

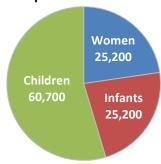
WIC Program
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Minnesota WIC Facts 2018

Who Participates in Minnesota WIC?

 During FFY 2017, an average of 111,100 low-income women, infants, and children ages 1-5 years participated each month in the MNWIC program.¹

FFY 2017 Average Monthly Participation in Minnesota WIC¹



- In 2017, Minnesota WIC served an estimated 40.0% of all infants born in Minnesota.¹
- Minnesota ranks within the top four states nationwide in serving percent of those eligible for WIC

Nutrition Services & Breastfeeding Support

- Participants receive individualized nutrition assessment along with education and referrals to community resources.
- WIC promotes and <u>supports breastfeeding</u>, including <u>exclusive breastfeeding</u> for the first six months of an infant's life.
- WIC supports healthy diets and infant feeding practices. These practices can help prevent obesity and anemia among other benefits.
- Many WIC Programs provide <u>Peer Breastfeeding</u> services to mothers and infants.

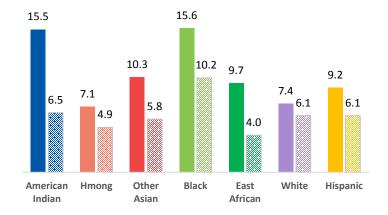
Healthy Foods

- WIC provides healthy foods including fruits, vegetables, whole grains and low fat dairy. The WIC food package contributes to healthy diets, which aid in reducing obesity and chronic disease.
- Each year Minnesota WIC distributes more than 10.1 million dollars' worth of benefits specifically for fruits and vegetables.¹
- During FFY 2017, Minnesota WIC participants purchased over \$83 million in WIC foods at local grocery stores (see map on back).

Early MN WIC Participation Improves Birth Weight

In 2016, fewer Medicaid-funded low birth weight infants were born to mothers with three or more months prenatal participation in MN WIC than mothers not participating in WIC. ¹ The cost of a low birth weight infant hospital stay averages \$27,200 more than a normal weight infant.²

% Low Birth Weight in Medicaid-Funded Births by MN WIC Participation and Race/Ethnicity, CY2016



Solid: No WIC Prenatal Participation

Dotted: Prenatal Participation in WIC for 3 or more months

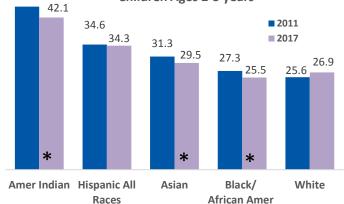
Minnesota WIC Obesity and Overweight Status

Despite persistent disparities, significant decreases in obesity and overweight status have occurred in American Indian, Asian and Black/African-American children in Minnesota WIC. ¹

% of Obesity/Overweight Status for 2011&2017
by Race/Ethnicity AOIC in MN WIC
Children Ages 2-5 years

42.1

34.6
2011
34.3
21.2



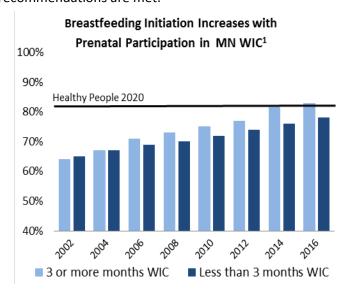
AOIC= Alone or In Combination with Other Races, *p<0.05 2011 compared to 2017

45.1

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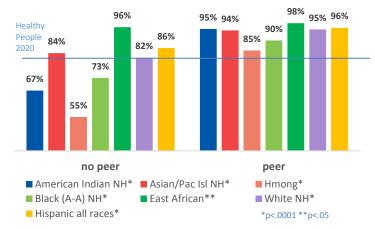
Increased Breastfeeding Rates

Women participating in WIC earlier in their pregnancy were more likely to breastfeed. Nationally \$2.2 billion in annual medical costs could be saved if breastfeeding recommendations are met.³



Peer Breastfeeding Program Advances Health Equity

MN WIC Peer Program Breastfeeding Initiation by Race/Ethnicity, CY 2016

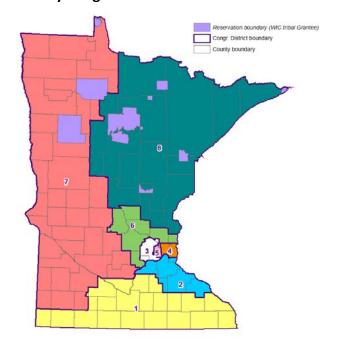


Women of all races/ethnicities with a WIC peer counselor exceeded the Healthy People 2020 objectives for breastfeeding initiation.

References

WIC Food Dollars Spent in Local Grocery Stores by Congressional District FFY 2017

Congressional Districts		
	# Monthly Average WIC Participants (FFY2017)	Annual WIC Dollars Spent in Local Grocery Stores*
District 1 - Walz	15,000	\$ 10,400,000
District 2 - Lewis	9,700	\$ 7,700,000
District 3 - Paulsen	10,800	\$ 8,100,000
District 4 - McCollum	18,600	\$ 14,200,000
District 5 - Ellison	13,800	\$ 11,200,000
District 6 - Emmer	12,800	\$ 9,800,000
District 7 - Peterson	18,400	\$ 13,568,000
District 8 - Nolan	12,700	\$ 9,000,000
Total	111,100	\$ 83,000,000





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¹ Minnesota WIC Information System and Minnesota Vital Statistics

² Statistical Brief #163. Healthcare Cost and Utilization Project (HCUP). September 2013. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb163.jp Accessed 5/2018.

³ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics* 2010; 125:e1048-1056. pediatrics.aappublications.org/content/pediatrics/early/2010/04/05/peds.2009-1616.full.pdf accessed 5/2018.