	3,998
Infants	13,253
Children	33,784

BREASTFEEDING IN WIC

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

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

ITO

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

\$14,963

average family income

68%

received Medicaid

\$48.70

average monthly food cost in FY 2020

HOW WIC SUPPORTED THE ECONOMY OF THE INDIAN TRIBAL ORGANIZATIONS IN FY 2020

\$18.2M

to spend at food retailers

\$12.9M

formula rebates received

\$30.3M

nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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visit nwica.org



National WIC Association

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



State WIC Director

Jackie Siow
PO Box 310
New Laguna, NM 87038

Phone: (505) 552-6067

Email: j.siow@aclwic.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.



49%

of infants born in the United States participate in WIC



57%

of eligible individuals in the United States participate in WIC

427

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ACL?

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.

ITO

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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visit nwica.org



National WIC Association

HOW WIC HELPS ALABAMA



State WIC Director

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Email: allison.hatchett@adph.state.al.us

MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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



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 **\$17.9M** in additional benefits to **80,141** participants.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS ALASKA



State WIC Director

Elizabeth Walsh
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Email: elizabeth.walsh@alaska.gov

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 Alaska participate in WIC



57%

of eligible individuals in Alaska participate in WIC

18,963

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ALASKA?

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

BREASTFEEDING IN WIC

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



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



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

Maternal mortality per 100,000 births, 2013-2017 **12.4**

Infant mortality per 1,000 live births, 2019 **5.0**

Preterm birth rate, 2019 **10%**

ALASKA WIC PARTICIPANT CHARACTERISTICS

\$26,638
average
family income

\$45.68
average monthly food
cost in FY 2020

HOW WIC SUPPORTED THE ALASKA ECONOMY IN FY 2020

\$8.4M
to spend
at food
retailers

\$3.4M
formula
rebates
received

\$7.3M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS AMERICAN SAMOA



State WIC Director

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MISSION OF WIC

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



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.



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%**



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.



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.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS ARIZONA



State WIC Director

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MISSION OF WIC

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



37%

of infants born in Arizona participate in WIC



52%

of eligible individuals in Arizona participate in WIC

151,081

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ARIZONA?

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

BREASTFEEDING IN WIC

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



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

\$21,213
average
family income

87%
received
Medicaid

\$31.08
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE ARIZONA ECONOMY IN FY 2020

\$47.7M
to spend
at food
retailers

\$42.8M
formula
rebates
received

\$36.9M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS ARKANSAS



State WIC Director

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MISSION OF WIC

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



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	8,463
Breastfeeding women	3,268
Postpartum women	9,012
Infants	22,042
Children	37,074

BREASTFEEDING IN WIC

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



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



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.



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

HOW WIC SUPPORTED THE ARKANSAS ECONOMY IN FY 2020

\$24.8M
to spend
at food
retailers

\$22.4M
formula
rebates
received

\$21.3M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS CALIFORNIA



State WIC Director

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MISSION OF WIC

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



54%

of infants born in California participate in WIC



67%

of eligible individuals in California participate in WIC

1,194,194

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN CALIFORNIA?

Pregnant women	100,047
Breastfeeding women	90,986
Postpartum women	62,899
Infants	244,943
Children	695,319

BREASTFEEDING IN WIC

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



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



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



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 IN CALIFORNIA

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 IN CALIFORNIA

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

\$21,363
average
family income

80%
received
Medicaid

\$43.99
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE CALIFORNIA ECONOMY IN FY 2020

\$465.0M
to spend
at food
retailers

\$207.9M
formula
rebates
received

\$329.4M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS CHEROKEE NATION OF OKLAHOMA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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

2018

55%

1998

36%

Among WIC infants who initiated breastfeeding in Cherokee in 2018, **11 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 **\$800,028** in additional benefits to **3,538** participants.

CHEROKEE WIC PARTICIPANT CHARACTERISTICS

\$19,495
average family income

80%
received Medicaid

\$34.85
average monthly food cost in FY 2020

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE CHEYENNE RIVER SIOUX TRIBE



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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

2018

55%

2000

37%

Among WIC infants who initiated breastfeeding in Cheyenne River Sioux in 2018, **13 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 **\$79,362** in additional benefits to **371** participants.

CHEYENNE RIVER SIOUX WIC PARTICIPANT CHARACTERISTICS

\$10,960

average family income

65%

received Medicaid

\$59.75

average monthly food cost in FY 2020

\$455,748

to spend at food retailers

\$40,705

formula rebates received

\$665,736

nutrition, breastfeeding services & admin

HOW WIC SUPPORTED THE CHEYENNE RIVER SIOUX ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS CHICKASAW NATION



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN CHICKASAW?

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

BREASTFEEDING IN WIC

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

2018

70%

2000

40%

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

ITO

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.



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.

CHICKASAW WIC PARTICIPANT CHARACTERISTICS

\$22,247
average
family income

71%
received
Medicaid

\$26.84
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE CHICKASAW ECONOMY IN FY 2020

\$1.2M
to spend
at food
retailers

\$1.1M
formula
rebates
received

\$3.3M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE CHOCTAW NATION OF OKLAHOMA



State WIC Director

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MISSION OF WIC

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



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 CHOCTAW?

3,921

WIC PARTICIPANTS

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

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.



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.

CHOCTAW WIC PARTICIPANT CHARACTERISTICS

\$19,068
average family income

77%
received Medicaid

\$25.85
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE CHOCTAW ECONOMY IN FY 2020

\$1.5M
to spend at food retailers

\$1.5M
formula rebates received

\$1.6M
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE CITIZEN POTAWATOMI NATION



State WIC Director

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MISSION OF WIC

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



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?

