Rich History of WIC

- MN Sen. HuBERT Humphrey sponsored legislation creating WIC in 1972
- Demonstration projects in MN in 1977-1978
- Expanded nationwide & in Minnesota through 1980s
- Services available in all 87 MN counties by ~1987
- Currently: 56 grantees w/ about 195 clinics
  - 47 Community Health Boards
  - 2 Community Action Partnership (CAP)
  - 7 Tribal Agencies (all Ojibwe)
WIC ELIGIBILITY

Categorical:
- Women: pregnant, breastfeeding (BF), post-partum
- Infants birth to 1-year of age
- Children 1 – 5 years of age

Income: 185% FPG, or Adjunctively Eligible (based on participation in MA or other program)

Residency: live in MN; no req’t for citizenship

Nutrition Risk: have a nutrition/med. need
MN WIC served about 40% of all infants born in MN in 2018

WIC served an average of 111,100 women, infants & children per month

FFY 2018 Average Monthly Participation

Women: 23%
Infants: 54%
Children: 23%
WIC BENEFITS

• Nutrition & health risk assessment
• Nutrition education & breastfeeding support
• Healthy supplemental foods
• Referrals to other health & social services
  (e.g., CT&C, Immunizations, Family Home Visiting, Smoking Cessation, Food Support)
Nutrition & Health Risk Assessment

**Anthropometric:** height/weight, wt-status, growth, wt-gain/loss in pregnancy

**Hematologic:** iron status (hgb testing)

**Health history & health behaviors:** presence or hx of diseases or disorders; preg. hx; allergies/intolerances; smoking, alcohol use; etc.
Dietary and feeding practices: breastfeeding; bottle use, weaning, introduction of solids foods; over/under consumption of nutrients

Breastfeeding: assessment of both mother & infant

Other health-impacting circumstances: homelessness; victim of abuse; child in foster care
Federally determined categories, specifications & amounts

Supplemental – not intended to provide all food/nutrients a person needs

Nutritious Foods

• To provide key nutrients needed by population served (e.g., Protein, Ca, Vit C & D, Iron)
• To improve dietary quality & food security
• To promote healthy body weight, reduce risk of chronic diseases
WIC Foods

• FRUITS & VEGETABLES – fresh or frozen

• JUICE – 100% fruit or vegetable juice

• WHOLE GRAINS – corn/whole wheat tortillas, brown rice, oats, whole wheat pasta, whole wheat/grain bread
• BEANS – canned or dry
• PEANUT BUTTER
• EGGS
• DAIRY – milk, yogurt, and cheese
• DAIRY ALTERNATIVES – tofu, soy beverage
• FISH - canned tuna or salmon (fully BF women)

5/17/19
INFANT FOODS

- Infant cereals
- Infant Fruits & Vegetables (jarred)
- Bananas, fresh
- Cash-value benefit to purchase Fresh F & V
- If not receiving breastmilk, Infant formula

5/17/19
# Comparing WIC Food Packages

## Fully Breastfeeding vs. Non Breastfeeding

<table>
<thead>
<tr>
<th>Item</th>
<th>Baby 6-12 Months</th>
<th>Baby 6-12 Months</th>
<th>Mom Birth to 6 Months</th>
<th>Mom Birth to 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastmilk</td>
<td>100 JARS</td>
<td>200 JARS</td>
<td>16 JARS/ounces</td>
<td>16 JARS/ounces</td>
</tr>
<tr>
<td>Infant Fruits &amp; Vege.</td>
<td>12 POUNDS</td>
<td>12 POUNDS</td>
<td>12 POUNDS</td>
<td>12 POUNDS</td>
</tr>
<tr>
<td>Infant Carrots</td>
<td>10 BOXES</td>
<td>10 BOXES</td>
<td>10 BOXES</td>
<td>10 BOXES</td>
</tr>
<tr>
<td>Infant Meals</td>
<td>186 JARS</td>
<td>186 JARS</td>
<td>186 JARS</td>
<td>186 JARS</td>
</tr>
<tr>
<td>Infant Fruit &amp; Veg. V.</td>
<td>124</td>
<td>124</td>
<td>124</td>
<td>124</td>
</tr>
</tbody>
</table>

### Formula

WIC can provide only some of the formula your baby needs.

