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

- Women: 54%
- Infants: 23%
- Children: 23%

FFY 2018 Average Monthly Participation
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.

Nutrition & Health Risk Assessment

**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

WIC Foods

**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 (continued)

- 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

WIC Foods (continued)

- 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

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

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
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

Location of WIC Authorized Stores (1,063) and WIC Clinics

WIC Data Wheel

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

Breastfeeding Initiation Increases with Prenatal Participation in MN WIC

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

WIC Peer Program

Moms from the WIC population who have breastfeeding experience
Breastfeeding Initiation in Peer Programs

Breastfeeding initiation in peer programs advance health equity.

Minnesota’s peer breastfeeding support programs advance health equity.

Breastfeeding initiation by race/ethnicity

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 Exclusivity During the Hospital Stay

Breastfeeding exclusivity during the hospital stay Minnesota WIC peer program, 2016

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

Although breastfeeding initiation is similar statewide, wide disparities in exclusivity exist by region

Breastfeeding and Exclusivity Rates by Region

WIC infants born in 2017

For more information, see:

The Importance of Exclusive Breastfeeding during the Hospital Stay, 2017

State Community Health Services Advisory Committee (SCHSAC) Regions

Not enough data to report from West Central or Northwest regions
Congratulations to 2019 Baby-Friendly Designees
• Essentia Health – Fosston
• Essentia Health – Virginia
• Fairview Range Medical Center – Hibbing

Breastfeeding Friendly Locations Map
See Which Locations Have Been Recognized
Across Minnesota, maternity hospitals, child care providers, workplaces and
health departments are being recognized as Breastfeeding Friendly.
For a state view of information provided on the map, please see
Breastfeeding Friendly Locations Map.

Hospital Leadership: 50 responses representing 40 birthing hospitals
WIC Leadership: 71 responses representing 57 agencies

Other WIC Initiatives
• MN State Fair Lactation Station
• Building Bridges for Breastfeeding Duration In-Service
• WIC BF Trainings
Thank you!

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