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

BREASTFEEDING IN WIC

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

2018

59%

2004

17%

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



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

\$27,817
average
family income

84%
received
Medicaid

\$25.16
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE CITIZEN POTAWATOMI ECONOMY IN FY 2020

\$440,996
to spend
at food
retailers

\$499,721
formula
rebates
received

\$2,394,157
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



State WIC Director

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MISSION OF WIC

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



57%

of infants born in CNMI participate in WIC



57%

of eligible individuals in the United States participate in WIC

3,087

WIC PARTICIPANTS

BREASTFEEDING IN WIC

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

Pregnant women **278**

2018 **93%**

Breastfeeding women **171**

2010 **63%**

Postpartum women **111**

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

Infants **322**

CHILDHOOD OBESITY IN WIC IN CNMI

Children **2,205**

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

WHO PARTICIPATES IN WIC IN CNMI?



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

\$18,270
average
family income

79%
received
Medicaid

\$58.08
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE CNMI ECONOMY IN FY 2020

\$2.2M
to spend
at food
retailers

\$0.7M
formula
rebates
received

\$1.1M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS COLORADO



State WIC Director

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MISSION OF WIC

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



38%

of infants born in Colorado participate in WIC



50%

of eligible individuals in Colorado participate in WIC

94,470

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN COLORADO?

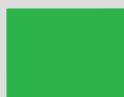
Pregnant women	8,347
Breastfeeding women	7,938
Postpartum women	6,488
Infants	23,879
Children	47,818

BREASTFEEDING IN WIC

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



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS CONNECTICUT



State WIC Director

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MISSION OF WIC

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



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?

Pregnant women	5,123
Breastfeeding women	3,753
Postpartum women	2,592
Infants	12,962
Children	30,079

BREASTFEEDING IN WIC

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

2018

81%

2010

65%



Fast Fact: Connecticut WIC collaborated 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.



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

\$18,558
average
family income

86%
received
Medicaid

\$42.07
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE CONNECTICUT ECONOMY IN FY 2020

\$22.1M
to spend
at food
retailers

\$13.9M
formula
rebates
received

\$14.6M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE DISTRICT OF COLUMBIA



State WIC Director

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MISSION OF WIC

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



48%

of infants born in the District of Columbia participate in WIC



45%

of eligible individuals in the District of Columbia participate in WIC

BREASTFEEDING IN WIC

DC WIC breastfeeding initiation rates increased by **23 percentage points** between 2010 and 2018.



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

WHO PARTICIPATES IN WIC IN THE DISTRICT OF COLUMBIA?

15,539

WIC PARTICIPANTS

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



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



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

\$4.8M
to spend
at food
retailers

\$4.6M
formula
rebates
received

\$5.8M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE DISTRICT OF COLUMBIA ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS DELAWARE



State WIC Director

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MISSION OF WIC

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



55%

of infants born in Delaware participate in WIC



49%

of eligible individuals in Delaware participate in WIC

19,766

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN DELAWARE?

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

BREASTFEEDING IN WIC

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



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



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



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

\$6.0M
to spend
at food
retailers

\$5.7M
formula
rebates
received

\$5.1M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE DELAWARE ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE EASTERN BAND OF CHEROKEE INDIANS



State WIC Director

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MISSION OF WIC

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



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	53
Breastfeeding women	38
Postpartum women	31
Infants	122
Children	421



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

HOW WIC SUPPORTED THE EASTERN BAND OF CHEROKEE INDIANS ECONOMY IN FY 2020

\$216,085
to spend at food retailers

\$100,748
formula rebates received

\$357,431
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE EASTERN SHOSHONE TRIBE



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN EASTERN SHOSHONE?

Pregnant women	16
Breastfeeding women	6
Postpartum women	8
Infants	39
Children	85

BREASTFEEDING IN WIC

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

2018

48%

2004

41%

ITO

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 **\$13,900** in additional benefits to **60** participants.

EASTERN SHOSHONE WIC PARTICIPANT CHARACTERISTICS

\$4,911
average
family income

52%
received
Medicaid

\$67.52
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE EASTERN SHOSHONE ECONOMY IN FY 2020

\$124,309
to spend
at food
retailers

\$240,728
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS EIGHT NORTHERN INDIAN PUEBLOS



State WIC Director

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MISSION OF WIC

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



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?

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

BREASTFEEDING IN WIC

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

2018

51%

1998

26%

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

ITO

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

\$21,252
average
family income

77%
received
Medicaid

\$58.08
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE EIGHT NORTHERN INDIAN PUEBLOS ECONOMY IN FY 2020

\$155,832
to spend
at food
retailers

\$251,894
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

Please direct all questions to NWA at 202.232.5492
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National WIC Association

HOW WIC HELPS FIVE SANDOVAL INDIAN PUEBLOS



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN FIVE SANDOVAL INDIAN PUEBLOS?

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

BREASTFEEDING IN WIC

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

2018

49%

1998

26%

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

ITO

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

HOW WIC SUPPORTED THE FIVE SANDOVAL INDIAN PUEBLOS ECONOMY IN FY 2020

\$145,989

to spend at food retailers

\$23,160

formula rebates received

\$485,226

nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS FLORIDA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS GEORGIA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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



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.

CHILDHOOD 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

HOW WIC SUPPORTED THE GEORGIA ECONOMY IN FY 2020

\$87.9M
to spend
at food
retailers

\$58.6M
formula
rebates
received

\$63.2M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS GUAM



State WIC Director

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MISSION OF WIC

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



40%

of infants born in Guam participate in WIC



57%

of eligible individuals in the United States participate in WIC

7,175

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN GUAM?

Pregnant women	542
Breastfeeding women	455
Postpartum women	374
Infants	1,269
Children	4,535

BREASTFEEDING IN WIC

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

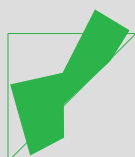


Among WIC infants who initiated breastfeeding in Guam in 2018, **26 percent** continued breastfeeding at 6 months.

CHILDHOOD OBESITY IN WIC IN GUAM

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

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



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



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 **3,835** participants.

