

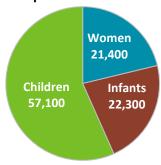
WIC Program
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# Minnesota WIC Facts 2021

# **Minnesota WIC Participants**

 During FFY 2020, an average of 100,800 low-income women, infants, and children up to age five participated each month in the MN WIC program.<sup>1</sup>

## FFY 2020 Average Monthly Participation in Minnesota WIC<sup>1</sup>



- In 2019, Minnesota WIC served an estimated 40% of all infants born in Minnesota.<sup>1</sup>
- Minnesota ranks within the top four states nationwide for WIC coverage rate, serving nearly 60% of eligible participants.<sup>2</sup>

#### **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> <u>support</u> to mothers and infants.

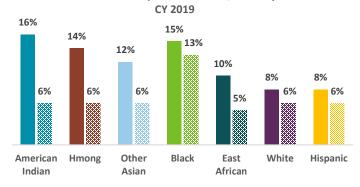
### **Healthy Foods**

- WIC provides healthy foods including fruits, vegetables, whole grains and low fat dairy. The WIC food package contributes to healthy diets, which help prevent obesity and chronic disease.
- In 2020 Minnesota WIC provided approximately \$10 million worth of benefits specifically for fruits and vegetables. This dollar amount has been increased for 2021.<sup>1</sup>
- During FFY 2020, Minnesota WIC participants purchased \$74.4 million in WIC foods at local grocery stores (see map on back).

# **Early MN WIC Participation Improves Birth Weight**

In 2019, 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. <sup>1</sup> The cost of a low-birth-weight infant hospital stay averages \$27,200 more than a normal weight infant.<sup>3</sup>

Low Birth Weight in Medicaid-Funded Births by MN WIC Participation and Race/Ethnicity<sup>1</sup>

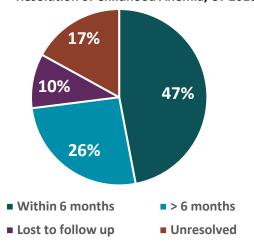


Solid: No WIC Prenatal Participation Patterned: Prenatal participation in WIC for 3 or more months

### 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, 47% of anemia identified in 2018 was resolved (normal hemoglobin) within six months and an additional 26% after six months.<sup>1</sup>

#### Resolution of Childhood Anemia, CY 2018<sup>1</sup>



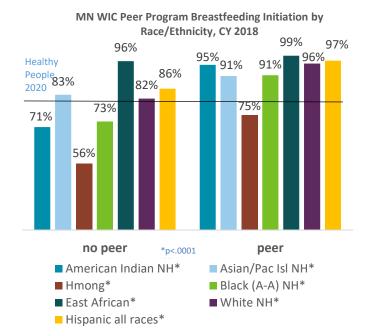
## **Increased Breastfeeding Rates**

Women participating in WIC earlier in their pregnancy were more likely to breastfeed. Meeting breastfeeding recommendations could save \$2.2 billion in national annual medical costs.<sup>4</sup>



## **Peer Breastfeeding Program Advances Health Equity**

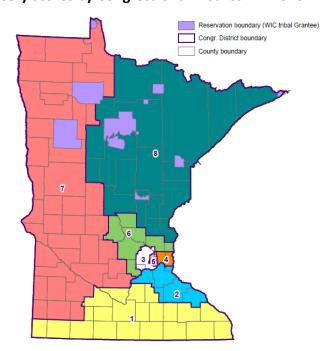
Women of all races/ethnicities with a WIC peer counselor had significantly higher breastfeeding initiation rates.



#### References

## WIC Food Dollars Spent in Local Grocery Stores by Congressional District FFY 2020

Congressional Districts		
	Monthly Average # WIC Participants	Annual WIC Dollars Spent
District 1 Hagedorn	14,000	\$9,500,000
District 2 Craig	9,000	\$6,600,000
District 3 Phillips	10,000	\$7,500,000
District 4 McCollum	17,000	\$13,000,000
District 5 Omar	15,000	\$8,700,000
District 6 Emmer	13,000	\$11,200,000
District 7 Peterson	15,000	\$10,100,000
District 8 Stauber	12,000	\$7,800,000
Total	105,000	\$74,400,000





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<sup>&</sup>lt;sup>1</sup> Minnesota WIC Information System and Minnesota Vital Statistics

<sup>&</sup>lt;sup>2</sup> https://www.fns.usda.gov/wic-2017-eligibility-and-coverage-rates\_Accessed 8/2021.

<sup>&</sup>lt;sup>2</sup> Statistical Brief #163. Healthcare Cost and Utilization Project (HCUP). September 2013. Agency for Healthcare Research and Quality, Rockville, MD. <a href="https://www.hcup-us.ahrq.gov/reports/statbriefs/sb163.pdf">https://www.hcup-us.ahrq.gov/reports/statbriefs/sb163.pdf</a> Accessed 8/2021.

<sup>&</sup>lt;sup>3</sup> 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 8/2021.