### Mom

- **Birth to 6 Months Only**
  - Milk & Yogurt: 69 JARS & 85 OZS
  - Eggs: 24 BOXES
  - Cheese: 12 POUNDS
  - Carrots: 24 BOXES
  - Juice: 36 BOXES
  - Peanut Butter & Beans: 6 JARS & 36 CANS
  - Whole Grains: 12 POUNDS
  - Fruit & Vegetable Voucher: $132

### Package Value

- **Fully Breastfed!**
  - $1,600
- **Non Breastfed**
  - $475

## WIC Food Package Values

### Pregnant Woman

- **During Pregnancy Up to 9 Months**
  - Milk & Yogurt: 165 GALLONS & 120 QARTS
  - Eggs: 9 DOZEN
  - Cereal: 24 BOXES
  - Juice: 24 BOXES
  - Peanut Butter & Beans: 12 JARS & 60 CANS
  - Whole Grains: 12 POUNDS
  - Fruit & Vegetable Voucher: $132

### Child 1-5 Years Old

- **Each Year Up to Age 5**
  - Milk & Yogurt: 60 GALLONS & 90 QARTS
  - Eggs: 12 DOZEN
  - Cereal: 24 BOXES
  - Juice: 24 BOXES
  - Peanut Butter & Beans: 12 JARS & 36 CANS
  - Whole Grains: 12 POUNDS & 12 BOXES
  - Fruit & Vegetable Voucher: $132

### Package Value

- **Pregnant Woman**
  - $625
- **Child 1-5 Years Old**
  - $700

### Notes

- Estimated average value is only a family
- Cost may vary and you receive information based on 2018 food values.

---

**Minnesota WIC**

Women, Infants & Children Nutrition Program

For more information, please contact your local WIC agency or call the Minnesota WIC Office at 1-800-328-1669 (TDD). For the most current list of WIC eligible products, visit the Minnesota WIC website at www.health.state.mn.us/wic.
Location of WIC Authorized Stores (1,063) and WIC Clinics
Transitioning paper benefits to EBT

Benefits of eWIC:

• Less stigma while shopping
• Shopping flexibility - buying what they want, when they want
• Will provide state agency data on WIC purchases
• Phased roll-out statewide beginning January 2019
Mobile App for eWIC

• Current food balance
• Future month’s food benefits
• Reminders to use benefits before expiration
• Scan UPC to see if WIC-allowed & if in their balance
• Nutrition and Shopping tips

5/17/19
We provide data about our program to inform the public and to enable local agencies to improve services

• Surveillance data
• Fact Sheets and maps
• Health Indicator Summaries

MN WIC Reports & Data
Data from WIC Fact Sheets

Low Birth Weight in Medicaid-Funded Births by MN WIC Participation and Race/Ethnicity, CY 2018

American Indian: 15.7% 6.2%
Hmong: 14.3% 6.1%
Other Asian: 12.3% 5.6%
Black: 15.5% 12.5%
East African: 10.1% 5.4%
White: 7.5% 6.2%
Hispanic: 8.0% 6.4%

Solid: No WIC Prenatal Participation
Patterned: Prenatal participation in WIC for 3 or more months

5/17/19
Breastfeeding Initiation Increases with Prenatal Participation in MN WIC

Healthy People 2020 = 81.9%

Data from WIC Fact Sheets

5/17/19
WIC Peer Program

Moms from the WIC population who have breastfeeding experience
2018 WIC Peer Programs

Hennepin
St. Paul/Ramsey
NE MN (7 counties)
Anoka
Bloomington
Fillmore Houston
Fond du Lac
Goodhue
Olmsted
Scott Carver CAP
Freeborn
SWHHS (6 counties)
Meeker McLeod Sibley
Polk Norman Mahnomen
Breastfeeding Initiation in Peer Programs

![Graph showing breastfeeding initiation percentages over years with labels for 'Statewide no peer' and 'Statewide peer'.]
Minnesota’s peer breastfeeding support programs advance health equity

Among all groups except East African, rate between those who did and did not receive peer services differed significantly, p<0.001

Black (A-A) includes mothers born in the U.S. who do not identify with another culture
East African includes Somali, Ethiopian, Kenyan, Sudanese and Oromo