GUAM WIC PARTICIPANT CHARACTERISTICS

\$17,940
average family income

53%
received Medicaid

\$65.37
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE GUAM ECONOMY IN FY 2020

\$4.9M
to spend at food retailers

\$1.8M
formula rebates received

\$2.7M
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS HAWAII



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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



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.

CHILDHOOD OBESITY IN WIC IN HAWAII

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%**

HAWAII WIC PARTICIPANT CHARACTERISTICS

\$26,215
average
family income

69%
received
Medicaid

\$49.23
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE HAWAII ECONOMY IN FY 2020

\$15.1M
to spend
at food
retailers

\$6.7M
formula
rebates
received

\$9.5M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS IDAHO



State WIC Director

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MISSION OF WIC

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



41%

of infants born in Idaho participate in WIC



47%

of eligible individuals in Idaho participate in WIC

37,264

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN IDAHO?

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

BREASTFEEDING IN WIC

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



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



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.

CHILDHOOD OBESITY IN WIC IN IDAHO

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

Childhood obesity rate, WIC toddlers, 2018 **12%**

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%**

IDAHO WIC PARTICIPANT CHARACTERISTICS

\$22,406
average
family income

75%
received
Medicaid

\$28.25
average monthly
food cost
in FY 2020

\$10.4M
to spend
at food
retailers

\$7.7M
formula
rebates
received

\$9.0M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE IDAHO ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS ILLINOIS



State WIC Director

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MISSION OF WIC

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



43%

of infants born in Illinois participate in WIC



48%

of eligible individuals in Illinois participate in WIC

232,543

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ILLINOIS?

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

BREASTFEEDING IN WIC

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



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



Fast Fact: Illinois WIC began rollout of a new MIS with EBT in March 2020, just as COVID-19 shutdowns began. Through the resilience of state and local agency staff, Illinois completed implementation in September 2020.



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%**

ILLINOIS WIC PARTICIPANT CHARACTERISTICS

\$17,342
average
family income

86%
received
Medicaid

\$48.14
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE ILLINOIS ECONOMY IN FY 2020

\$94.9M
to spend
at food
retailers

\$56.1M
formula
rebates
received

\$53.4M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION



State WIC Director

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MISSION OF WIC

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



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%

ITO

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.

INDIAN 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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS INDIANA



State WIC Director

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MISSION OF WIC

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



51%

of infants born in Indiana participate in WIC



59%

of eligible individuals in Indiana participate in WIC

168,412

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN INDIANA?

Pregnant women	12,935
Breastfeeding women	12,210
Postpartum women	12,907
Infants	41,940
Children	88,420

BREASTFEEDING IN WIC

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

2018

76%

2010

63%



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.



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

Maternal mortality per 100,000 births, 2013-2017 **50.2**

Infant mortality per 1,000 live births, 2019 **6.5**

Preterm birth rate, 2019 **10%**

INDIANA WIC PARTICIPANT CHARACTERISTICS

\$18,653
average
family income

68%
received
Medicaid

\$28.71
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE INDIANA ECONOMY IN FY 2020

\$50.1M
to spend
at food
retailers

\$44.9M
formula
rebates
received

\$37.4M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS IOWA



State WIC Director

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MISSION OF WIC

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



41%

of infants born in Iowa participate in WIC



60%

of eligible individuals in Iowa participate in WIC

70,601

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN IOWA?

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

BREASTFEEDING IN WIC

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



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

Maternal mortality per 100,000 births, 2013-2017 **26.5**

Infant mortality per 1,000 live births, 2019 **5.0**

Preterm birth rate, 2019 **9%**

IOWA WIC PARTICIPANT CHARACTERISTICS

\$26,141
average
family income

67%
received
Medicaid

\$30.77
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE IOWA ECONOMY IN FY 2020

\$21.8M
to spend
at food
retailers

\$16.9M
formula
rebates
received

\$17.5M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF ARIZONA



State WIC Director

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MISSION OF WIC

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



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

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

Pregnant women	715
Breastfeeding women	576
Postpartum women	794
Infants	2,288
Children	6,356

BREASTFEEDING IN WIC

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

2018

70%

2000

49%

ITO

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

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF NEVADA



State WIC Director

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MISSION OF WIC

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



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

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

Pregnant women	125
Breastfeeding women	104
Postpartum women	137
Infants	404
Children	966

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.



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



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.

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

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

\$316,327

to spend at food retailers

\$355,661

formula rebates received

\$638,154

nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE INTER-TRIBAL COUNCIL OF OKLAHOMA



State WIC Director

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MISSION OF WIC

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



49%

of infants born in the United States participate in WIC



57%

of eligible individuals in the United States participate in WIC

786

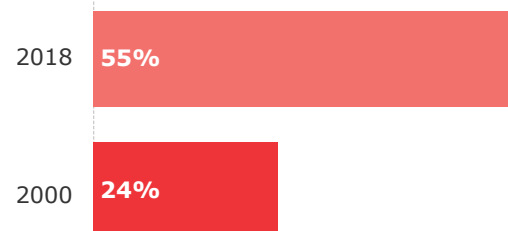
WIC PARTICIPANTS

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

Pregnant women	55
Breastfeeding women	47
Postpartum women	81
Infants	196
Children	407

BREASTFEEDING IN WIC

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



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

\$23,164

average family income

31%

received Medicaid

\$50.45

average monthly food cost in FY 2020

\$410,876

to spend at food retailers

\$67,184

formula rebates received

\$356,058

nutrition, breastfeeding services & admin

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS KANSAS



State WIC Director

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MISSION OF WIC

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



40%

of infants born in Kansas participate in WIC



47%

of eligible individuals in Kansas participate in WIC

62,761

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN KANSAS?

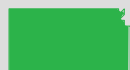
Pregnant women	5,241
Breastfeeding women	4,483
Postpartum women	4,341
Infants	14,674
Children	34,022

BREASTFEEDING IN WIC

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



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



Fast Fact: Kansas WIC fully utilized technology to remotely provide participant services and staff training throughout the year.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS KENTUCKY



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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.



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.

