

WIC Program
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Minnesota WIC Facts 2019

Who Participates in Minnesota WIC?

 During FFY 2018, an average of 105,900 low-income women, infants, and children ages 1-5 years participated each month in the MNWIC program.¹

FFY 2018 Average Monthly Participation in Minnesota WIC¹



- In 2018, 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 an 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 local WIC programs provide <u>peer breastfeeding</u> support to mothers and infants.

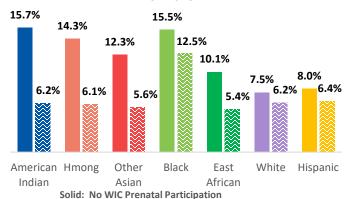
Healthy Foods

- WIC provides healthy foods including fruits, vegetables, whole grains and low fat dairy. The WIC food package contributes to healthy diets, which aid in preventing obesity and chronic disease.
- Each year Minnesota WIC distributes more than 10 million dollars' worth of benefits specifically for fruits and vegetables.¹
- During FFY 2018, Minnesota WIC participants purchased over \$81 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, CY 2018

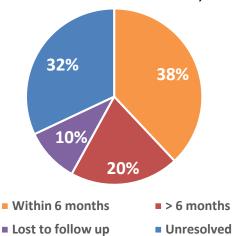


Patterned: WIC Prenatal Participation 3 or more months

Minnesota WIC Improves Anemia in Children

Anemia in young children can cause growth and developmental delays. WIC screens for anemia and provides nutrition education to resolve or prevent anemia. In MN WIC, 38% of anemia identified in 2017 was resolved (normal hemoglobin) within six months and an additional 20% after six months.

Resolution of Childhood Anemia, CY 2017¹



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Increased Breastfeeding Rates

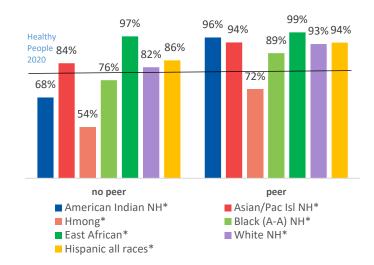
Women participating in WIC earlier in their pregnancy were more likely to breastfeed. Nationally \$2.2 billion in annual medical costs could be saved if breastfeeding recommendations are met.³

Breastfeeding Initiation Increases with Prenatal Healthy People 2020 80% 75% 70% 65% 60% 2001 2003 2005 2007 2009 2011 2013 2015 2017 3 or more months WIC Less than 3 months WIC

Peer Breastfeeding Program Advances Health Equity

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

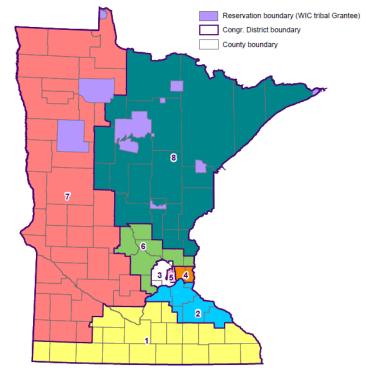
MN WIC Peer Program Breastfeeding Initiation by Race/Ethnicity, CY 2017



References

WIC Food Dollars Spent in Local Grocery Stores by Congressional District FFY 2018

Co	ongressional Dis	tricts
	Monthly Average # WIC Participants	Annual WIC Dollars Spent
District 1 Hagedorn	14,350	\$9,800,000
District 2 Craig	9,300	\$7,400,000
District 3 Phillips	10,250	\$8,800,000
District 4 McCollum	17,800	\$14,200,000
District 5 Omar	12,600	\$10,600,000
District 6 Emmer	12,550	\$9,700,000
District 7 Peterson	17,150	\$11,600,000
District 8 Stauber	13,200	\$9,300,000
Total	107,200	\$81,400,000



For more information, contact:



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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.jsp _Accessed 5/2019.

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 5/2019.