NH: Non-Hispanic
HP 2020: Healthy People 2020

Breastfeeding initiation by race/ethnicity
Minnesota WIC peer agencies
(infants born in 2016)

American Indian NH*
Asian/Pac Isl NH*
Hmong*
Black (A-A) NH*
East African
White NH*
Hispanic all races*

Among all groups except East African, rate between those who did and did not receive peer services differed significantly, p<0.001
Black (A-A) includes mothers born in the U.S. who do not identify with another culture
East African includes Somali, Ethiopian, Kenyan, Sudanese and Oromo

NH: Non-Hispanic
HP 2020: Healthy People 2020

5/17/19
Breastfeeding Exclusivity During the Hospital Stay
Minnesota WIC peer program, 2016

Breastfed infants exclusively breastfed during the hospital stay by race and ethnicity

For more information, see:
The Importance of Exclusive Breastfeeding during the Hospital Stay, 2017

Exclusivity rates calculated as a percentage of all infants who initiated breastfeeding.
Black includes mothers born in the U.S. who do not identify with another culture
East African includes Somali, Ethiopian, Kenyan, Sudanese and Oromo
Although breastfeeding initiation is similar statewide, wide disparities in exclusivity exist by region.
Congratulations to 2019 Baby-Friendly Designees

• Essentia Health – Fosston
• Essentia Health – Virginia
• Fairview Range Medical Center – Hibbing
Minnesota-Coffective Initiative

Strengthening coordination to improve breastfeeding outcomes

Hospital Leadership: 50 responses representing 40 birthing hospitals

WIC Leadership: 71 responses representing 57 agencies

5/17/19
Match Report
Sample Hospital Name

BETTER TOGETHER

Hospitals and local WIC agencies want the same thing: to surround families with the support they need to reach their breastfeeding goals. That means more mothers being prepared for and receiving evidence-based maternity care practices in the hospital, as well as being aware of and utilizing community breastfeeding support resources early in pregnancy and after discharge.

Working together to reach these shared goals creates greater impact. Through surveys conducted as a part of the Minnesota Collective Initiative, leadership from hospitals and local WIC agencies indicated a strong interest in working together in a meaningful, collaborative way in order to better serve families.

Now, turn that interest into action! This custom match report is intended to make it easy to establish or build upon existing relationships with the appropriate WIC and hospital decision-makers in your community, and work together on areas of mutual interest. Use the contact information, concrete “match” activities and associated resources provided in this report to propel your partnership closer to true care coordination.

LOOK WHO’S IN YOUR COMMUNITY

Below you’ll find contact information for decision-makers at the hospital and associated WIC programs in your community. The orange circle (●) indicates the WIC agency with the highest number of participants that gave birth at the hospital.

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>WIC AGENCY 1</th>
<th>WIC AGENCY 2</th>
<th>WIC AGENCY 3</th>
<th>WIC AGENCY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Contact Title</td>
<td>Contact Email</td>
<td>Contact Email</td>
<td>Contact Email</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Contact Title</td>
<td>Contact Email</td>
<td>Contact Email</td>
<td>Contact Email</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Contact Title</td>
<td>Contact Email</td>
<td>Contact Email</td>
<td>Contact Email</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Contact Title</td>
<td>Contact Email</td>
<td>Contact Email</td>
<td>Contact Email</td>
</tr>
</tbody>
</table>

Hospital contact information is missing. What do we do?

This hospital did not complete a survey, but it is likely they still want to coordinate! Use this as an opportunity to reach out. Find the decision-maker with influence over breastfeeding policies and referral practices in your hospital by asking a hospital staff member if you already have a relationship with, or by calling the hospital directly. Ask to speak with a Birth Center Manager/Director, Lactation Consultant, Baby-Friendly (i.e., Quality Improvement) Task Force Leader or Education Coordinator.

TIP FOR WIC AGENCIES: COORDINATE YOUR EFFORTS!

Most hospitals have multiple WIC agencies whose participants deliver at their facilities. To streamline communication and activity alignment, we recommend WIC agencies coordinate when communicating and working with the hospital.
Other WIC Initiatives

Building Bridges

WIC BF Trainings

Building Bridges for Breastfeeding Duration In-Service

MN State Fair Lactation Station

5/17/19
Thank you!

Kate Franken, WIC Director
Kate.Franken@state.mn.us, 651-201-4403