CHILDHOOD OBESITY IN WIC IN KENTUCKY

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

Childhood obesity rate, WIC toddlers, 2018 **16%**

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

HOW WIC SUPPORTED THE KENTUCKY ECONOMY IN FY 2020

\$44.5M
to spend
at food
retailers

\$28.5M
formula
rebates
received

\$30.1M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS LOUISIANA



State WIC Director

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MISSION OF WIC

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



63%

of infants born in Louisiana participate in WIC



50%

of eligible individuals 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

BREASTFEEDING IN WIC

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



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



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.



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.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS MAINE



State WIC Director

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MISSION OF WIC

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



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?

Pregnant women	1,675
Breastfeeding women	1,455
Postpartum women	1,297
Infants	4,288
Children	11,457

BREASTFEEDING IN WIC

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



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



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



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 IN WIC IN MAINE

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

Childhood obesity rate, WIC toddlers, 2018 **15%**

MORTALITY AND BIRTH OUTCOMES IN MAINE

Maternal mortality per 100,000 births, 2013-2017 **23.8**

Infant mortality per 1,000 live births, 2019 **5.4**

Preterm birth rate, 2019 **9%**

MAINE WIC PARTICIPANT CHARACTERISTICS

\$20,045
average
family income

75%
received
Medicaid

\$37.88
average monthly
food cost
in FY 2020

\$7.5M
to spend
at food
retailers

\$3.7M
formula
rebates
received

\$6.3M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE MAINE ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS MARYLAND



State WIC Director

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MISSION OF WIC

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



52%

of infants born in Maryland participate in WIC



66%

of eligible individuals 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

BREASTFEEDING IN WIC

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



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



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



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.

CHILDHOOD OBESITY IN WIC IN MARYLAND

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

Childhood obesity rate, WIC toddlers, 2018 **16%**

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS MASSACHUSETTS



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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.



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.

Childhood obesity rate, WIC toddlers, 2018 **16%**

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 PARTICIPANT CHARACTERISTICS

\$19,765
average family income

90%
received Medicaid

\$38.08
average monthly food cost in FY 2020

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE MISSISSIPPI BAND OF CHOCTAW INDIANS



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN MISSISSIPPI BAND OF CHOCTAW INDIANS?

Pregnant women	97
Breastfeeding women	26
Postpartum women	62
Infants	183
Children	406

BREASTFEEDING IN WIC

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

2018

61%

2000

26%

ITO

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 **\$122,850** in additional benefits to **549** participants.

MISSISSIPPI BAND OF CHOCTAW INDIANS WIC PARTICIPANT CHARACTERISTICS

\$9,838
average
family income

55%
received
Medicaid

\$28.04
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE MISSISSIPPI BAND OF CHOCTAW INDIANS ECONOMY IN FY 2020

\$228,592
to spend
at food
retailers

\$205,425
formula
rebates
received

\$374,656
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS MICHIGAN



State WIC Director

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MISSION OF WIC

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



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?

Pregnant women	17,939
Breastfeeding women	11,799
Postpartum women	19,800
Infants	53,413
Children	135,445

BREASTFEEDING IN WIC

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



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



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.



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

\$18,229
average
family income

82%
received
Medicaid

\$31.26
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE MICHIGAN ECONOMY IN FY 2020

\$80.2M
to spend
at food
retailers

\$49.4M
formula
rebates
received

\$61.0M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS MINNESOTA



State WIC Director

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MISSION OF WIC

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



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?

Pregnant women	9,277
Breastfeeding women	10,140
Postpartum women	6,668
Infants	24,983
Children	66,161

BREASTFEEDING IN WIC

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



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



Fast Fact: Minnesota WIC disaggregates participant data by race/ethnicity into cultural identity groups to better understand and serve their diverse 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 **\$16.7M** in additional benefits to **75,869** participants.

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%**

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

\$28,675
average
family income

85%
received
Medicaid

\$37.36
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE MINNESOTA ECONOMY IN FY 2020

\$45.2M
to spend
at food
retailers

\$27.3M
formula
rebates
received

\$33.2M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS MISSISSIPPI



State WIC Director

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MISSION OF WIC

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



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.



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



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.



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.

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

\$13,745
average
family income

66%
received
Medicaid

\$61.87
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE MISSISSIPPI ECONOMY IN FY 2020

\$57.1M
to spend
at food
retailers

\$17.8M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS MISSOURI



State WIC Director

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MISSION OF WIC

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



43%

of infants born in Missouri participate in WIC



54%

of eligible individuals in Missouri participate in WIC

122,864

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MISSOURI?

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

BREASTFEEDING IN WIC

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



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



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



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.

CHILDHOOD 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%**

MISSOURI WIC PARTICIPANT CHARACTERISTICS

\$19,133
average
family income

71%
received
Medicaid

\$32.04
average monthly
food cost
in FY 2020

\$38.1M
to spend
at food
retailers

\$31.0M
formula
rebates
received

\$27.8M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE MISSOURI ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS MONTANA



State WIC Director

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MISSION OF WIC

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



35%

of infants born in Montana participate in WIC



46%

of eligible individuals in Montana participate in WIC

18,288

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN MONTANA?

Pregnant women	1,528
Breastfeeding women	1,395
Postpartum women	1,008
Infants	4,013
Children	10,344

BREASTFEEDING IN WIC

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



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



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



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

\$5.1M
to spend
at food
retailers

\$4.1M
formula
rebates
received

\$6.5M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE MUSCOGEE CREEK NATION



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN MUSCOGEE CREEK?

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE NAVAJO NATION



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN NAVAJO NATION?

Pregnant women	823
Breastfeeding women	648
Postpartum women	332
Infants	1,428
Children	5,609

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.

ITO

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

HOW WIC SUPPORTED THE NAVAJO NATION ECONOMY IN FY 2020

\$2.6M
to spend
at food
retailers

\$1.4M
formula
rebates
received

\$2.9M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NEBRASKA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



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



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



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.

CHILDHOOD 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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NEVADA



State WIC Director

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MISSION OF WIC

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



52%

of infants born in Nevada participate in WIC



53%

of eligible individuals 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

BREASTFEEDING IN WIC

Nevada WIC breastfeeding initiation rates increased by **4 percentage points** between 1998 and 2018.



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



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



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

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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National WIC Association

HOW WIC HELPS NEW HAMPSHIRE



State WIC Director

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MISSION OF WIC

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



28%

of infants born in New Hampshire participate in WIC



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.

WHO PARTICIPATES IN WIC IN NEW HAMPSHIRE?

14,961

WIC PARTICIPANTS

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



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



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.

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

HOW WIC SUPPORTED THE NEW HAMPSHIRE ECONOMY IN FY 2020

\$4.1M
to spend
at food
retailers

\$2.8M
formula
rebates
received

\$4.1M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS NEW JERSEY



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

New Jersey WIC breastfeeding initiation rates increased by **14 percentage points** between 2010 and 2018.



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



Fast Fact: New Jersey WIC launched the WIC Participant Portal in May 2020 to streamline the certification process for new and existing 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 **\$24.9M** in additional benefits to **112,024** 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%**

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NEW MEXICO



State WIC Director

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MISSION OF WIC

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



52%

of infants born in New Mexico participate in WIC



44%

of eligible individuals in New Mexico participate in WIC

52,006

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NEW MEXICO?

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%



Fast Fact: New Mexico WIC was the first in the nation to commission an electronic Farmers Market Nutrition Program Proof of Concept to replace paper checks with a mobile payment application.



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 **\$5.7M** in additional benefits to **25,389** participants.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NEW YORK



State WIC Director

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MISSION OF WIC

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



49%

of infants born in New York participate in WIC



61%

of eligible individuals in New York participate in WIC

487,913

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN NEW YORK?

Pregnant women	38,972
Breastfeeding women	52,010
Postpartum women	23,804
Infants	111,724
Children	261,403

BREASTFEEDING IN WIC

New York WIC breastfeeding initiation rates increased by **10 percentage points** between 2010 and 2018.



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



Fast Fact: New York's annual Breastfeeding Grand Rounds webcast had over 3,800 live hits across 43 states in November 2021, the largest live audience to date.



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 **\$63.2M** in additional benefits to **283,524** participants.

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

\$19,539
average
family income

89%
received
Medicaid

\$51.71
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE NEW YORK ECONOMY IN FY 2020

\$225.2M
to spend
at food
retailers

\$95.5M
formula
rebates
received

\$145.9M
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NORTH CAROLINA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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

2014

68%

1998

42%



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.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NORTH DAKOTA



State WIC Director

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MISSION OF WIC

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



30%

of infants born in North Dakota participate in WIC



52%

of eligible individuals in North Dakota participate in WIC

BREASTFEEDING IN WIC

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



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

WHO PARTICIPATES IN WIC IN NORTH DAKOTA?

13,326

WIC PARTICIPANTS

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.



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

Maternal mortality per 100,000 births, 2013-2017 **21.7**

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS NORTHERN ARAPAHO



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN NORTHERN ARAPAHO?

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%

ITO

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 **\$23,022** in additional benefits to **95** participants.

NORTHERN ARAPAHO WIC PARTICIPANT CHARACTERISTICS

\$4,121
average
family income

64%
received
Medicaid

\$62.12
average monthly
food cost
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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS OHIO



State WIC Director

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MISSION OF WIC

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



49%

of infants born in Ohio participate in WIC



53%

of eligible individuals in Ohio participate in WIC

218,648

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN OHIO?

Pregnant women	19,532
Breastfeeding women	13,184
Postpartum women	19,632
Infants	66,124
Children	100,176

BREASTFEEDING IN WIC

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



Among WIC infants who initiated breastfeeding in Ohio in 2018, **18 percent** continued breastfeeding at 6 months.



Fast Fact: Ohio was the first state to implement the increase to the fruit and vegetable benefit in April 2021.



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 IN WIC IN OHIO

The obesity rate among WIC toddlers in Ohio did not change between 2010 and 2018.

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

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

\$20,089
average
family income

88%
received
Medicaid

\$30.41
average monthly
food cost
in FY 2020

\$66.5M
to spend
at food
retailers

\$57.1M
formula
rebates
received

\$53.3M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE OHIO ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS OKLAHOMA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

Oklahoma WIC breastfeeding initiation rates increased by **8 percentage points** between 2010 and 2018.

2018

75%

2010

67%



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.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS OMAHA NATION



State WIC Director

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MISSION OF WIC

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



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?

Women	36
Infants	68
Children	161

BREASTFEEDING IN WIC

Omaha Nation WIC breastfeeding initiation rates increased by **23 percentage points** between 2000 and 2018.

2018

61%

2000

38%



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 **\$27,842** in additional benefits to **128** participants.

OMAHA NATION WIC PARTICIPANT CHARACTERISTICS

\$11,271
average family income

37%
received Medicaid

\$63.69
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE OMAHA NATION ECONOMY IN FY 2020

\$150,891
to spend at food retailers

\$273,358
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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



National WIC Association

HOW WIC HELPS OREGON



State WIC Director

Tiare Sanna
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MISSION OF WIC

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



43%

of infants born in Oregon participate in WIC



63%

of eligible individuals 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

BREASTFEEDING IN WIC

Oregon WIC breastfeeding initiation rates increased by **36 percentage points** between 2000 and 2018.



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%**

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%**

OREGON WIC PARTICIPANT CHARACTERISTICS

\$21,680
average
family income

89%
received
Medicaid

\$30.53
average monthly
food cost
in FY 2020

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS OSAGE NATION



State WIC Director

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Pawhuska, OK 74056

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Email: mtaylor@osagenation-nsn.gov

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

WHO PARTICIPATES IN WIC IN OSAGE NATION?

Pregnant women	185
Breastfeeding women	167
Postpartum women	289
Infants	901
Children	1,665

BREASTFEEDING IN WIC

Osage Nation WIC breastfeeding initiation rates increased by **23 percentage points** between 1998 and 2018.

2018

59%

1998

36%

Among WIC infants who initiated breastfeeding in Osage Nation in 2018, **17 percent** continued breastfeeding at 6 months.

ITO

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS OTOE-MISSOURIA TRIBE



State WIC Director

Dawn Briner
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Red Rock, OK 74651

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Email: dbriner@omtribe.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.



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

WHO PARTICIPATES IN WIC IN OTOE-MISSOURIA?

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.

ITO

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS PENNSYLVANIA



State WIC Director

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MISSION OF WIC

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



41%

of infants born in Pennsylvania participate in WIC



55%

of eligible individuals in Pennsylvania participate in WIC

232,320

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN PENNSYLVANIA?

Pregnant women	17,607
Breastfeeding women	13,447
Postpartum women	18,587
Infants	55,754
Children	126,925

BREASTFEEDING IN WIC

Pennsylvania WIC breastfeeding initiation rates increased by **18 percentage points** between 2010 and 2018.



Among WIC infants who initiated breastfeeding in Pennsylvania in 2018, **16 percent** continued breastfeeding at 6 months.



Fast Fact: Pennsylvania WIC rolled out electronic benefit transfer (EBT) cards for WIC shoppers during 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 **\$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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE PLEASANT POINT PASSAMAQUODDY RESERVATION



State WIC Director

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MISSION OF WIC

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



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?

Women	9
Infants	8
Children	44

BREASTFEEDING IN WIC

Pleasant Point Passamaquoddy WIC breastfeeding initiation rates increased by **40 percentage points** between 1998 and 2018.

2018

78%

1998

38%

ITO

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 **\$6,244** in additional benefits to **30** participants.

PLEASANT POINT PASSAMAQUODDY WIC PARTICIPANT CHARACTERISTICS

\$17,191

average family income

69%

received Medicaid

\$67.97

average monthly food cost in FY 2020

HOW WIC SUPPORTED THE PLEASANT POINT PASSAMAQUODDY ECONOMY IN FY 2020

\$47,240

to spend at food retailers

\$42,199

nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS PUEBLO OF ISLETA



State WIC Director

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MISSION OF WIC

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



49%

of infants born in the United States participate in WIC



57%

of eligible individuals in the United States participate in WIC

1,723

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN ISLETA?

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.

2018

79%

1998

45%

ITO

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.

ISLETA WIC PARTICIPANT CHARACTERISTICS

\$20,651
average
family income

84%
received
Medicaid

\$30.60
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE ISLETA ECONOMY IN FY 2020

\$377,265
to spend
at food
retailers

\$266,030
formula
rebates
received

\$684,805
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS PUERTO RICO



State WIC Director

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MISSION OF WIC

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



88%

of infants born in Puerto Rico participate in WIC



57%

of eligible individuals in the United States participate in WIC

113,449

WIC PARTICIPANTS

BREASTFEEDING IN WIC

Puerto Rico WIC breastfeeding initiation rates increased by **14 percentage points** between 2004 and 2016.

2016

60%

2004

46%

WHO PARTICIPATES IN WIC IN PUERTO RICO?

Pregnant women **10,325**

Breastfeeding women **6,903**

Postpartum women **4,815**

Infants **18,921**

Children **72,485**

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

\$8,274
average family income

60%
received Medicaid

\$96.94
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE PUERTO RICO ECONOMY IN FY 2020

\$116.3M
to spend at food retailers

\$8.2M
formula rebates received

\$36.5M
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS RHODE ISLAND



State WIC Director

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MISSION OF WIC

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



52%

of infants born in Rhode Island participate in WIC



57%

of eligible individuals in Rhode Island participate in WIC

21,504

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN RHODE ISLAND?

Pregnant women	1,661
Breastfeeding women	1,364
Postpartum women	1,775
Infants	5,440
Children	11,264

BREASTFEEDING IN WIC

Rhode Island WIC breastfeeding initiation rates increased by **17 percentage points** between 2010 and 2018.



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



Fast Fact: Rhode Island WIC implemented EBT during 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 **\$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

\$19,959
average
family income

83%
received
Medicaid

\$42.54
average monthly
food cost
in FY 2020

\$8.6M
to spend
at food
retailers

\$4.8M
formula
rebates
received

\$6.3M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE RHODE ISLAND ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE ROSEBUD SIOUX TRIBE



State WIC Director

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Rosebud, SD 57570

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MISSION OF WIC

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



49%

of infants born in the United States participate in WIC



57%

of eligible individuals in the United States participate in WIC

1,081

WIC PARTICIPANTS

BREASTFEEDING IN WIC

48%

of WIC infants in Rosebud Sioux initiated breastfeeding in April 2018

WHO PARTICIPATES IN WIC IN ROSEBUD SIOUX?

Pregnant women	77
Breastfeeding women	66
Postpartum women	61
Infants	233
Children	644

Among WIC infants who initiated breastfeeding in Rosebud Sioux in 2018, **17 percent** continued breastfeeding at 6 months.



Fast Fact: Rosebud WIC, in partnership with South Dakota WIC, received a Gretchen Swanson Nutrition Center Grant to offer WIC participants Online Ordering at Buche Foods, Mission, SD.



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 **\$145,504** in additional benefits to **673** participants.

ROSEBUD SIOUX WIC PARTICIPANT CHARACTERISTICS

HOW WIC SUPPORTED THE ROSEBUD SIOUX ECONOMY IN FY 2020

\$7,408
average
family income

71%
received
Medicaid

\$50.90
average monthly
food cost
in FY 2020

\$583,087
to spend
at food
retailers

\$221,844
formula
rebates
received

\$787,211
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE PUEBLO OF SAN FELIPE



State WIC Director

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MISSION OF WIC

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



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.

ITO

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

FEBRUARY 2022

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



National WIC Association

HOW WIC HELPS THE SANTEE SIOUX



State WIC Director

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Phone: (402) 857-2694

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MISSION OF WIC

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



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?

Women	21
Infants	39
Children	77

BREASTFEEDING IN WIC

Santee Sioux WIC breastfeeding initiation rates increased by **4 percentage points** between 2014 and 2018.

2018

32%

2014

28%



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

\$6,700
average family income

53%
received Medicaid

\$62.13
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE SANTEE SIOUX ECONOMY IN FY 2020

\$58,155
to spend at food retailers

\$96,285
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE SANTO DOMINGO WIC PROGRAM



State WIC Director

Rita Pacheco
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Santo Domingo Pueblo, NM 87052

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Email: rpacheco@kewa-nsn.us

MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN SANTO DOMINGO?

Pregnant women	19
Breastfeeding women	19
Postpartum women	11
Infants	50
Children	130

BREASTFEEDING IN WIC

Santo Domingo WIC breastfeeding initiation rates increased by **67 percentage points** between 1998 and 2018.

2018

91%

1998

24%

Among WIC infants who initiated breastfeeding in Santo Domingo in 2018, **44 percent** continued breastfeeding at 6 months.

ITO

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

\$12,290
average
family income

89%
received
Medicaid

\$121.03
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE SANTO DOMINGO ECONOMY IN FY 2020

\$246,420
to spend
at food
retailers

\$356,829
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS SOUTH CAROLINA



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

South Carolina WIC breastfeeding initiation rates increased by **13 percentage points** between 2010 and 2018.



Among WIC infants who initiated breastfeeding in South Carolina in 2018, **15 percent** continued breastfeeding at 6 months.



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.



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 **\$14.4M** 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%**

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS SOUTH DAKOTA



State WIC Director

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MISSION OF WIC

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



33%

of infants born in South Dakota participate in WIC



59%

of eligible individuals in South Dakota participate in WIC

BREASTFEEDING IN WIC

South Dakota WIC breastfeeding initiation rates increased by **13 percentage points** between 2010 and 2018.



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

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.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE STANDING ROCK SIOUX TRIBE



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN STANDING ROCK SIOUX?

Pregnant women	41
Breastfeeding women	18
Postpartum women	23
Infants	146
Children	317

BREASTFEEDING IN WIC

Standing Rock Sioux WIC breastfeeding initiation rates increased by **3 percentage points** between 2000 and 2018.

2018

43%

2000

40%

ITO

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 **\$43,686** in additional benefits to **203** participants.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS TENNESSEE



State WIC Director

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MISSION OF WIC

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



53%

of infants born in Tennessee participate in WIC



46%

of eligible individuals in Tennessee participate in WIC

156,119

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN TENNESSEE?

Pregnant women	16,126
Breastfeeding women	10,848
Postpartum women	13,790
Infants	42,884
Children	72,471

BREASTFEEDING IN WIC

Tennessee WIC breastfeeding initiation rates increased by **13 percentage points** between 1998 and 2018.



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

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.



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

Maternal mortality per 100,000 births, 2013-2017 **35.8**

Infant mortality per 1,000 live births, 2019 **7.0**

Preterm birth rate, 2019 **11%**

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS TEXAS



State WIC Director

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MISSION OF WIC

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



54%

of infants born in Texas participate in WIC



55%

of eligible individuals in Texas participate in WIC

839,770

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN TEXAS?

Pregnant women	68,534
Breastfeeding women	108,660
Postpartum women	38,110
Infants	203,532
Children	420,934

BREASTFEEDING IN WIC

Texas WIC breastfeeding initiation rates increased by **9 percentage points** between 2010 and 2018.



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



Fast Fact: On average, Texas WIC participants rated their happiness with their last WIC shopping experience a 4.7 out of 5.



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

\$18,056
average
family income

76%
received
Medicaid

\$26.10
average monthly
food cost
in FY 2020

\$211.7M
to spend
at food
retailers

\$218.6M
formula
rebates
received

\$198.5M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE TEXAS ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THREE AFFILIATED TRIBES



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN THREE AFFILIATED TRIBES?

Women	33
Infants	67
Children	132

BREASTFEEDING IN WIC

Three Affiliated Tribes WIC breastfeeding initiation rates increased by **8 percentage points** between 2000 and 2012.

2012

53%

2000

45%



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

HOW WIC SUPPORTED THE THREE AFFILIATED TRIBES ECONOMY IN FY 2020

\$159,358
to spend at food retailers

\$430,729
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS THE U.S. VIRGIN ISLANDS



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN THE U.S. VIRGIN ISLANDS?

Pregnant women	220
Breastfeeding women	498
Postpartum women	87
Infants	724
Children	1,672

BREASTFEEDING IN WIC

USVI WIC breastfeeding initiation rates increased by **12 percentage points** between 2008 and 2018.



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.



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.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS UTAH



State WIC Director

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MISSION OF WIC

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



29%

of infants born in Utah participate in WIC



45%

of eligible individuals in Utah participate in WIC

54,221

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN UTAH?

Pregnant women	4,297
Breastfeeding women	5,131
Postpartum women	3,222
Infants	13,512
Children	28,059

BREASTFEEDING IN WIC

Utah WIC breastfeeding initiation rates increased by **22 percentage points** between 1998 and 2018.



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



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.



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 IN UTAH

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 IN UTAH

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%**

UTAH WIC PARTICIPANT CHARACTERISTICS

\$25,086
average
family income

44%
received
Medicaid

\$36.08
average monthly
food cost
in FY 2020

\$17.6M
to spend
at food
retailers

\$9.3M
formula
rebates
received

\$15.0M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE UTAH ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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



National WIC Association

HOW WIC HELPS UTE MOUNTAIN UTE TRIBE



State WIC Director

Venus Mills
PO Box 168
Towaoc, CO 81334

Phone: (970) 564-5382

Email: vbancroft@utemountain.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.



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?

Women	26
Infants	42
Children	91

BREASTFEEDING IN WIC

Ute Mountain Ute WIC breastfeeding initiation rates increased by **1 percentage point** between 2000 and 2018.

2018

63%

2000

62%



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 **\$25,926** in additional benefits to **122** participants.

UTE MOUNTAIN UTE WIC PARTICIPANT CHARACTERISTICS

\$1,650
average
family income

65%
received
Medicaid

\$39.28
average monthly
food cost
in FY 2020

HOW WIC SUPPORTED THE UTE MOUNTAIN UTE ECONOMY IN FY 2020

\$80,200
to spend
at food
retailers

\$306,017
nutrition,
breastfeeding
services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS VERMONT



State WIC Director

Karen Flynn
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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

Vermont WIC breastfeeding initiation rates increased by **9 percentage points** between 2010 and 2018.



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



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.



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 IN WIC IN VERMONT

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

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

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS VIRGINIA



State WIC Director

Paula Garrett
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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

Virginia WIC breastfeeding initiation rates increased by **8 percentage points** between 2004 and 2014.



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



Fast Fact: Virginia WIC is in the process of launching VAWIC2GO, a WIC Shopping App for 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.

CHILDHOOD 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%

VIRGINIA WIC PARTICIPANT CHARACTERISTICS

\$14,014 average family income	71% received Medicaid	\$30.77 average monthly food cost in FY 2020
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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
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Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS WASHINGTON



State WIC Director

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MISSION OF WIC

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



41%

of infants born in Washington participate in WIC



56%

of eligible individuals in Washington participate in WIC

161,947

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN WASHINGTON?

Pregnant women	16,875
Breastfeeding women	12,804
Postpartum women	6,049
Infants	35,153
Children	91,066

BREASTFEEDING IN WIC

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



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



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.



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

\$25,163
average family income

84%
received Medicaid

\$30.87
average monthly food cost in FY 2020

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS WICHITA, CADDO, AND DELAWARE TRIBES



State WIC Director
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MISSION OF WIC

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



49%

of infants born in the United States participate in WIC



57%

of eligible individuals in the United States participate in WIC

3,691

WIC PARTICIPANTS

BREASTFEEDING IN WIC

WCD WIC breastfeeding initiation rates increased by **33 percentage points** between 2000 and 2018.

2018

65%

2000

32%

WHO PARTICIPATES IN WIC IN WCD?

Pregnant women	294
Breastfeeding women	183
Postpartum women	300
Infants	798
Children	2,116

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

\$20,788
average family income

80%
received Medicaid

\$24.52
average monthly food cost in FY 2020

HOW WIC SUPPORTED THE WCD ECONOMY IN FY 2020

\$1.1M
to spend at food retailers

\$1.2M
formula rebates received

\$2.3M
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS WEST VIRGINIA



State WIC Director

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MISSION OF WIC

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



57%

of infants born in West Virginia participate in WIC



54%

of eligible individuals in West Virginia participate in WIC

39,927

WIC PARTICIPANTS

WHO PARTICIPATES IN WIC IN WEST VIRGINIA?

Pregnant women	3,721
Breastfeeding women	1,744
Postpartum women	4,081
Infants	10,481
Children	19,900

BREASTFEEDING IN WIC

West Virginia WIC breastfeeding initiation rates increased by **5 percentage points** between 2010 and 2018.



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.



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 **\$5.3M** in additional benefits to **23,941** participants.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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visit nwica.org



National WIC Association

HOW WIC HELPS THE WINNEBAGO TRIBE



State WIC Director

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Winnebago, NE 68071

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Email: benita.payer@winnebago-tribe.com

MISSION OF WIC

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



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?

Women	32
Infants	68
Children	112

BREASTFEEDING IN WIC

Winnebago WIC breastfeeding initiation rates increased by **2 percentage points** between 2000 and 2012.

2012

71%

2000

69%

ITO

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 **\$15,720** in additional benefits to **70** participants.

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
nutrition, breastfeeding services & admin

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS WISCONSIN



State WIC Director

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MISSION OF WIC

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



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

BREASTFEEDING IN WIC

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



Among WIC infants who initiated breastfeeding in Wisconsin in 2018, **18 percent** continued breastfeeding at 6 months.



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.



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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS WYOMING



State WIC Director

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MISSION OF WIC

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



33%

of infants born in Wyoming participate in WIC



55%

of eligible individuals 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

BREASTFEEDING IN WIC

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



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



Fast Fact: Wyoming WIC now has a Facebook Breastfeeding Support Group. Wyoming also created and went live with a Wyoming WIC Instagram account.



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

\$22,451
average
family income

51%
received
Medicaid

\$28.23
average monthly
food cost
in FY 2020

\$2.4M
to spend
at food
retailers

\$1.9M
formula
rebates
received

\$3.9M
nutrition,
breastfeeding
services & admin

HOW WIC SUPPORTED THE WYOMING ECONOMY IN FY 2020

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

HOW WIC HELPS ZUNI PUEBLO



State WIC Director

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MISSION OF WIC

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



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

WHO PARTICIPATES IN WIC IN ZUNI?

Pregnant women	42
Breastfeeding women	65
Postpartum women	19
Infants	107
Children	422

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.

ITO

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 **\$91,048** in additional benefits to **412** participants.

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

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2018 (fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2018-updated). WIC participants and characteristics from USDA WIC Participant and Program Characteristics report for 2018, the most recent year of data available (fns.usda.gov/wic/wic-participant-and-program-characteristics-2018). WIC breastfeeding and obesity rates from USDA WIC Participant and Program Characteristics reports for years displayed. WIC fast facts reported by State agencies in 2021. WIC benefit bumps from National WIC Association in 2022. Mortality and birth outcomes from CDC WONDER (wonder.cdc.gov). WIC costs from USDA FNS WIC Program Data for FY 2020 (fns.usda.gov/pd/wic-program) as of January 19, 2022.

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National WIC Association

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